

# Capella House Limited - Capella House

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Capella House Limited
<b>Premises audited:</b>	Capella House
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 7 August 2023   End date: 8 August 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	36

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

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

### Key to the indicators

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

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

## General overview of the audit

Capella House provides rest home, hospital, and secure dementia care services for up to 38 residents. There were 36 residents at the time of the audit. Residents and families/whānau reported satisfaction and positivity about the care, services, and activities provided. There have been no significant changes to the facility or services since the last audit. The facility is run by the facility manager, who is assisted by the clinical nurse manager, and the owner/director.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Te Whatu Ora Health New Zealand- Te Toka Tumai Auckland. The audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, interviews with residents and their family/whānau, and interviews with the general practitioner, staff, and management.

This certification audit identified an area requiring improvement around staffing.

Capella House has exceeded the standard around normalising dementia.

## Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were being upheld. Personal identity, independence, privacy, and dignity were respected and supported. Processes were in place to protect residents from abuse.

Residents and whānau receive information in an easy-to-understand format that enables them to feel listened to and make decisions about care and treatment. Open communication is practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision making that complies with the law. Advance directives were being followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The facility manager is supported by the clinical nurse manager and the owner/director. Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. Management and the owner/director have knowledge and expertise in Te Tiriti o Waitangi, health equity, and cultural safety. Incidents are well managed, quality data is collated and analysed, and internal audits are completed.

The business plan includes a mission statement and outlines current objectives. The plan is supported by quality and risk management processes that take a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the owner/director. Services are planned, coordinated, and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure and staff ethnicity data is collected.

At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

## Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 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 fully attained.

Capella House has an admission package available prior to, or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. The care plans viewed demonstrate service integration. Resident files included medical notes by the general practitioner and other allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The hard copy medicine charts reviewed meet prescribing requirements and are reviewed at least three-monthly by the general practitioner.

There is an interesting and varied activities programme that includes cultural celebrations which the diversional therapist implements. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

The registered nurses identify residents' food preferences and dietary requirements at admission. All food and baking is prepared and cooked on-site in the kitchen. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. There are additional snacks available 24/7. The service has a current food control plan.

Transfers and discharges are coordinated between services.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. All rooms (except one double room in the hospital area upstairs) are single occupancy, spacious to provide personal cares and are personalised. Fixtures, fittings, and flooring are appropriate. Maintenance is done on an 'as required' basis with plans for preventative maintenance. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The dementia unit (men only and mixed dementia units) is secure with a secure enclosed outdoor area.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There are emergency supplies for at least three days.

Fire drills occur six-monthly. The building is secure at night to ensure the safety of residents and staff. There is always a staff member on duty and on outings with a current first aid certificate. Appropriate security checks and measures are completed by staff.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The clinical nurse manager coordinates the programme.

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health -care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There were Covid-19 infection outbreaks in March and December 2022 at the service and this was managed according to Ministry of Health guidelines.

The environment supports the prevention and transmission of infections. The environment, and facility were clean, warm, and welcoming. Waste and hazardous substances are well managed. There are safe and effective laundry services.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical nurse manager. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit



## 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	26	0	1	0	0	0
Criteria	1	167	0	1	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

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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.

There may be subsections in this audit report with an attainment rating of 'not applicable' which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>There is a cultural policy and guidelines for the provision of culturally safe services for Māori residents. There is a documented Māori perspective of health, guidelines for terminal care and death of a Māori resident, and practical application of the policy (tikanga best practice guidelines) documented. The policy and guidelines are based on Te Tiriti o Waitangi, with the documents providing a framework for the delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English.</p> <p>The service has residents who identify as Māori. The Māori health care plan identifies specific cultural interventions around food, cares, and practices as per policy and tikanga guidelines. The facility manager (FM), and clinical nurse manager (CNM) interviewed stated that cultural needs are met, and the service supports them to link with family/whānau if required. Residents (where able) and family/whānau are involved in providing input into the resident's care plan, activities, and dietary needs, as confirmed during interviews with six relatives (two</p>

		<p>hospital, one rest home, and three dementia) and six residents (one rest home and five hospital).</p> <p>Interviews with the FM, CNM, and staff (four healthcare assistants (HCAs), kitchen manager, registered nurse (RN), and the diversional therapist (DT), described cultural support as per the policy and the care plans reviewed evidenced a Māori-centred approach. The interviewed staff members further confirmed culturally safe support is given to residents and that mana is respected. Ethnicity data is gathered when staff are employed.</p> <p>The service employs Māori staff and supports increasing Māori capacity by employing Māori staff members across different levels of the organisation, as vacancies and applications for employment permit.</p> <p>The service has contacts with Māori health support people through the recently employed Kaiarahi, cultural advisor in April 2023 who provides opportunities for the service to learn about Māori customs and culture.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The FM and CNM reported that cultural and needs assessments would guide staff in the delivery of safe equitable services to Pasifika peoples. There is a Pacific people's policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. Cultural safety support training has been provided to staff. The service employs Pasifika staff and supports increasing Pasifika staff capacity in all levels of the organisation, as vacancies and applications for employment permit. Residents (where able) and whānau identify individual spiritual, cultural, and other needs as part of the care planning process. This was consistently seen in all sampled residents' files. The service follows the Ola Manuia Pacific Health and Wellbeing plan.</p> <p>Advice can be accessed through Pasifika staff and Te Whatu Ora Health New Zealand - Te Toka Tumai Auckland and the employed cultural advisor. The service has working relationships/networks in the community to ensure the needs of Pacific residents are met. The FM and CNM reported that they work in partnership with Pacific communities and organisations, to enable better planning, support, interventions, and evaluation of the health and wellbeing of Pacific</p>

		peoples, to improve outcomes for residents who identify as Pasifika.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All staff at the Capella House understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. The family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in Māori and English languages.</p> <p>There were residents who identify as Māori. The FM and CNM reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives by involving them in the assessment process to determine residents' wishes and support needs. There are cultural policies which outlines tikanga best practice guidelines to follow.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Residents are supported in a way that is inclusive and respects their identity and experiences. Family/whānau and residents confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Residents' files sampled confirmed that each resident's individual cultural, religious, social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The FM and CNM reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility's secure spacious garden area.</p> <p>There is a documented privacy policy that references current legislation requirements. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and knocking on the doors before entering.</p> <p>All staff have completed cultural training as part of orientation and annually. The FM and CNM reported that te reo Māori and tikanga</p>

		<p>Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori. Tāngata whaikaha needs are responded to as assessed. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>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, and bullying. All staff are held responsible for creating a positive, inclusive, and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value residents, showing them respect and dignity. All families/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. The staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, including those related, to the Te Whare Tapa Whā model of care. During interview, care staff confirmed an understanding of holistic care for all residents.</p>
Subsection 1.6: Effective communication occurs	FA	<p>Information is provided to residents and family/whānau on admission. There is a formal 6 week post admission audit completed with family</p>

<p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>and residents, as well as resident meetings to resident meetings identify feedback from residents, families and consequent follow up by the service. Residents and families also have the opportunity to provide feedback through the annual surveys.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an adverse event. This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. HCAs interviewed described how they would assist residents that do not speak English with interpreters or resources to communicate, should the need arise. There were no residents who could not speak or understand English on the day of the audit.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The FM and CNM reported that verbal and non-verbal communication cards, simple sign language, use of EPOA/whānau/family to translate, and regular use of hearing aids by residents when required is encouraged.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant</p>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Six resident files were reviewed and written general consents sighted for outings, photographs, the release of medical information, medication management, and medical cares were included and signed as part of the admission process. Specific consent had been signed by residents for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the</p>

<p>messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' clinical file and activated as applicable for residents assessed as incompetent to make an informed decision. Training related to the Code of Rights, informed consent and EPOAs is part of the mandatory education programme.</p> <p>An advance directive policy is in place. Advance directives for health care, including resuscitation status, had been completed, where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p> <p>The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision making processes and planning care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The service has complaints register in place. There were three complaints in 2022 and two complaints lodged in 2023 year to date. The complaints in 2022 and 2023 have since been investigated, corrective actions developed, and closed out. The complaint process timeframes were adhered to, and service improvement measures implemented.</p> <p>Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified from previous complaints lodged. Discussions with residents confirmed that they are provided with information on the complaints process and remarked that any concerns or issues raised are</p>

		<p>addressed promptly by the facility manager.</p> <p>An external complaint to the Health and Disability Commissioner remains open. The service has complied with all requests for further information within the required timeframes. There were no issues identified in relation to the complaint.</p> <p>Families/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Residents and family spoken with expressed satisfaction with the complaint process. Residents and family/whānau interviewed describe a process of making a complaint that includes being able to raise these when needed, or directly approaching staff, management team, or the owner/director.</p> <p>There have also been compliments received about services.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The organisation is family owned and currently managed by the FM who reports to the owner/director. The mission statement and goals are displayed at the front entrance of the facility. There is one governance body for the two facilities they own.</p> <p>Capella House currently provides rest home, hospital, and dementia level of care for up to 38 residents. On the day of the audit, there was 36 residents; there was 18 hospital level residents including one resident on respite; one resident at rest home level, and 17 residents requiring dementia level of care including one resident on a long-term support- chronic health (LTS-CHC) contract. All remaining residents were under the age-related residential care (ARRC) contract.</p> <p>The owner is a registered nurse and is solely responsible for overseeing smooth running of the two facilities they own.</p> <p>Management reports reviewed showed adequate information to monitor performance is reported including potential risks, contracts, human resource and staffing, growth and development, maintenance, quality management and financial performance. The business plan includes a mission statement, scope, direction, goals, values, and operational</p>



		<p>objectives. The management team meet every month and other issues are discussed as they occur on a regular basis.</p> <p>All members of the management team (owner, facility manager and clinical nurse manager) are suitably qualified and maintain professional qualifications in management, finance, and clinical skills. The service is managed by staff who have vast experience and knowledge in the health sector. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The FM has been managing the facility for seven years and has experience in the health sector. The FM is the health and safety officer and reported that policies and procedures on quality, and health and safety align with relevant legislation and contractual requirements.</p> <p>The FM interviewed explained details of the strategic and business plans, their reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The service has engagements with local Māori leaders to ensure high quality service is provided to residents who identify as Māori. The service has a Māori and Pacific health Policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pasifika people including services for tāngata whaikaha. The FM reported that the service will ensure that residents maintain links with the community in all aspects of their care. Cultural assessments and care plans are based on Te Whare Tapa Whā Māori model of care. Staff stated they focus on improving outcomes for all residents including Māori and people with disabilities. The management team attended education in cultural safety, Te Tiriti o Waitangi, and understand the principles of equity.</p> <p>The FM reported that the service has meaningful relationships with Kaiarahi (cultural advisor) at governance, operational, and service level, which is appropriate to the size and complexity of the organisation. The owner/director is a registered nurse, FM has background in psychology, supported by the CNM provide clinical oversight for the service.</p>
Subsection 2.2: Quality and risk	FA	Capella House has a documented quality and risk system that reflects

<p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>the principles of continuous quality improvement. This includes: the management of incidents/accidents/hazards; complaints; audit activities; satisfaction surveys; policies and procedures; clinical incidents including falls; infections; and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data is conducted by comparing data with previous months results and with other sister facilities.</p> <p>The FM and CNM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Family, residents, and staff contribute to quality improvement through feedback given and received on quality data, complaints, and internal audit activities. Outcomes from the resident satisfaction survey conducted in April and June 2023, were favourable with minimal corrective actions identified and these have been implemented. All policies and procedures reviewed have been updated by an external consultant to meet the requirements of the Ngā Paerewa Standard.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of nine incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The FM and CNM understand and have complied with essential notification reporting requirements. There have been section 31 notifications completed since the last audit; related to pressure injuries, RN shortage, notifications to Public Health about the Covid-19 outbreaks.</p> <p>The FM and CNM advised that there is a robust quality and risk process in place, with an array of quality and risk related data reviewed. The service has systems and processes in place to critically analyse organisational practices at the service/operations level, aimed to improve health equity within the service. The service employs a Kaiarahi Māori cultural advisor. Staff were trained in the Treaty of Waitangi, te reo and tikanga, and other cultural practices. Cultural assessments are completed by staff who have received cultural safety training.</p>
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		<p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p> <p>The management reported that collecting, collating, and reviewing residents' ethnicity data and staff to improve health equity through critical analysis of data and organisational practises, is being implemented.</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>	PA Low	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them; however, cited shortage around registered nurses. The resident and family/whānau interviewed supported this. Rosters from the past four weeks showed that some shifts with no RN cover, were covered by experienced healthcare assistants with support from the management team.</p> <p>The FM and CNM work 40 hours a week from 8 am - 4 pm Monday to Friday and are available on-call 24/7 a week. The clinical nurse manager, RNs and senior HCAs maintains current first aid certificates so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. The training topics on the in-service calendar included (but are not limited to): Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); moving and handling; food safety; pain identification and management; HDC complaints, resident rights; managing incontinence; cultural safety; Treaty of Waitangi; wound care; challenging behaviour; dementia care; medication management; Related competencies are completed as required for RNs such as syringe driver competency; controlled drug competency. Further</p>

		<p>training for RNs includes (but is not limited to), palliative care, pressure injury prevention, and management coordination. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's funding and service agreement. There are 17 HCAs who have achieved level 4, two who have achieved level 3 and two who have completed level 2 NZQA qualifications.</p> <p>Of the 21 healthcare assistants employed, 18 had completed dementia care training, 3 are currently in training. The FM has dementia level training. Staff cover care of people with disability in their NZQA health and wellbeing qualification, ongoing training, communication, advocacy, abuse prevention, and management of chronic conditions.</p> <p>Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff members interviewed reported feeling well supported and safe in the workplace. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The FM reported the model of care ensured that all residents are treated equitably.</p> <p>The provider has an environment that encourages collecting and sharing quality Māori health information. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focused on achieving healthy equity for Māori.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</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</p>	FA	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment</p>

<p>people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of seven staff files were reviewed (three HCAs, DT, CNM, RN, and kitchen manager) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions.</p> <p>Records were kept confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, pharmacy, and other allied health service providers.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment including management of emergencies. Staff performance is reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>The ethnic origin of each staff member is documented on their personnel records. A process to evaluate this data is in place and this is reported to the owner/director at management meetings. Following incidents, the management team is available for any required debrief and discussion.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, and legible and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on-site and are clearly labelled for ease of retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting general practitioner (GP), and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. An external</p>

		<p>provider holds backup database systems.</p> <p>There is a consent process for data collection. The records sampled were integrated. The FM reported that EPOAs can review residents' records in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.</p> <p>Capella House is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents who are admitted to Capella House are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The facility manager and clinical nurse manager screen prospective residents prior to admission.</p> <p>In cases where entry is declined, there is liaison between the facility manager and the referral team. The prospective resident would be referred back to the referrer. The facility manager described reasons for declining entry would only occur if there were no beds available or Capella House is unable to provide the service the prospective resident requires, after considering staffing and resident needs.</p> <p>The admission and enquiry policy and procedure, guide staff around admission and declining processes, including required documentation. The facility manager keeps records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals. The facility manager reports the facility captures ethnicity data and routinely analyse ethnicity data related to admissions and declined referrals.</p> <p>There is an information pack relating to the services provided at Capella House, which is available for families/whānau prior to admission or on entry to the service. The admission agreements reviewed were signed. Items that are not provided by Capella House are included in the admission agreement.</p> <p>Capella House identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. The service currently engages with local Māori advisors</p>

		including kaumātua to benefit Māori individuals and whānau.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Six resident files were reviewed: one rest home, three hospital (including one respite) and two dementia level care (including one resident on an LTS-CHC). A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed. Capella House provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan.</p> <p>Capella House uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission include those relating to falls, pressure injury, behaviour, continence, nutrition, skin, and pain. The initial support plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes (excluding respite resident). For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan. All residents have a behaviour assessment and a behaviour plan, with associated risks and supports needed and includes strategies for managing/diversion of behaviours.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are holistic, resident centred and provided guidance to staff around all medical and non- medical requirements. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. Evaluations were completed at the time of interRAI re-assessments (six-monthly) for the three residents and when changes occurred earlier as indicated. Three residents had not been in the facility for six months (including one respite). Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident</p>

		<p>goals had been met or unmet.</p> <p>The general practitioner (GP) from local medical centre provides medical services including after hours on call support. Residents are reviewed by a visit to the facility by the general practitioner on admission, acutely or for monthly / three monthly review. There is evidence in the resident files that the residents were seen by the GP within five working days of admission and resident regular reviews occurred as per required time frames. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner interviewed on the day of audit stated they were very happy with the competence of the registered nurses, care provided and timely communication when there are concerns.</p> <p>Specialist services are initiated as needed. Allied health interventions are documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented. A physiotherapist is available once a fortnight and as required. The podiatrist visits regularly. Specialist services (eg, mental health, psychogeriatrician, dietitian, speech language therapist, wound care, and continence specialist nurse) are available as required through the local public hospital.</p> <p>Healthcare assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the HCAs and the registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level care residents.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the general practitioner. Family stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes and any changes to health status and this was</p>
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		<p>consistently documented in the resident files.</p> <p>There were seven wounds from four residents across the service including chronic pressure injuries, skin tears and chronic ulcers. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. A wound register has been fully maintained. Section 31 notifications were completed for the five stage three and above pressure injuries on one resident. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</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>	FA	<p>There is one full time diversional therapist (DT) that provides activities Tuesday to Saturday with van outings arranged for Mondays facilitated by the maintenance person (with dual role). Both the diversional therapist and maintenance person have current first aid certificates. The diversional therapist develops and delivers the activity programme. There are resources (activities box in each area) available for</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>healthcare assistants to use after hours and when the diversional therapist is off. A weekly activities calendar is posted on the noticeboards and copies available for each resident.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. These include (but not limited to); exercises, board games, entertainment, art, socialisation with community groups (such as local intermediate school, local day centre) newspaper, music, craft, van trips, sensory activities, walks to local coffee shops and strolls to local hardware shops to gather tools for men projects. Residents who do not participate regularly in group activities are visited one-on-one. The interactions observed on the day of the audit showed engagement between residents, the diversional therapist, and staff. Some residents were observed going out for walks and others enjoying spending time planting in the raised gardens.</p> <p>Residents' participation and attendance in activities are recorded and filed in the resident records. Residents have an individualised activities assessment and care plan which is integrated in the long-term care plan, and these are reviewed at least six-monthly. Resident care plans had 24-hour activity plans which included strategies for distraction, de-escalation, and management of challenging behaviours.</p> <p>Community visitors include local speakers, entertainers, and church services (catholic, church of England, Baptist). Special events like birthdays, St Patricks day, Matariki, Easter, Father's / Mother's Day, ANZAC day, Christmas, and theme days are on the programme and celebrated with appropriate resources available. The service ensures that staff support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori.</p> <p>Families/whānau and residents interviewed spoke positively of the activities programme with feedback and suggestions for activities made via one on one, surveys and resident meetings.</p> <p>Capella House have exceeded the standard around normalising dementia and encouraging community engagement.</p>
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<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>	FA	<p>Capella House has policies available for safe medicine management that meet legislative requirements. The registered nurses and medication competent HCAs who administer medications are assessed annually for competency. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are hard copy. On the day of the audit, a registered nurse was observed to be safely administering medications. The registered nurse and healthcare assistants interviewed could describe their roles regarding medication administration. Capella House uses robotic rolls for all regular and short course medications and blister packs for 'as required' medicines. All medications once delivered are checked by the registered nurses against the medication chart. Any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolley and medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening.</p> <p>Twelve medication charts were reviewed. There is a three-monthly general practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. There is a policy in place for residents who request to self-administer medications. At the time of audit, there was one resident self-administering inhalers and safe storage of medications in their rooms. Appropriate assessment and review is on file. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. Standing orders were in use and these have been reviewed and signed off by the general practitioner. Where a standing order is administered the general practitioner is advised and they review the resident, document in the clinic notes, and prescribe on medication chart as indicated. There have not been a need to use standing orders over the last 12 months. There are no vaccines are kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical nurse manager described how they work in partnership with residents</p>
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		who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.
<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>	FA	<p>The kitchen manager works full time Monday to Thursday and is supported by another cook who works full time Wednesday to Sunday. The two are responsible for cooking and kitchen hand duties.</p> <p>All meals are prepared and cooked on site, with meals being plated and served from kitchen to the dining rooms in the dementia unit, hospital upstairs and hospital / rest home dining area downstairs (adjacent to the kitchen). Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates, are available for residents to maintain independence with meals. Healthcare assistants interviewed are knowledgeable regarding a resident's food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the registered nurse and record this in progress notes. The kitchen was observed to be clean, well-organised, well equipped and with a current approved food control plan expiring in November 2023. The four-weekly seasonal menu has been reviewed by a dietitian.</p> <p>A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen. The kitchen meets the needs of residents who require special diets. The cooks work closely with the registered nurses with resident's dietary profiles and any allergies. Residents who require supplements for identified weight loss have them supplied.</p> <p>Kitchen staff are trained in safe food handling. Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers.</p> <p>Family/whānau meetings, and one-to-one interaction of residents with staff and cooks in the dining room allows the opportunity for feedback on the meals and food services. The cook and healthcare assistants</p>

		<p>interviewed understood basic Māori practices in line with tapu and noa. The cook advised that they provide food for the cultural themed days in line with the theme. The cook stated they do their best to accommodate any requests from residents.</p> <p>Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts and last general practitioner review records. The residents (if appropriate) and families/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies, where indicated or requested. Discharge notes are kept in residents' files and any instructions integrated into the care plan. The clinical nurse manager advised a comprehensive handover occurs between 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>	FA	<p>The buildings, plant, and equipment are fit for purpose at Capella House and comply with legislation relevant to services being provided. The current building warrant of fitness expires 22 June 2024. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>Maintenance requests are logged into a maintenance book and the facility manager arranges repair with either the maintenance person (who works one day a week on a Monday) or contractors. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of</p>

		<p>hot water temperatures that is managed by the facility manager and maintenance person. Testing and tagging of electrical equipment was completed in January 2023. Checking and calibration of medical equipment, hoists and scales is next due in January 2024. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The corridors have sufficient room to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and to the outside areas and gardens. The external courtyards and gardens have seating and shade.</p> <p>The service is on two levels. The ground floor comprises three joined wings, one open wing for ten single occupancy dual purpose rooms (hospital / rest home) which has a spacious main dining room and lounge area that is located close to the kitchen and nurses' station. There are two secure wings, one for mixed gender dementia residents (ten rooms) and one for male only dementia residents (eight rooms). The layout provides a secure environment for male residents with behaviour issues. Both dementia units have a lounge and dining area each that caters for the residents in the areas. The first floor which can be accessed by a flight of stairs, or a lift has nine rooms and caters for ten hospital level care residents; with one currently occupied double room with a curtain for privacy maintained (consent for sharing sighted in both resident files).</p> <p>Rooms are large enough for easy movement with mobility aids. The hospital rooms are large enough to accommodate the use of hoists. Residents can have personal items in their bedrooms. Each room is identified by the resident's name or a picture or item that enabled the resident to know their own room. Each wing has sufficient accessible bathroom/shower and toilet facilities for the number of residents in that wing. Bathrooms/showers have signs, handrails, and call bells; are well lit, ventilated, and heated. There is sufficient space in the bathroom/shower areas to accommodate shower chairs and commodes. The communal toilets and bathrooms/showers have privacy locks system that indicates if it is engaged or vacant. Staff and visitor facilities are provided on the first floor.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>The fire evacuation plan has been approved by the New Zealand Fire Service (1 July 2020). A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the last fire drill having been completed 6 March 2023. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place. In the event of a power outage a barbeque is maintained with gas bottles, should gas cooking be needed. Emergency lighting is available to give staff time to organise emergency procedures. There are adequate supplies in the event of a civil defence emergency, including an equivalent of 3 litres of water per person per day for a three-day cover. Information around emergency procedures is provided for residents and relatives in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>Registered nurses and senior healthcare assistant staff files reviewed demonstrated evidence of completing first aid/CPR training.</p> <p>There are call bells in the residents' rooms, communal toilets/bathroom,</p>

		<p>and lounge/dining room areas. There is a display monitor at the nurses' station and staff in each wing carry pagers that alert them to where the call bell is coming from. Residents were observed to have their call bells in proximity to their current position. Residents and family interviewed confirmed that call bells are answered in a timely manner.</p> <p>There are cameras in the kitchen, hallways, and communal areas. The facility has an external locked gate with the code given to visitors, rest home and hospital level care residents. Entry into the dementia unit is by a code and the doors are set to automatically release in case of fire. The front door to the building is lock by staff at sunset and unlocked at sunrise. The building is secured after hours. Staff complete regular security checks at night. Visitors and contractors are instructed to sign in and complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <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>	FA	<p>The infection prevention (IP) and Antimicrobial Stewardship (AMS) policy was developed and aligns with the strategic document and approved by governance and linked to a quality improvement programme. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The CNM is the infection control coordinator, and reported they have full support from other members of the management team regarding infection prevention matters. This includes time, resources, and training. Monthly staff and management meetings include discussions regarding any residents of concerns, including any infections. The infection control coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training, as verified in training records sighted. Additional support and information are accessed from the infection control team at the local Te Whatu Ora- Te Toka Tumai Auckland, the community laboratory, and the GP, as required. The infection control coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. There were two infection outbreaks reported since the previous audit which were managed according to MoH guidelines and reported to the owner/director</p>



		immediately.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The clinical nurse manager oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The CNM has completed external education on infection prevention and control for clinical staff.</p> <p>The service has a clearly defined and documented infection control programme implemented that was developed with input from external infection control services. The infection control programme was approved by the owner/director and is linked to the quality improvement programme. The infection control programme is reviewed annually, and it was current.</p> <p>The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection control resources including personal protective equipment (PPE) were available on the days of the audit. Infection control resources were readily accessible to support the pandemic response plan if required.</p> <p>The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk and has access to shared clinical records and diagnostic results of residents.</p> <p>Staff have received education around infection control practices at orientation and through annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are</p>

		<p>unwell. This was confirmed in interviews with residents.</p> <p>The infection control coordinator consults with the management on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora- Te Toka Tumai Auckland. The FM stated that the infection control coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Healthcare assistants, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and towels used for the perineum are not used for the face. These are some of the culturally safe infection control practices observed, and thus acknowledge the spirit of Te Tiriti. The Māori health plan ensures staff is practicing in a culturally safe manner. The service has educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the owner/director. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual infection control and AMS</p>

		review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects.
<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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data and is reported to staff, and management, respectively. There were infection outbreaks of Covid-19 reported in March 2022 and December 2022 since the previous audit. These were managed appropriately with appropriate notifications completed.</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</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. HCAs ensure that trolleys are safely stored when not in use. A sufficient amount of PPE</p>

<p>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>was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>HCA's are responsible for cleaning. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The HCA's have attended training appropriate to their roles. The FM has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits completed.</p> <p>Healthcare assistants are responsible for laundry services which is completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All HCA's have received training and documented guidelines are available. The effectiveness of cleaning and laundry processes is monitored through the internal audit programme which is monitored by the infection control coordinator. The HCA's and cleaning staff demonstrated awareness of the infection prevention and control protocols. Satisfaction surveys and interviews confirmed satisfaction with the cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Capella House is committed to providing services to residents without the use of restraint. At the time of the audit, there were no residents using restraint. The service is committed to remaining restraint free. The designated restraint coordinator is the clinical nurse manager (RN). Systems are in place to ensure restraint use (if any) will be reported and benchmarked. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standard 2021.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Capella House works in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents potentially requiring restraint,</p>

		<p>included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the EPOA, GP, and restraint coordinator.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies is completed as part of the mandatory training plan and orientation; with the last training completed by staff in August 2022. Restraint audit was completed in April 2023 and demonstrated compliance with expected standard.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There is a significant shortage of RNs in the service, and this is evidenced in some shifts; There have been 25 (morning, afternoon, and nightshifts) that are not covered by the registered nurses, and this has been going on for the past six months. The CNM works from Tuesday to Saturday from 9.00 – 5.30pm each week and reported that the service currently has a vacancy for three full time equivalent RNs. The CNM is available on-call 24/7 a week. The staff work as a cooperative team carrying out tasks and duties that are documented according to each shift. Senior HCAs and RNs maintain current first aid certificates so there is always a first aider on site.</p> <p>Currently there are four RNs including the CNM, available to support resident care in the</p>	<p>All night shifts, one morning and some afternoon shifts each week were not covered by a registered nurse, therefore not meeting the ARRC contract D17.4 a- i. The FM and CNM advised that they are actively working to recruit three full time registered nurse to cover all available shifts.</p>	<p>Ensure there is adequate coverage of all shifts by a registered nurse to meet the requirements of the ARRC contract D17.4 a- i.</p> <p>90 days</p>

		<p>facility. Deficits are covered by caregivers who are health and wellbeing qualified at level four staff, who are internationally qualified nurses awaiting registration with the Nursing Council of New Zealand. Four weeks of roster were analysed (28 days). During the four weeks, there was no registered nurse available in the facility to cover some morning, afternoon, and night shifts. The FM and CNM reported that the shifts were currently being covered by an internationally qualified registered nurses who are medication competent.</p> <p>The morning shift consists of a registered nurse who works 8.00am – 4.00pm and is supported by a total of six HCAs from 7.00am – 3.30pm, and one HCA from 7.00am to 1.30pm.</p> <p>Additional staff include a cook 7.00am- 3pm, and DT 10.00am - 530pm.</p> <p>The afternoon shift consists of a registered nurse who works 4.00pm- 12.00pm and is supported by a total of seven HCAs who two works from 3.30pm– 12.00pm, 3.30pm- 10.00pm, three who works from 4.00pm – 8.00pm, and kitchen hand 3.00pm- 7.00pm.</p> <p>The night shift is covered by overseas trained RNs who covers 12.00pm-8.00am, supported by two HCAs who work from 12.00pm – 7.00am.</p> <p>The service is currently recruiting for positions of three registered nurses to do some morning, afternoon, and night shifts being covered by level four overseas trained registered nurses.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 3.3.2 People receiving services shall be supported to access their communities of choice where possible.	CI	The achievement of the rating that the service implements a continuous improvement approach to the wellbeing of residents is beyond the expected full attainment. The service has conducted a number of quality improvement projects where a review process has occurred including analysis and reporting of findings has occurred. There is evidence of improvements made to service provision. The projects include reviewing if the improvements have had positive impacts on residents' safety or resident satisfaction	With an aim to normalise dementia care in the secure facility and for the residents to feel that they are still part of their community; staff at Capella looked at improving the residents' quality of life by involving them in the community- something they likely have done their whole life which staff feel doesn't need to stop just because they are in a secure unit. This has included, (but not limited to), bus trips every week with suggested locations by residents (eg, the beach , different neighbourhoods including where perhaps they grew up); walks and drives to complete errands with diversional therapist; arranging entertainment shows at Capella house as well as shows outside the facility where residents have attended; pet therapy; movies at the cinemas; meals at fast food restaurants as suggested by residents; hardware shop trips for residents to pick up tools and plants and also grab a coffee while out and about; and regular attendance at the friendship group at the local



			<p>community church where they socialise and engage in varying activities with other people from the community.</p> <p>These initiatives have been seen to significantly enhance the quality of life of residents as evidenced by feedback received during the monthly resident meetings. In addition, survey results undertaken in June 2023 demonstrated an overall satisfaction rate of more than 80% for responses to questions that included; Is your choice of activities respected (82%); Do you have sufficient links with the community and facilities outside Capella House (87%); Does the activities programme provide variety (80%) Do you receive adequate encouragement and support (89%);Do you feel the quality of your life is enhanced by the care and services you receive at Capella (88%).</p> <p>As part of the staff assessment of services, when asked in a survey what they like to see at Capella House, several staff (30%) made comments around the concept that they enjoy seeing the residents engage in the community.</p> <p>These initiatives are embraced by all staff and continue to expand with more variety as new residents are admitted to Capella and come up with other ideas to enhance their quality of life.</p>
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End of the report.