

Millvale House Waikanae Limited - Millvale House Waikanae

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Millvale House Waikanae Limited

Premises audited: Millvale House Waikanae

Services audited: Hospital services - Psychogeriatric services

Dates of audit: Start date: 27 February 2024 End date: 28 February 2024

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 28

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Dementia Care New Zealand Limited is the parent company of Millvale House Waikanae. The service provides psychogeriatric level care for up to 30 residents. At the time of the audit there were 28 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand Te Whatu Ora - Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, management, and staff.

Families/whānau reported satisfaction and positivity about the care and services provided. The facility is managed by the clinical manager, who is assisted by the operations coordinator.

There were no areas of improvement identified at the previous certification audit.

This surveillance audit identified areas for improvement around meetings with family/whānau, registered nurse staffing, care plan interventions, medicine management, and hot water temperature recordings.

Ō tātou motika | Our rights

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

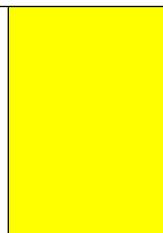


Subsections applicable to this service fully attained.

A Māori health plan is in place for the organisation. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Some subsections applicable to this service partially attained and of low risk.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te ora | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. Electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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 haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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The building has a current warrant of fitness. There is a planned and reactive maintenance programme in place. Equipment is maintained for electrical compliance and clinical equipment is regularly calibrated.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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There is a comprehensive infection control programme in place which has been approved and reviewed by the directors. All staff complete education in relation to infection control during orientation and at least annually.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There was a Covid-19 outbreak at the time of the audit and there have been other outbreaks since the previous audit and these have been well documented and notified.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is a registered nurse. There were residents using a restraint at the time of the audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	13	0	4	1	0	0
Criteria	0	45	0	4	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan and policy are documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The Māori health plan has a set of actions to address barriers to Māori accessing care and employment within DCNZ Millvale House Waikanae, which is understood by staff who confirmed in interview that mana motuhake is recognised. At the time of the audit there were residents who identified as Māori and no staff were currently employed who identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a Pacific health plan which aligns to Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The aim is on fostering Pacific community integration and collaboration to enable better planning, support interventions, and evaluations of the health and wellbeing of Pacific peoples to improve outcomes. At the time of the audit there were residents who identified as Pasifika whose family/whānau supported staff in understanding worldviews, cultural and spiritual beliefs of Pacific peoples. There were no staff who identified as Pasifika.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The operations coordinator and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Four family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>DCNZ Millvale House Waikanae policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. A comprehensive house rules/ code of conduct is discussed and signed by staff during their induction to the service. The house rules/code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the house rules / code of conduct as part of the employment process.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Professional boundaries are defined in job descriptions. Interviews with three registered nurses and three caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Interviews with eight staff (three caregivers, three registered nurse, one cook, one maintenance), the clinical manager, and family/ whānau and documentation reviewed, confirmed that the staff are very caring, supportive, and respectful.</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 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>FA</p>	<p>There are policies documented around informed consent. Informed consent processes were discussed with family/whānau on admission. Five resident files (all psychogeriatric level of care) were reviewed and written general consents sighted for outings, photographs, 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 the activated enduring power of attorney (EPOA) for procedures, such as influenza and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to knock before entering rooms.</p> <p>The admission agreement is appropriately signed by the EPOA. Activated enduring power of attorney documentation is filed in the residents' files.</p> <p>Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's 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.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Relatives 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 and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There were four complaints logged since last audit in December 2021. Documentation reviewed included acknowledgement, investigation, follow up and replies to the complainant, demonstrating that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. There is evidence that the complainants were satisfied with the outcomes. There were no external complaints received since last audit.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the quality meetings (meeting minutes sighted).</p> <p>Discussions with family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or</p>

		<p>issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The operations coordinator acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Dementia Care NZ Limited (DCNZ) is the parent company under which DCNZ Millvale House Waikanae operates. DCNZ Millvale House Waikanae provides psychogeriatric level of care for up to 30 residents. On the day of audit, there were 28 residents at psychogeriatric level of care, including one admitted under the Mental Health Act, and one on the long-term support chronic health contract (LTS-CHC). All the remaining residents were under the age-related hospital specialist services (ARHSS) agreement.</p> <p>DCNZ has a corporate structure that includes two managing owner/directors who meet weekly to discuss governance matters. They guide the development and approval of business plans and respond to benchmarking, and high-risk events. The directors meet with management at a monthly general meeting to discuss the running of the business, key performance metrics and the organisation’s compliance with the relevant policies, procedures standards and legislation. Clinical and operational risks are discussed at the monthly risk meeting, which reports to directors and general meeting. Urgent risks are raised with the directors and responded to immediately as needed.</p> <p>The clinical governance structure includes the regional clinical managers and clinical managers at each service. Where clinical issues arise, they are discussed at the clinical governance meeting. Issues and outcomes from the clinical governance meeting are discussed with the directors and reported through the general meeting.</p> <p>DCNZ has engaged a cultural advisor to advise the Board and work in partnership with Māori to ensure updating of policy and procedure within the company to enhance Te Tiriti partnership, reduce inequity and improve equality. The cultural advisor consults with and reports on any barriers to the senior management team, advisory Board and managing directors to ensure these can be addressed. The service consults with family/whānau for input</p>

		<p>into reviewing care plans and assessment content to meet resident’s cultural values and needs. The DCNZ Māori Health Plan has a focus on improving the cultural care, further developing partnerships with local iwi, improving staff knowledge, and practice of tikanga and improving Māori language skills.</p> <p>DCNZ has an overarching strategic plan 2021 to 2024 and a related business plan (2023-2024) that is developed in consultation with managers and reviewed annually. The business plan includes the vision, values and “the work we do” documented in English and te reo Māori. The organisation’s vision includes acceptance of all people with kindness and love, provision of peace, comfort and striving to achieve this vision with openness, honesty, integrity, and passion. The strategic plan identifies Māori equity as a principal driver for success, alongside Pacific community inclusion. The strategic plan includes principles associated with rangatiratanga and human rights, Manaakitanga wellbeing, whanaungatanga social organisation of whanau, hapu, and iwi, wairuatanga spiritual comprehensive and integrated services, kaitiakitanga guidance, consistent evidence-based services and kotahitanga unity of purpose. Business goals for DCNZ Millvale House Waikanae include (but are not limited to) staff recruitment; restraint elimination; antimicrobial stewardship; professional development; and addressing registered nurse shortages.</p> <p>The operations coordinator (non-clinical) has been in the role for less than a year and reports to the operations management leader at head office. The clinical manager has been employed in the role since January 2024 and is supported by the regional clinical manager. The operations coordinator and clinical manager have both been supported with their orientation by the wider DCNZ senior team and directors who visit the site regularly.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p>	<p>PA Low</p>	<p>DCNZ Millvale House Waikanae is implementing a quality and risk management programme. Annual 2023 quality improvement goals have been reviewed, and the 2024 programme is documented and includes plans to achieve these goals, target dates for implementation, responsibilities for implementation and improvement indicators. Interviews with the regional clinical manager, operations coordinator and clinical manager confirmed their understanding and involvement in quality and risk management</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>practices.</p> <p>The service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality, health and safety, and registered nurse meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Meetings, with the exception of the EPOA/family focus meetings, were completed as scheduled and meeting minutes reviewed evidence follow up of action and sign off when completed. Internal audits are completed as per the internal audit schedule. Any corrective actions identified are used to improve service delivery and are being signed off when resolved and discussed at meetings. Quality data is collected, analysed, and discussed at meetings.</p> <p>Family/whanau satisfaction are completed annually. The surveys completed in 2022 and 2023 reflect overall satisfaction of the service. However, there is no evidence to demonstrate that the survey outcomes have been communicated back to the EPOAs.</p> <p>Policies and procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant documentation, as and when required.</p> <p>The clinical manager evaluates interventions for individual residents. Each incident/accident is documented electronically. Accident/incident forms reviewed for 2024 indicated that the forms are completed in full and signed off by the clinical manager and operations coordinator; opportunities to minimise risk are documented. Incident and accident data is collated monthly and reported in the staff meetings. Health and safety meetings occur monthly. Hazards are documented and addressed. Staff received education related to hazard management and health and safety at orientation, and annually. Policies reference current health and safety legislation and there is a staff representative.</p> <p>Discussions with the operations coordinator and regional clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports completed since the previous audit in relation to police attendance for resident behaviour, health and safety risk to residents, change in facility</p>
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		<p>manager, change in clinical manager, and registered nurse shortages. At the time of the audit, the service was managing a Covid-19 outbreak, which was appropriately notified. There had been two other outbreaks since previous audit (gastroenteritis related and respiratory outbreak). These were appropriately notified, managed, reported to Public Health and staff were debriefed after each event to discuss lessons learned.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (night shifts) for psychogeriatric level care residents. At the time this audit was undertaken, there was a significant national health workforce shortage. The shifts not covered by registered nurses are covered by senior caregivers who are internationally trained registered nurses, that currently do not hold a New Zealand registered nurse practising certificate.</p> <p>The operations coordinator works part time (Monday, Tuesday, Wednesday, and Friday) and the clinical manager works full time Monday to Friday. The clinical manager provides 24 hours on call for the service. There is a specific roster documented and appropriate to the level of care provided. All caregivers are able to rotate through different shifts if required to provide cover. Agency staff are not used. Care staff interviewed stated there are enough staff on duty to meet the needs of the residents. Relatives interviewed stated there were sufficient staff on duty when they visited.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Eighteen caregivers are employed; with 10 having achieved a level 3 NZQA qualification or higher. Sixteen have achieved the required dementia standards, and two are in progress and are within the 18-month period for completion.</p> <p>The annual training programme exceeds eight hours annually. Training is conducted face to face and led by the DCNZ educator (also a mental health nurse). There is an attendance register for each training session and</p>

		educational topics offered, including: in-services, competency questionnaires, online learning, and external professional development. All senior caregivers and registered nurses have current medication competencies. Registered nurses, caregivers, and activities team members have a current first aid certificate.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Annual appraisals have been completed in the two of five staff files reviewed; three have been employed for less than a year.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Low	<p>Five resident files were reviewed, including one resident under the Mental Health Act and one on the long-term support chronic health contract (LTS-CHC). Registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. There was evidence of family/whānau involvement in the interRAI assessments and long-term care plans reviewed. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan.</p> <p>DCNZ Millvale House Waikanae uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on</p>

	<p>admission include (but not limited to) those relating to falls; pressure injury; behaviour; continence; nutrition; skin; culture; activities; and pain. The initial care plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes for all residents. 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. However, the care plans did not always demonstrate triggers for the behaviours presented.</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. The care plans include a 24-hour reflection of close to normal routine for the resident, with detailed interventions to assist caregivers in management of the resident behaviours. 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. However, not all incidents noted in the resident records had short-term care plans completed.</p> <p>Evaluations were completed at the time of interRAI re-assessments (six-monthly) and when changes occurred earlier, as indicated for the five resident records reviewed. Written evaluations reviewed identify progress towards goals.</p> <p>The general practitioner (GP) from local medical centre provides twice weekly medical services, including after hours on-call support. Residents are reviewed 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 timeframes. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner was not available for interview on the days of audit.</p> <p>Specialist services are initiated as needed. Allied health interventions are documented and integrated into care plans. A physiotherapist visits weekly and a dietitian visits fortnightly. The podiatrist visits regularly. Specialist services (eg, mental health, psychogeriatrician, speech language therapist,</p>
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	<p>wound care, and continence specialist nurse) are available as required through Health New Zealand - Capital, Coast and Hutt Valley.</p> <p>Caregivers 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 caregivers and the registered nurses document at least daily and as necessary in the resident records.</p> <p>The family/whānau interviewed reported that the residents' needs and expectations are being met. 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 consistently documented in the resident files.</p> <p>There were six wounds from two residents actively being managed at the time of the audit. These included three pressure injuries (two stage II and one suspected deep tissue injury). 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. The clinical manager is aware of notifying through Section 31 reporting for any pressure injuries stage III and above (sighted). Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the wounds reviewed. There is access to wound care nurse specialist input into chronic wounds.</p> <p>Caregivers and registered nurses 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. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. 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</p>
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		<p>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 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>DCNZ Millvale House Waikanae has policies available for safe medicine management that meet legislative requirements. The registered nurses and medication competent caregivers who administer medications, are assessed annually for competency. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the day of the audit, a registered nurse was observed to be safely administering medications. The registered nurse and caregivers interviewed could describe their roles regarding medication administration. DCNZ Millvale House Waikanae uses robotic rolls for all regular and 'as required' medicines and blister packs for short course 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. Controlled drugs are stored appropriately, and stock checked weekly by two medication competent staff. However, there were entries in the controlled drug register where there was only the signature of one staff and no second signature when controlled drugs were checked out. The pharmacist completes a six-monthly controlled drug audit; with the last one completed 14 December 2023.</p> <p>Ten 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 were no residents self-administering medications. There are no vaccines kept on site and no standing orders in use.</p> <p>There is documented evidence in the clinical files that family/whānau are updated about changes to their health.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and with a current approved food control plan expiring 12 April 2024. 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 cook works closely with the registered nurses with resident’s dietary profiles and any allergies. The cook stated they accommodate any requests from residents within reason.</p> <p>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>	<p>FA</p>	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	<p>PA Low</p>	<p>The buildings, plant, and equipment are fit for purpose at DCNZ Millvale House Waikanae and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 12 June 2024.</p> <p>There is an electronic maintenance request process for repairs. Equipment failure or issues are also recorded in the maintenance electronic log. This is checked daily and signed off when repairs have been completed. There is</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. However, hot water temperatures have not been checked weekly since the last audit. Essential contractors/tradespeople are available 24 hours a day as required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures meet current standards and are reviewed by the management team and governance. Policies are available to staff and linked to the quality system. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control programme is reviewed and reported on annually.</p> <p>The infection control policy states that DCNZ Millvale House Waikanae is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. The infection control coordinator has undertaken recent education online and has additional support from expertise at Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. All staff have completed infection prevention and control in-services, including outbreak management.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention</p>	<p>FA</p>	<p>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the electronic infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Reports include antibiotic use. This data is monitored and analysed for trends, monthly and annually. DCNZ Millvale House Waikanae incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance results are discussed at infection control, and</p>

<p>programme, and with an equity focus.</p>		<p>quality meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>DCNZ Millvale House Waikanae receives regular notifications and alerts from Health New Zealand– Capital, Coast and Hutt Valley for any community concerns. At the time of the audit, the service was coordinating a Covid-19 outbreak, which had started 20 February 2024. On the first day of the audit, there were 12 active cases and appropriate reporting was being completed. The outbreak was being well managed, with staff following outbreak management procedures. There have been two other outbreaks since last audit; gastroenteritis related outbreak March 2023 and respiratory outbreak October 2023. These were documented, well managed and reported to Public Health.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>An interview with the restraint coordinator, a registered nurse, described the organisation’s commitment to restraint minimisation. This is supported by the governing body and policies and procedures. On the days of audit there were two residents utilising restraint.</p> <p>Staff attend training in challenging behaviours, including de-escalation techniques and restraint last held in March and December 2023. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at registered nurse meetings. The use of restraint and how it is being monitored and analysed, is reported at these meetings (sighted).</p> <p>A comprehensive assessment, approval, monitoring, and quality review process is documented for all use of restraint. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality, registered nurse and health and safety meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. The service has annual EPOA/ family focus meetings and quarterly newsletters; however, there have not been EPOA/family focus meetings completed since last audit.</p> <p>EPOA satisfaction surveys have been completed in 2022 and 2023; however, there is no evidence of outcome results being communicated back to the EPOAs. Family/whānau interviewed confirm they know what is happening with the residents through emails, face to face contact, and phone</p>	<p>(i). There is no evidence of EPOA/ family focus meetings being completed since last audit.</p> <p>(ii). EPOA satisfaction survey has been completed; however, there is no evidence of the outcome of the survey being communicated back to the EPOAs.</p>	<p>(i). Ensure that EPOA meetings are completed.</p> <p>(ii). Ensure EPOA satisfaction survey outcomes are communicated to the EPOAs.</p> <p>90 days</p>

		calls, and felt informed regarding events or other information.		
<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>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>The service has been unable to provide a registered nurse on site 24/7 for the psycho-geriatric level of care as per contract. It was noted that the service has attempted to mitigate the risk of this situation by utilising the clinical manager and providing on-call process. The shifts not covered by registered nurses are all covered by senior caregivers who are all overseas registered nurses. Section 31 registered nurse shortage notifications have been completed. Recent recruitment has seen an increase in the registered nurses and are being supported with orientation.</p>	The service does not have sufficient numbers of registered nurses to have a registered nurse on duty at all times as per ARRC agreement D17.4 a. i.	<p>Ensure a registered nurse is on duty 24/7 to meet the requirements of the ARRC agreement.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p>	PA Low	<p>The registered nurses are responsible for the development of the care plan. Assessment tools, including cultural assessments, were completed to identify key risk areas. Alerts are indicated on the resident care plan and include (but not limited to) high falls risk, weight loss, wandering, and pressure injury risks. The registered nurses interviewed understand their responsibility in relation to assessment and care planning. There are comprehensive policies in place related to assessment and care planning; however, for four incidents where residents sustained injuries, there were no wound care plans developed for two skin tears sustained during a fall as per policy.</p>	<p>(i). Five of five behaviour care plans did not identify triggers to behaviours presented by residents.</p> <p>(ii). There were no care plan interventions documented for short-term needs related to skin tears in four incidents reviewed.</p>	<p>(i). Ensure that behaviour triggers are identified in the care plans.</p> <p>(ii). Ensure that care plans are completed for short-term needs.</p> <p>90 days</p>

<p>(d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People’s care or support plan identifies wider service integration as required.</p>		<p>The care plans reviewed provided interventions of close to normal routine for the residents over a 24-hour period to assist caregivers in the management of behaviours. Caregivers are knowledgeable about the care needs of the residents and the families/whānau interviewed were complimentary of the care provided. Progress notes and monitoring records evidence care delivery to the residents, reflective of their needs, as described by staff during interviews and confirmed by residents, family/whānau interviewed. The findings related to care planning relates to documentation only.</p>		
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There is a policy and process on safe medicine management, including that of controlled drugs storage, stock take and reconciliation. The policy also includes safe storage guidelines, including monitoring and recording of medication fridge and room temperature.</p> <p>The policy confirms two competent staff to check, sign out and administer controlled drugs. However, there were entries in the controlled drug register where there was only the signature of one staff</p>	<p>There are four separate entries in the controlled drug register where there is no second signature documented.</p>	<p>Ensure that there is demonstration of two staff signing out controlled drugs from the register as per policy.</p> <p>60 days</p>

		and no second signature when controlled drugs were checked out.		
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>There is an electronic maintenance request process for reactive repairs and maintenance required by the service. This is checked daily and signed off when repairs have been completed. There is evidence of an annual preventative maintenance plan initiated and implemented for the service. Processes around the reactive and planned maintenance were confirmed by interview with the maintenance officer. Hot water temperatures have been recorded weekly until March 2023; however, hot water temperatures have not been evidenced as recorded weekly between March and October 2023. Essential contractors/tradespeople are available 24/7 as required.</p>	<p>There was no evidence of hot water temperatures being recorded between March and October 2023 and from November to January, there was gaps of between one to two weeks.</p>	<p>Ensure hot water temperature monitoring is completed weekly.</p> <p>90 days</p>

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 audit.

No data to display

End of the report.