

Mossbrae Lifecare Limited - Mossbrae Lifecare

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 The DAA Group Limited, 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:	Mossbrae Lifecare Limited	
Premises audited:	Mossbrae Lifecare	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 24 January 2025	End date: 24 January 2025
Proposed changes to current services (if any): None		
Total beds occupied across all premises included in the audit on the first day of the audit: 46		

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
	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

Mossbrae Lifecare, located in South Dunedin, provides rest home and hospital level care for up to 64 residents. There were 46 residents on the day of the audit.

The interim care home manager, who is the organisation's project and support manager, is appropriately qualified and experienced, supported by the clinical nurse lead, general manager (operations and clinical), and the board. There have been several changes in the management structure at the facility, including the clinical nurse lead, since the previous audit.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and funding agreements with Health New Zealand – Te Whatu Ora. The audit processes included observations, a review of organisational documents and records, including staff records and files of residents, interviews with residents and their family/ whānau, and interviews with staff, management, a general practitioner and a nurse practitioner.

The previous corrective action relating to mobility access through two exit doors has been addressed, however there is still moss covering the concrete surrounding the main building, and this part of the corrective action remains open.

This surveillance audit identified areas of improvement around the content of staff meeting minutes, orientation, performance appraisals, care planning process, medication management and annual review of the infection prevention programme.

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.

Mossbrae Lifecare 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 upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property and finances of residents were respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints were resolved promptly, equitably and effectively in collaboration with all parties involved.

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 governing body for Mossbrae Lifecare assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance was monitored and reviewed at planned intervals.

A clinical governance structure met the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings. The service complied with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, during performance reviews.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised and based on comprehensive risk-based assessments. Files reviewed demonstrated that care met the needs of residents and whānau.

Medicines were administered by staff who were competent to do so.

The food service met the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

Residents were referred or transferred to other health services as required.

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 medium or high risk and/or unattained and of low risk.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

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.

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

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, and is linked with the quality improvement programme.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The ‘Surveillance of Health Care-Associated Infections’ programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

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 service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

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	12	0	4	2	0	0
Criteria	0	43	0	5	2	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.</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>Mossbrae Lifecare has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local Māori organisations to support service integration, planning, equity approaches, and support for Māori. There were no Māori residents at the time of audit. There is a Māori cultural advisor at governance level who is available for the residents if needed.</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 service provides services that are underpinned by Pacific worldviews. Policies and procedures are available to guide staff in caring for Pacific peoples. The service embraces Pacific models of care through various organisations that can provide support and guidance when Pacific people are being supported. Staff were familiar with local Pacific services and resources. Support is also offered through staff and various Christian churches in the local area on an 'as required' basis, and staff interviewed were able to identify links in the community.</p> <p>Cultural assessments and care plans for residents of each Pacific descent were available to implement. Models of care were documented and</p>

		implemented.
<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>New Zealand Aged Care Services and Mossbrae Lifecare were aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure they are respected. Staff interviewed understood the requirements of the Code, including the right to self-determination (mana motuhake) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</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 review of documentation and interviews with staff, residents and whānau identified that residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed. Professional boundaries were maintained by staff.</p> <p>Residents reported that their property was respected, and finances protected.</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</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Informed consent, advance care planning, establishing and documenting</p>

<p>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>Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</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>A fair, transparent and equitable system is in place to receive and resolve complaints, leading to improvements. This meets the requirements of the Code. Residents and whānau understood their right to complain and knew how to do so. There were 63 complaints in 2024, and none in 2025 (year to date). The interim care home manager (ICHM) reported that the complaint process timeframes were adhered to, and service improvement measures were implemented as required.</p> <p>Documentation, including follow-up letters and resolutions, was completed and managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and whānau confirmed they were provided information on the complaints process and remarked that any concerns or issues were promptly addressed.</p> <p>Whānau and residents making a complaint can, if they choose, involve an independent support person, such as the cultural advisor or kaumatua, in the process. 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 whānau spoken with expressed satisfaction with the complaints process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</p> <p>No other external complaints were received but one HDC complaint remains open. The service has complied with all requests for further information within the required timeframes. All the required recommendations have been implemented. This includes training, clinical and management oversight staff. Evidence of this was sighted. The general practitioner (GP) and nurse practitioner (NP) expressed satisfaction with the improvements made.</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>Mossbrae Lifecare is operated by New Zealand Aged Care Services Ltd. The governing body assumes accountability for delivering a high-quality service by supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti, and is focused on improving outcomes for Māori and Pasifika, reducing barriers and achieving equity for Māori. The service provides rest home and hospital-level care.</p> <p>The service has a defined governance and leadership structure, including clinical governance, that is appropriate to its size and complexity. Board members can access cultural training, te reo Māori, and opportunities to upskill in Te Tiriti o Waitangi through other community roles and employment. A sample of a report to the board of directors showed adequate information to monitor performance is reported. The board meets once a month and weekly meetings occur with the general manager (operations and clinical) and all New Zealand Aged Care Services Ltd facilities management teams. The leadership team oversees compliance with legislative, contractual and regulatory requirements; external advice is sought as required. Reports cover quality, risk, compliance with standards and legislation, and other operational matters.</p> <p>A new management structure is in place. The service is currently being managed by an ICHM with extensive experience in the health and disability sector. The interim care home manager is the project and support manager for New Zealand Aged Care Services Ltd. The current ICHM is supported by the clinical nurse lead (CNL), registered nurses (RNs), general manager (operations) and the board. The management confirmed knowledge of the sector and regulatory and reporting requirements.</p> <p>The Mossbrae Lifecare business plan 2024-2025 identifies the organisation's purpose, values, direction, scope and goals, and monitors and reviews performance at planned intervals.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Southern for aged residential care – hospital medical, geriatric, and rest home care. The agreement includes provision for respite and long-term support – chronic health conditions (LTS-CHC) and short-term palliative hospital level care. On the days of audit, there were 46 residents</p>

		receiving care; of those, 36 residents were under hospital level of care, including five under a respite contract and one under the exceptional circumstances individual funding. Nil residents were admitted under the LTS-CHC contract; ten (10) residents were receiving rest home level of care.
<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>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>	PA Low	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes managing and monitoring incidents and complaints, internal audit activities, a regular resident meeting, consultation with whānau, outcomes, policies and procedures, clinical incidents including infections and wounds, pressure injuries, skin tears, behaviour events, falls and other unexpected events.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Staff competencies were reassessed and confirmed for all staff, and records were sighted. Internal audits were completed according to a 2024 and 2025 schedule, with corrective actions and outcomes reported back to the staff.</p> <p>A staff satisfaction survey was carried out along with a resident/whānau survey in 2024. Surveys were comprehensive, and the results were collated, analysed and utilised to make service improvements when required. The feedback survey results reviewed showed positive responses to care, communication and support.</p> <p>Monitoring of adverse event data was regularly reported and discussed at monthly staff meetings. The management team interviewed confirmed that discussions and trends are included in these meetings. The policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The ICHM described the processes for identifying, documenting, monitoring, reviewing and reporting risks, including health and safety risks, and developing mitigation strategies. A risk management plan was continuously updated to reflect the risk to the integrity of clinical and operational documentation.</p> <p>Staff document adverse and near-miss events in accordance with the National Adverse Events Reporting Policy. A sample of incident forms</p>

		<p>reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions followed up in a timely manner.</p> <p>The management team understood and complied with essential notification reporting requirements. Essential notifications, as required under Section 31 of the Health and Disability Services (Safety) Act 2001, had been completed regarding registered nurse shortages in 2023, changes in the care home managers and clinical nurse leads, and other notifications were completed as required.</p> <p>An improvement is required around discussing, reporting and including infection prevention and control (IPC) and restraint data in the staff meeting minutes.</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>	FA	<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 (24/7). The organisation adjusts staffing levels to meet the changing needs of residents. Staff reported that there were adequate staff to complete the work allocated to them, and residents and whānau confirmed this in interviews. No bureau staff were used. There are currently six registered nurses and two enrolled nurses, and three registered nurses are interRAI trained, with three booked for training this year.</p> <p>Cultural advice is sought in a timely manner through local Māori organisations and a cultural advisor employed by the organisation. At least one staff member on duty in each wing has a current first aid certificate and medication competency.</p> <p>Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements.</p> <p>Staff records were reviewed to confirm completion of the required training and competency assessments. Each staff member interviewed reported feeling well-supported and safe in the workplace. The employment process, which includes a job description defining each role's skills, qualifications and attributes, ensures that services are delivered to meet</p>

		<p>residents' needs.</p> <p>Continuing education, including mandatory training requirements, is planned annually. Related competencies are assessed to support equitable service delivery. The records reviewed (seven) demonstrated that the staff completed the required training and competency assessments, including cultural, first aid, hand hygiene, and medication competencies. An annual training programme covers mandatory and elective topics and meets the obligations of the service contract. Online learning opportunities are also available for staff to complete independently. Staff felt well supported with development opportunities.</p> <p>Clinical advice is always available when required, ensuring a secure care provision. An out-of-hours on-call policy explains how and when to contact the out-of-hours general practitioner, nurse practitioner and the management team.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>Human resource management policies and processes are based on good employment practices and relevant legislation. The annual practising certificates of all health professionals are reviewed annually, and a record is maintained. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There was evidence of good recruitment processes, including letters of offer, signed employment agreements and position descriptions, validation of qualifications, and police vetting. A total of seven staff files were reviewed.</p> <p>An improvement is required to ensure that performance appraisals and orientation forms are completed within the required timeframes.</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</p>	PA Moderate	<p>The multidisciplinary team at Mossbrae works in partnership with the resident and their whānau to support wellbeing. Six resident files were reviewed: two residents receiving rest home care, and four receiving hospital level care including one resident funded by the Accident Compensation Corporation. The files reviewed verified that a comprehensive assessment occurs including consideration of the</p>

<p>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>	<p>person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical practitioner assessment, initial care plan and long-term care plan meet contractual requirements. Residents are reviewed by a general or nurse practitioner on admission to the service. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Short-term care plans were developed, if necessary, and examples were sighted for infections and wound care. These were reviewed weekly or earlier if clinically indicated. Māori residents have a personal care plan based on Te Whare Tapa Whā, used to document what is important to them. Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan.</p> <p>Clinical incidents were recorded in the resident's file and files reviewed demonstrated these are managed within current best practice guidelines, including falls events.</p> <p>Evaluation of care occurs on each shift and is recorded in progress notes documented by the nursing staff. General or nurse practitioner review occurs at a minimum of three-monthly, with resident and whānau input, when possible. Residents and whānau are given choices and staff ensure they have access to information. This was verified by sampling residents' records, and from interviews with clinical staff, residents and whānau. Residents confirmed they were very happy with the responsiveness of staff and communication was very good. However, not all care plans were evaluated and updated within contractually required timeframes or when resident needs changed; refer criterion 3.2.5.</p> <p>One general practitioner and one nurse practitioner were interviewed. They both stated the standard of care was improving and staff were attentive to the needs of the residents. Communication with nursing staff was better and they are called appropriately and their instructions for care are followed.</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>	PA Low	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine prescribing and administration using an electronic system was observed on the day of audit. Medications are supplied to the facility from a contracted pharmacy and resupply can be ordered via the electronic system. However, not all aspects of the medication management met the required standard; refer criterion 3.4.1. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range and there were processes in place for safe disposal of medications no longer required.</p> <p>Prescribing practices met requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly general or nurse practitioner review was consistently recorded on the medicine chart.</p> <p>Standing orders were not used.</p> <p>Self-administration of medication is facilitated and managed safely.</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>	FA	<p>Food services were provided by a contracted provider, with food cooked off-site. The contracted service operates with an approved food safety plan and registration.</p> <p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys and resident meeting minutes.</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>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. This was verified in files reviewed. Whānau and EPOA reported being kept well informed during the transfer of their relative.</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>	PA Moderate	<p>Appropriate systems are in place to ensure residents' physical environment and facilities (internal and external) are fit for purpose. A current building warrant of fitness, expiring on 10 June 2025, was displayed. There is a preventative and reactive maintenance programme, and buildings, plant and equipment are maintained to an adequate standard. Legislative requirements were met. Electrical checks were completed, and an inventory was maintained. The contracted medical company checked the annual calibration of medical resources and equipment. Calibration included the scales (floor and chair scales). Manual handling and hoist management training was provided to all staff as per the training programme.</p> <p>Whānau and residents interviewed were pleased with the environment's suitability for their whānau members' needs. Appropriate signage and cultural information were on the notice boards for staff and residents to view. There were well-maintained garden areas.</p> <p>The previous corrective action relating to mobility access through two exit doors has been addressed, however there is still moss covering the concrete surrounding the main building, and this part of the corrective action remains open.</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>	PA Low	<p>The clinical nurse lead is responsible for overseeing and implementing the IP programme at Mossbrae. The programme has been developed by New Zealand Aged Care Services, with input from those with IP expertise, and approved by the governance body. The programme is linked to the quality improvement programme. However, the programme sighted was newly developed and no evidence of annual review and reporting was available; refer criteria 5.2.2. This was confirmed by the clinical nurse lead and the national quality assurance coordinator and review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff and reported to the governing body.</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>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The clinical governance structure led by the general manager (operations and clinical) monitors the use of restraint across the organisation and has responsibility for ensuring that restraint minimisation is achieved.</p> <p>At the time of audit, there was no restraint in use, and this has been the</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>case since the previous audit. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>Maintaining a restraint-free environment is the aim of the service. Any use of restraint is reported to the governing body.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</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 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>Monthly meetings included combined staff meetings, residents' meetings, health and safety, and registered nurses. Samples of these meeting minutes were reviewed. However, infection prevention and control and restraint data were not being consistently reported to staff and documented in the staff meeting minutes.</p>	<p>IPC and restraint data was not being consistently discussed and documented in the staff meeting minutes.</p>	<p>Ensure IPC and restraint data is included in the staff meeting minutes.</p> <p>180 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Staff receive an orientation and induction programme covering the service's essential components. An orientation form is completed and signed off before filing. Six of the seven staff files reviewed did not evidence this. Some staff interviewed reported being orientated but there was no evidence to support this.</p>	<p>Six of the seven staff files had no evidence of completed orientation forms.</p>	<p>Ensure orientation is completed for all staff as per policy and standard requirements.</p> <p>180 days</p>

<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>Staff performance is reviewed and discussed regularly; however, this had not occurred in three of the seven staff files reviewed. The interim care home manager stated that the service has had several management changes which might have led to this being missed. Staff reported that they have input into the performance appraisal process and can set their own goals.</p>	<p>Three of the seven staff files reviewed had no evidence of completed performance appraisals.</p>	<p>Ensure performance appraisals are performed at defined intervals as per policy and standard requirements.</p> <p>180 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service</p>	PA Moderate	<p>General practitioner reviews occur at a minimum of three-monthly, and files evidenced resident and whānau input. Daily review of residents by registered nurses was recorded in progress notes. These progress notes evidenced that nurses were identifying the changing needs of residents. Residents and whānau interviewed were happy with the level of care provided and felt their needs were being met. However, evaluation of the care plan was not evident in all files reviewed, and changes required to the resident's care plan were not always made to reflect the resident's current needs. This included:</p> <ul style="list-style-type: none"> Care planning for three residents not being updated to include interventions requested by a dietitian, a physiotherapist and/or occupational therapist. Care planning for a resident discharged from an acute facility was not updated to reflect their increased short-term needs. Wound care planning was not evident for a resident with a leg ulcer (now 	<p>Evaluation of care is not always occurring, and changes required to a resident's care or support plan identified through the ongoing assessment and review process are not always made to reflect the resident's current needs.</p>	<p>Ensure resident care plans are evaluated and updated following interRAI assessment and when changes to a resident's needs are identified through the ongoing assessment and review process.</p> <p>90 days</p>

provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		<p>healed) and a resident with a head laceration requiring sutures.</p> <ul style="list-style-type: none"> Care planning not evaluated or updated following interRAI assessments for three residents. For one resident funded by ACC who had external health care providers visiting, the care plan did not reflect what cares the facility was responsible for providing. 		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>Medications are prescribed on an electronic system and dispensed by the contracted pharmacy. However, not all aspects of medication storage and management met the required standards:</p> <ul style="list-style-type: none"> Not all prescribed medication contained a legible label with the required information including the resident's name and prescription details. This included medication for immunosuppression, nitrolingual spray, paracetamol liquid and vitamins where the pharmacy label was absent, and the name of the prescriber and the administration instructions were not present. Individually dispensed medications were being used as communal stock and being administered to multiple residents. <p>Corrective action was taken on the day of audit. Because action was taken promptly and appropriately to rectify the problem and a plan is in place to monitor progress ensuring this does not happen again, the finding is rated low risk; however, the time frame is 30 days.</p>	Not all elements of the medication management system met the expected standard for the safe administration of medications.	<p>The service will ensure medications are labelled correctly with a pharmacy label including the prescriber's name and prescription details and that individually dispensed medications are not used as communal stock.</p> <p>30 days</p>

<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Moderate</p>	<p>There are two external side doors that lead off the main corridor of the newer part of the building. These doors are not commonly used by residents or staff and lead outside to a narrow pathway that runs alongside the main building.</p> <p>There is an approximate 20 centimetre drop to the ground outside from both doors. Signage has been displayed to acknowledge this and alert staff, residents and family/whānau. This was sighted during the audit day. The corrective action from the previous audit has been addressed.</p> <p>This corrective action remains open. The outside concrete area on the same side as the two doors mentioned above is covered with moss and is a slipping hazard. The two side doors were free from clutter.</p> <p>Interviews with the maintenance person and interim care home manager confirmed that residents do not use these two doors to access the outside area. The initial spraying of the concrete area has been commenced, this was also documented on the planned maintenance schedule; however, the area remained covered with moss and not safe to be used.</p>	<p>The outside concrete surrounding the building remains a slip hazard due to the moss build-up that has not been cleaned up.</p>	<p>Provide evidence that the outside concrete slip hazard risk has been minimised.</p> <p>90 days</p>
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with</p>	<p>PA Low</p>	<p>The national office of New Zealand Aged Care Service has developed an IP programme with input from those with IP expertise. This has been approved by the governance body. The programme is linked to quality improvements. However, as the programme is new, there was no evidence of</p>	<p>There was no evidence of annual review or reporting against the IP programme.</p>	<p>Ensure the newly developed IP programme is reviewed and reported on annually.</p> <p>180 days</p>

IP expertise; (b) Approved by the governance body; (c) Linked to the quality improvement programme; and (d) Reviewed and reported on annually.		annual review or reporting.		
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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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.