

# Millvale House Napier Limited - Millvale House Napier

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## Introduction

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

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

**Premises audited:** Millvale House Napier

**Services audited:** Hospital services - Psychogeriatric services

**Dates of audit:** Start date: 12 February 2025      End date: 12 February 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:** 10

# Executive summary of the audit

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## Introduction

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

- ō 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

Dementia Care New Zealand (DCNZ) Limited is the parent company of Millvale House Napier Limited. The service provides psychogeriatric level care for up to 15 residents. At the time of the audit there were 10 residents in total.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand. The audit processes included observations; a review of organisational documents; staff and resident files; and interviews with family/whānau, staff, management and the general practitioner.

The service is managed by a clinical manager who is supported by the operations coordinator and regional clinical manager. There are systems to guide appropriate support for the varying needs of the residents. The family/whānau interviewed all spoke positively about the care and support provided.

This certification audit has identified areas of improvement around implementation of family/whānau meetings, satisfaction surveys, activities, chemical safety, and cleaning.

## 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.
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Millvale House Napier provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. 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. Staff receive training on Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. A Pacific health plan is documented. 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.
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Dementia Care New Zealand has an overarching 2024-2027 strategic plan that includes a vision, values and clear business goals to support the organisation. The 2024-2025 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. 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 Health & Safety programme in place. Hazards are appropriately identified and reported.

There are human resources policies which cover recruitment, selection, orientation, staff training and development. There is a staffing and rostering policy. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential. Family/whānau reported that staffing levels are adequate to meet residents' needs.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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The admission package is in place and available prior to or on entry to the service. The operations coordinator and clinical manager efficiently manage the entry process to the service. Admissions are managed by the clinical manager, registered nurses and the general practitioner at admission. The service works in partnership with the resident, family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care. Care plans reviewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting health professionals.


Medication policies reflect legislative requirements and guidelines. Registered nurses are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The planned activity programme operates seven days per week. Te ao Māori is facilitated through all activities.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

## **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.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. The resident areas are secure and only accessed via a keypad code. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are single occupancy. There is a mix of rooms with ensuite toilets and shared facilities. There are communal shower rooms with privacy signs. Resident rooms are personalised. There is a planned and reactive maintenance programme in place. Hot water temperatures are checked regularly.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. There is a call bell system that is appropriate for residents to use and staff to access support when required. A fire drill is conducted six-monthly. There are appropriate emergency equipment and supplies available. Security is maintained.

## **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.

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The infection control coordinator (registered nurse) coordinates the programme. A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There has been one outbreak since the previous audit, which has been managed well in accordance with current guidelines and the pandemic plan. The environment supports the prevention and transmission of infections. The environment and facility were clean, warm, and welcoming. Waste and hazardous substances are well managed. Laundry and cleaning processes are in place and meet the needs of the service.

## **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.

The aim of the service and governing body is to eliminate restraint. The restraint policy includes objectives for eliminating restraint. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator, who is a registered nurse. The facility has no residents currently using restraints. Education is provided to staff around restraint minimisation.

## Summary of attainment

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

<b>Attainment Rating</b>	<b>Continuous Improvement (CI)</b>	<b>Fully Attained (FA)</b>	<b>Partially Attained Negligible Risk (PA Negligible)</b>	<b>Partially Attained Low Risk (PA Low)</b>	<b>Partially Attained Moderate Risk (PA Moderate)</b>	<b>Partially Attained High Risk (PA High)</b>	<b>Partially Attained Critical Risk (PA Critical)</b>
<b>Subsection</b>	0	24	0	3	0	0	0
<b>Criteria</b>	0	162	0	5	0	0	0

<b>Attainment Rating</b>	<b>Unattained Negligible Risk (UA Negligible)</b>	<b>Unattained Low Risk (UA Low)</b>	<b>Unattained Moderate Risk (UA Moderate)</b>	<b>Unattained High Risk (UA High)</b>	<b>Unattained Critical Risk (UA Critical)</b>
<b>Subsection</b>	0	0	0	0	0
<b>Criteria</b>	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>	<p>FA</p>	<p>A Māori health plan and policy are documented for the service. These acknowledge Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. At the time of the audit there were no residents who identified as Māori. Interview with the operations coordinator and clinical manager confirmed that residents who identify as Māori will be supported to maintain their links in the community and family/whānau participation and involvement in the review of care plans. There are clear processes to include tikanga in everyday practice. Staff have completed training around Te Tiriti o Waitangi.</p> <p>The service has engaged with a cultural advisor who has links through Health New Zealand to provide guidance and support for Māori. The service can also access kaumātua from Health New Zealand for support and guidance. The Māori health plan states the organisation actively increase Māori workforce through targeted recruitment, and Māori staff are provided with equal opportunities to develop their knowledge and skills and retain their expertise. There were staff who identified as Māori at the facility.</p> <p>Interviews with four staff (one registered nurse (also the restraint</p>

		<p>coordinator)), two caregivers (including one with dual role of activities coordinator), and one cook) described examples of providing culturally safe services in relation to their role. Family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting any Māori residents and their whānau by identifying what is important to them. This includes their individual values and beliefs, enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one clinical manager, one operations coordinator (with dual role as activities coordinator) and one regional clinical manager) identified the service and organisation are focused on delivering person-centred care, which includes operating in ways that are culturally safe. The service provided training on cultural safety in 2024. Training encompassed Te Tiriti o Waitangi based on the guidelines of cultural safety in nursing, Māori operating principles and values, assessment tools, and meeting resident's needs.</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>	<p>FA</p>	<p>There is a Pacific health plan in place which aims to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau and providing equitable quality healthcare.</p> <p>On admission all residents state their ethnicity and provide cultural beliefs information. Individual cultural beliefs are documented for all residents in their care plan and activities plan. At the time of the audit, there were no residents who identified as Pasifika.</p> <p>The service maintains a link with a local Pacific Island community group, in order to provide cultural support for Pacific peoples when required. The organisation has engaged with a Pacific health advisor who provides guidance and support to Pacific people. The Pacific health advisor is a member of the Health Quality &amp; Safety Commission (kōtuinga kiritaki).</p> <p>Information on cultural safety of Pacific peoples is provided in the orientation programme for all new employees. Expectations regarding cultural practice is documented in employees' job descriptions. Data collected for Pacific peoples informs targeted health interventions</p>

		<p>needed. Staff training ensures a culturally safe service. At the time of the audit there were no staff who identified as Pasifika. The operations coordinator stated the recruitment processes at DCNZ is equitable to support Pacific applicants.</p> <p>Interviews with the management team, staff, family/whānau and documentation reviewed identified that the service puts people using the services and family/whānau at the heart of their services.</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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service ensures that Māori mana motuhake is recognised in all aspects of service delivery, as evidenced in the Māori health plan, interviews with staff, and review of the education, training and resident care plans. The organisation's policies and procedures align with the requirements of the Code. The clinical manager or operations coordinator discuss aspects of the Code with family/whānau and information about the Nationwide Health and Disability Advocacy is made available to them. Other formats are available such as information in te reo Māori and Pacific languages.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Five family/whānau interviewed stated they felt residents' rights were upheld and they were treated with dignity, respect and kindness and were encouraged to recognise Māori mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a</p>	FA	<p>Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Family/whānau interviewed reported they are supported to be independent and are encouraged to</p>

<p>way that is inclusive and respects their identity and their experiences.</p>		<p>make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. Family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. Residents' files and care plans identified resident's preferred names. Te reo Māori is celebrated during Māori language week and Matariki are celebrated. The service has signage in te reo Māori displayed in various locations throughout the facility. The staff noticeboards contain information on Māori tikanga practice. Interviews with management and staff confirmed their understanding of tikanga best practice. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>There is a documented abuse and neglect policy. This policy describes how staff ensure the service is free from any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities, and cultural days celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. The code of conduct (titled 'House Rules') states discrimination, harassment, and bullying will not be tolerated. All staff are held responsible for creating a positive, inclusive and a safe working environment. Police checks are completed as part of the employment</p>

		<p>process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, clinical bias and the impact of institutional racism.</p> <p>Professional boundaries are also covered as part of orientation. 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. During the interview with caregivers, they were all able to describe examples of what neglect and abuse may look like. All family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. This was also supported by the 2024 family/whānau satisfaction survey. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes would be prioritised for Māori residents. On interview, care staff confirmed an understanding of holistic care for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Millvale House Napier has policies and procedures relating to accident/incidents, complaints, and open disclosure which alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. The service utilises electronic accident/incident forms, which has a section to indicate if the family/whānau have been informed (or not). Twelve incident reports reviewed evidenced family/whānau were notified on all occasions. An interpreter policy and contact details of interpreters is available. Support strategies and interpretation services are documented to assist with communication needs when required. Family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Family/whānau stated they are supported with information when requested and provided with time to discuss concerns.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand. There is a dietitian contracted to support nutritional consultation. The delivery of care includes a multidisciplinary team, and the activated enduring power of attorney (EPOA) or welfare guardian provides consent and</p>

		<p>are involved in all decision-making in partnership with the services involved. The clinical manager described the process around providing family/whānau with time for discussion around care, time to consider decisions and opportunity for further discussion if required. Family/whānau interviewed confirm they know what is happening within the facility through emails and regular newsletters.</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 around informed consent that reflect the requirements of the Code. There is a comprehensive booklet - 'a guide for residents, enduring power of attorneys (EPOA) and families' available for potential residents and their family/whānau. Informed consent processes were discussed with family/whānau on admission. Five resident files reviewed had written general consents signed by the enduring power of attorneys or welfare guardians. Consent for release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consents had been signed by activated EPOAs for procedures such as influenza and Covid-19 vaccines. Discussions with caregivers confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and undertaking personal cares.</p> <p>All the files reviewed had either EPOA or current welfare guardian documentation on file. The EPOA documentation is filed and activated, with certificate for incapacity sighted in files reviewed. Advance directives for health care, including shared goals of care and resuscitation status, were in place in resident files. Where a medically initiated resuscitation decision had been documented, there was documented evidence of discussion with the enduring power of attorney. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori Plan is available to guide on cultural responsiveness to Māori perspective of health.</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 organisational complaints policy is being implemented. The complaints policy includes use of te reo Māori and references support for Māori residents to ensure the process works equitably for Māori residents. Complaints forms and a suggestion box are in a visible location at the entrance to the unit. Those making a complaint can involve an independent support person/advocate in the process if they choose to do so. Discussions with family/ whānau confirmed they are provided with information on the complaints process. The clinical manager has responsibility for ensuring all complaints (verbal and written) are fully documented and investigated.</p> <p>A complaints register is being maintained. The complaints register is detailed regarding dates, timeframes, complaints, and actions taken. There were no internal complaints, and no external complaints logged since April 2024. Interview with the clinical manager confirmed the process for complaints management which included acknowledgement, investigation, meeting with the complainant, follow-up and resolution to the satisfaction of the complainant.</p> <p>Concerns and complaints are discussed at all relevant facility meetings.</p> <p>The clinical manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication. Family/whānau confirmed that management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.</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</p>	<p>FA</p>	<p>Dementia Care NZ Limited (DCNZ) is the parent company under which Millvale House Napier operates. Millvale House Napier is currently certified to provide care for up to 15 residents at psychogeriatric level of care. At the time of the audit there were 10 residents under the age-related hospital specialist services (ARHSS), including one younger person with a disability (YPD) contract.</p> <p>Dementia Care New Zealand has a corporate structure that includes two directors/owners and a governance team of managers which includes: an operations management leader, quality systems manager,</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>public relations and marketing manager, clinical advisor, two regional clinical managers (North and South Island) and a national training coordinator. The role of Strategic Communication, Engagement and Governance Advisor is in place and guides the governance of the organisation. There are terms of reference for responsibilities at the general meeting and for the clinical governance group that reports to the general meeting. A group of advisors provide guidance to the directors, and this includes business advisors, the clinical governance group and customer focus groups. The guidance from this group assists with the direction of the strategic and business plan. DCNZ has engaged a Māori health advisor to advise the Board and work in partnership with Māori to ensure updating of policy and procedure within the organisation.</p> <p>Policies reviewed demonstrate commitment to the Ngā Paerewa HDSS:2021. Barriers to providing culturally appropriate services are identified and mitigated. A Māori Health Plan and Pacific Health Plan are developed and a review of the intentions of Te Tiriti o Waitangi and the implications of this for the organisation is planned. There is increasing value placed on Māori tikanga and the use of te reo Māori within the organisation. The governance body monitors key metrics on equity, including the number of staff and residents identifying as Māori. The directors work to ensure that Māori plans and policies are led by Māori, and that Māori residents, family/whānau and staff members are supported. Dementia Care NZ has an overarching strategic plan (2024-2027) and a related business plan 2024-2025 that is developed in consultation with managers and reviewed annually. The organisation's vision and values includes acceptance of all people with kindness, love, provision of peace and comfort. The business and strategic goals are reviewed at regular intervals.</p> <p>The management team are 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 whānau, hapu, and iwi; wairuatanga spiritual comprehensive and integrated services; kaitiakitanga guidance; consistent evidence-based services; and kotahitanga unity of purpose. Barriers to health equity are identified,</p>
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	<p>addressed, and services are delivered that improve outcomes for Māori and tāngata whaikaha.</p> <p>Dementia Care NZ ensures family/whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through providing feedback in surveys and focus groups.</p> <p>Quality improvements are identified at the individual homes and/or organisationally where needed. The feedback from these sources and quality improvements generated are reported through DCNZ general meeting and steps to address issues raised are identified. DCNZ works closely with Health New Zealand to ensure service provision meets the needs of the local community. Both directors and all of DCNZ's management have completed Ngā Paerewa Te Tiriti eLearning modules. The directors and management team also take opportunities for further learning through external advisors and external training. A regional clinical manager supports the clinical manager of each service. Where clinical issues arise, they are considered at the clinical governance meeting which the regional clinical managers attend. Issues and outcomes from the Clinical Governance Meeting are discussed with the directors and reported through the general meeting.</p> <p>The day-to-day clinical operations is overseen by the clinical manager, who is supported by an operations coordinator, who oversees the non-clinical part of the operations. Both the clinical manager and the operations coordinator have been in their respective roles since the facility opened in April 2024. The clinical manager has however been with the organisation since 2022, working at another DCNZ facility. The management team are supported by a team of registered nurses and caregivers. They are also supported by a regional clinical manager (present during the audit), quality systems manager, national educator (present on the day of the audit) and an operations management leader. The managing director visits the site regularly to support the management team.</p> <p>The clinical manager and operations coordinator have maintained the required eight hours of professional development activities related to managing an aged care facility, this includes attending a two-day professional development course for DCNZ clinical managers and operations managers/coordinators. They have also both completed</p>
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		Ngā Paerewa/Te Tiriti o Waitangi training modules one and two.
<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>Dementia Care New Zealand is implementing a quality management framework using a risk-based approach to improve service delivery and care. The cultural advisor ensures that organisational practices from the governance level down to individual facility operations, improve health equity for Māori. Goals are established and progress reported at all levels of the organisation. The clinical manager and regional clinical manager log and monitor all quality data and report any corrective actions required to achieve compliance where relevant. Quality data reported includes falls; behaviour incidents; bruises; pressure injures; skin tears; infections; medication errors; and restraint use. Data is collated for benchmarking and results reported back to the facility for quality improvement plans if required. Comparison of data is used to critically analyse organisational practices to ensure health inequities are responded to. Policies and procedures are regularly reviewed to ensure all care staff deliver high quality health care for Māori.</p> <p>Internal audits reviewed have been completed as per the internal audit schedule. Any corrective actions identified were used to improve service delivery and were signed off when resolved and discussed at staff meetings. Quality data is collected, analysed, and discussed at staff meetings. Resident and family/whānau satisfaction survey have been completed for 2024. The satisfaction surveys completed in 2024 reflected an overall satisfaction of the service being provided, with 100% of family/whānau stating that they would recommend the facility to others. However, the EPOA and family/whānau has not yet been informed of the outcome of the results. The EPOA and family/whānau meetings are scheduled to be completed six-monthly; however, no meetings have taken place since the facility opened in April 2024. 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>Each adverse event is documented electronically. Accident/incident forms reviewed indicated that the forms are completed in full, signed off by the clinical manager. Opportunities to minimise risk are</p>

		<p>documented. Incident and accident data is collated monthly and reported in the staff meetings. There is a Health &amp; Safety programme in place including training, hazard identification, incident and near miss reporting and investigations. Health and safety meetings are held monthly. Hazards and risks are documented and addressed appropriately. Staff received education related to hazard management and health and safety at orientation and annually. There are monthly quality improvement, health and safety committee, infection control committee, resident event analysis management meetings, registered nurses/clinical meetings, and six-monthly restraint review meetings. Meeting minutes and monthly bulletins are available for all staff in the staffroom. Discussions with staff confirmed their involvement in the quality programme.</p> <p>Discussions with the regional clinical manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports since April 2024 in relation to registered nurse shortages in October, November and December 2024, with the last one completed for week beginning 23 December 2024. There has been no serious adverse events (SAC) reporting required to the Health Safety and Quality Commission. There has been one Covid-19 outbreak in December 2024 documented and appropriately reported. Outbreak meetings were held daily, and staff debrief completed after the outbreak 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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The clinical manager and operations coordinator both work full time from Monday to Friday. The clinical manager provides 24 hours on call 24/7 for any clinical matters and the operations coordinator is on call 24/7 for any operations related issues. The clinical manager and regional clinical manager stated that the service has had a full complement of registered nurses since the last Section 31 registered nurse shortage completed in December 2024. Review of the last three weeks roster confirm 24/7 registered nurse cover since employment and orientation of two registered nurses in December 2024. The clinical manager is supported by a team of</p>

	<p>registered nurses and caregivers. Agency staff are not used. Care staff interviewed stated there are enough staff on duty to meet the needs of the residents. Family/whānau interviewed stated there were sufficient staff available when they visit.</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. The service employs seven caregivers and supports them to obtain a New Zealand Qualification Authority (NZQA) qualification. A review of staff records showed that four caregivers have completed the dementia unit standards and three are enrolled and in the process for completion; two have completed the psychogeriatric unit standards, with the remaining staff enrolled. All staff are within the 18-month period for completion. The annual training programme exceeds eight hours annually. Training is conducted via zoom and led by the DCNZ national educator (also a mental health trained RN).</p> <p>There is an attendance register for each training session and educational topics offered, including: in-services the DCNZ Best Friends dementia training; competency questionnaires; online learning; and external professional development. Registered nurses and activities team members have a current first aid certificate. There are five registered nurses (including the clinical manager) and three have competed interRAI training. Registered nurses have attended training, including (but not limited to) critical thinking; infection prevention and control, including Covid-19 preparedness; and dementia, delirium and depression. The regional clinical manager provides oversight of the registered nurses through regular visits to the facility.</p> <p>There is a range of competencies specific to the employee's role. There is a schedule and register in place. All senior caregivers and registered nurses have current medication competencies. Caregivers and registered nurses are required to complete annual competencies for cultural, restraint, and moving and handling. A record of completion is maintained on an electronic human resources system. Staff are trained and understand the practice of tikanga Māori. Staff also complete cultural safety training and are provided with opportunities to</p>
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		<p>learn about Māori health outcomes, disparities, and health equity trends. The cultural training module equipped staff to be culturally competent to provide high quality care for Māori. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. Staff interviewed report a positive supportive work environment.</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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held securely. Five staff files (one clinical manager, one activities coordinator, one caregiver, one cook and one registered nurse) were selected for review, which evidence recruitment processes are being implemented and includes reference checking, qualifications, and annual practising certificates. The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation and then annually at appraisal. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori. There was evidence of completed orientation documents on files.</p> <p>The service collects ethnicity data for employees and maintains an employee ethnicity database. 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 current practising certificates is maintained for all health professionals (eg, registered nurses, general practitioners, pharmacist, physiotherapist, and dietitian).</p> <p>There is an appraisal policy in place. At the time of the audit all staff had been employed for less than one year; however, they all had appraisal following completion of their orientation. Schedules and processes are in place for annual appraisals. Staff information is accurate, relevant, secure, and kept confidential. Staff wellbeing is supported, with evidence of debriefing occurring following incidents/accidents.</p>

<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Residents archived files are securely stored off-site and/or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. There is a document shredder for immediate document destruction. Information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau members interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service and include information on how challenging behaviours are managed within the secluded environment. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The operations coordinator and clinical manager are available to answer any questions regarding the admission.</p> <p>The service openly communicates with family/whānau during the admission process and declining entry would be if the service had no beds available or care needs required for the resident were above</p>

		<p>what the provider could safely provide. The provider works with the referrer in the event the referral is declined, to identify alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry. The service has a process to combine collection of ethnicity data and the analysis of same for the purposes of identifying entry and decline rates. The service has a meaningful partnership and working relationship with the local marae to benefit Māori individuals and whānau. The service has information available for Māori, in English and in te reo Māori.</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>	<p>FA</p>	<p>Five resident records were reviewed, including one young person with disability (YPD). The clinical manager and registered nurses are responsible for all resident's assessments, care planning and evaluation of care. The resident initial assessments and long-term care plans were completed with the support of the residents enduring power of attorney (EPOA), detailing needs, and preferences. The individualised electronic long-term care plans (LTCPs) are developed, with information gathered during the initial assessments and the interRAI assessment, which included information from pre-entry assessments, dietary likes/dislikes and needs, falls risk and social history.</p> <p>All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments gather information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short-term care plans (STCP) are developed for acute problems, for example infections, wounds, and weight loss. The YPD care plan included additional interventions regarding their activities needs, pertinent to their younger age. The service has policies and procedures in place to support all family/whānau to access services and information and equitable services. All residents are encouraged to access information and services they require, any barriers are identified and minimised. All residents and family/whānau are involved</p>

	<p>in care planning.</p> <p>All LTCP includes prevention-based strategies for minimising episodes of challenging behaviours and describes how the behaviour of each resident is best managed over a 24-hour period.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. Family/whānau interviewed confirmed staff are aware of the need for privacy for the residents and conduct assessments in the privacy of their bedrooms. There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes.</p> <p>There is one general practitioner who visits weekly and as required. Medical documentation and records reviewed were current. When interviewed the general practitioner stated the standard of care was adequate. After hours care is provided by the contracted medical practice and the local public hospital when needed. A contracted physiotherapist runs a weekly clinic. A dietitian can be accessed once referred by the general practitioner. Medical specialists and Mental Health Services for Older People are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds require additional specialist input, a wound nurse specialist is consulted. At the time of audit there were no pressure injuries. Current wounds included skin tears and bruising. The progress notes are recorded and maintained in the integrated records. A range of monitoring charts are</p>
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		<p>available for staff to utilise which includes pain, behaviour, and food and fluid. Monthly observations such as weight and blood pressure were completed and are up to date. Post fall policy and process guide staff to safely manage all residents post all falls. Neurological observations are recorded following un-witnessed falls as per policy.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>PA Low</p>	<p>The activity programme is overseen by a diversional therapist within the organisation. Two activity coordinators are supported by the operations coordinator to provide the activity programme seven days per week in the afternoons. There is yet to be a structured programme to operate consistently in the mornings. The activity coordinators have commenced their Level four diversional therapy certificate, with the support of the operations coordinator and organisation. They are both booked to complete their first aid training planned for the week after the audit. The programme is supported by the caregivers as time permits.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a newsletter which includes updates pertaining to the organisation and the facility. The menu for the day was visible on a large whiteboard in the main lounge. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are planned to meet the cognitive, physical, intellectual, and emotional needs of the residents; however, more resources are required to ensure these are delivered in the mornings. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as hand massage, use of tactile resources including textured balls, and weighted animals. There is one main lounge where residents and families/whānau can watch television and access, puzzles, and specific resources.</p>

		<p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission that describes the activities that meet the residents' needs in relation to individual diversional, motivational, and recreational therapy during the 24-hour period. Activities plans are reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate, reflect the residents' former routines and activities that are still familiar to residents.</p> <p>A resident attendance list is maintained for activities. A limited range of activities include exercises; music and movement; hand pampering; and happy hour. There is no provision of a facility van nor plan in place to utilise a community mobility taxi. Only residents who have family/whānau available can currently access the community.</p> <p>Family/whānau meetings have not occurred as scheduled (link 2.2.2). Family/whānau interviewed advised they raise issues directly with management who they found visible and approachable. Family/whānau interviewed stated the activity programme appears to be ad hoc dependant on staff availability.</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>FA</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed by the clinical manager for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The registered nurse interviewed could describe their role regarding medication administration. Millvale House Napier uses robotic packs for regular use medications. As required and short course medications are provided in bottles. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. The medication trolley was locked when not in use. The medication fridge and medication room temperatures are monitored daily. The</p>

		<p>medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies are prescribed by the general practitioner and charted on the electronic medication chart. Controlled drugs are stored appropriately. Weekly stock checks have occurred as scheduled. The six-monthly controlled drug physical check and reconciliation has been completed as per schedule.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were no residents self-medicating on the days of audit. The policies do not make allowance for self-administration of medication at psychogeriatric level of care. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent staff sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The clinical manager described the process to work in partnership with family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Alternative treatments and rongoā can be accessed when required. Family/whānau are supported to understand their relatives' medications when required.</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>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring in April 2025. Dry ingredients were decanted into containers for ease of access. All dry goods evidenced a decanting and or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. The cook works</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>alone 4 on 3 off. The other cook works the rest of the week. Documentation reviewed confirmed all kitchen staff have either completed food safety training or were in the process of.</p> <p>There is a food services manual available in the kitchen. The cook receives resident dietary information from the staff and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Resident's profiles evidenced regular reviews and updates where required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Nutritious snacks are available 24/7 for residents. On the day of audit, meals were observed to be well presented. Māori health guidelines sighted provided staff with guidance to understand tikanga guidelines in terms of everyday practice. Staff confirmed knowledge of these.</p> <p>The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. The cooked food is transported in hot boxes to the residents; dining room, with a further temperature check completed on arrival. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area.</p> <p>The family/whānau interviewed were complimentary regarding the food service, and the variety and choice of meals provided. Family/whānau are encouraged to provide feedback on an ad hoc basis to staff and the cook makes themselves available on a regular basis to family/whānau. There is adequate food supply available for each resident for minimum of three days.</p>
<p>Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is</p>

<p>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>undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. Care staff or family/whānau support residents when transferred, discharged or to access any external health appointments.</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>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires November 2025. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>At time of audit there was significant refurbishment occurring to provide additional beds and open another wing. This area was blocked off and was not affecting residents' movement. Noise and dust mitigation strategies are implemented. There was a health and safety plan in place to ensure the overall safety of all residents, family/whānau and visitors is maintained for the duration of the refurbishment. The project manager is on site fortnightly and works in tandem with the operations coordinator, to amend the plan in line with progress made or issues that have arisen regarding safety. The unit is secure 24/7 with authorised access only via a keypad. The operations coordinator takes responsibility for the management of day to day repairs and oversees planned maintenance. Maintenance requests are logged electronically. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in January 2025). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned.</p> <p>The building is a single level building, with easy access to the secure garden. A part-time gardener is employed to maintain gardens and</p>

		<p>grounds. There are outdoor ramps with handrails, outdoor seating, shaded areas and raised garden beds. The facility has sufficiently wide corridors for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. All flooring is appropriate for the facility and easy to clean.</p> <p>There are adequate number of toilet and showering facilities, all of which are privacy indicated. Three bedrooms have a small toilet provided. An adequate number of visitor toilets are provided. All resident rooms are spacious enough to allow residents to move about safely. Family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit.</p> <p>Group activities occur in the main lounge. General living areas are heated by large heat pumps, with individual heating units in resident bedrooms. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All family/whānau interviewed confirmed the facility is heated in winter and cooled in summer. The operations coordinator explained they are working with DCNZ Māori advisor during the refurbishment process.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (30 January 2022). Fire evacuation drills are held six-monthly and was last completed on 19th of July 2024. The next one was confirmed as planned for the next week following the audit. Civil defence supplies are stored in an identified cupboard and are checked monthly. The facility does not have a generator; however, documentation provided evidenced the plan in place for immediate provision of one. This information is made available for staff of how to contact the provider for this when required. A gas barbeque is</p>

		<p>available on site for additional means of cooking if required.</p> <p>There is adequate food supply available for each resident for minimum of three days. A water tank on site (3,000 litres) provides adequate supplies in the event of a civil defence emergency. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. The testing of call bells is included within the annual maintenance plan. Documentation reviewed confirmed these are performed as scheduled with any anomalies addressed as required. The entire facility is secured at night, with provision of external security lighting. Visitors sign in at entry and staff are identifiable.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control plan and antimicrobial stewardship policy was developed and aligns with the strategic document and approved by governance and linked to a quality improvement programme. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health Manatū Hauora recommendations. The infection control coordinator is a registered nurse who are supported by other members of staff, the GP and the management team regarding infection prevention matters, resources and training. Monthly staff, infection control and management meetings include discussions regarding any residents of concerns, including any infections. Infection prevention incidents and issues are reported to the directors monthly through a report from the clinical governance meeting to the general meeting and urgent or significant issues are reported to the directors immediately.</p> <p>The infection control coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training, as verified in training records sighted. Additional support and information are accessed from the infection control team at Health New Zealand, the community laboratory, and</p>

		<p>the general practitioner as required. The infection control coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. There was one Covid-19 outbreak reported since the previous audit, which was managed according to guidelines and reported to the directors immediately.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator, a registered nurse, oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The infection control coordinator has completed external education on infection prevention and control for clinical staff. At the time of the audit the infection control coordinator was on leave. The clinical manager was interviewed.</p> <p>The service has a clearly defined and documented infection control programme that was developed with input from external infection control services. The infection control programme was approved by the director and is linked to the quality improvement programme. The infection control programme is reviewed annually, and it is current (last reviewed January 2025). The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection control resources including personal protective equipment (PPE) were available and sighted on the days of the audit. Infection control resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into related clinical processes that impact on health care associated infection (HAI) risk and has access to all clinical records and diagnostic results of residents.</p> <p>Staff have received education around infection control practices at</p>

		<p>orientation and through annual education sessions (last completed October 2024). Additional staff education has been provided in response to outbreak management. Education with residents and family/whānau occurs on an individual basis as applicable. This included reminders about hand hygiene, advice about not visiting the facility if they are unwell, and for residents to remain in their rooms, as able, if unwell. This was confirmed in interviews with family/whānau.</p> <p>The infection control coordinator consults with management on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers. Input from the infection control coordinator is considered with the new build currently in progress at the facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits are completed six-monthly, (last completed September 2024) and where required, corrective actions were implemented.</p> <p>Registered nurses, caregivers and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and towels used for the perineum are not used for the face. Culturally safe infection control practices are included in the infection control training programme. The Māori health plan ensures staff is practicing in a culturally safe manner. The service has educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe</p>	<p>FA</p>	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. The programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial stewardship programme is reviewed annually and has been approved</p>

<p>and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>by the directors. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted.</p> <p>The general practitioner has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. Antimicrobial stewardship data is being collected. The antimicrobial stewardship committee meets quarterly, reviews this data, and provides a summary along with any relevant issues for consideration by the directors. The infection control coordinator and regional clinical managers review organisational antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Results of surveillance and recommendations to improve performance are identified and acted upon. Staff reported that they are informed of infection rates and regular audit outcomes at meetings. Results are reported through management reporting to the directors.</p> <p>Records of monthly data sighted identified numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, management, and the directors. Family/whānau are advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with family/whānau. There has been one Covid-19 outbreak (December 2024) reported since previous audit. The outbreak was</p>

		managed appropriately with notifications and debrief completed.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	PA Low	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the cleaning/sluice room. Cleaning products were in labelled bottles. The caregivers are responsible for the laundry and cleaning duties. Staff ensure that trolleys and chemical are safely stored when not in use. A sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules have not been consistently maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The caregivers have attended training appropriate to their roles including chemical safety completed in April 2024. The operations coordinator has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits completed.</p> <p>Caregivers are responsible for laundry services which is completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets each day. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All caregivers have received training and documented laundry guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. Chemical safety processes have not been effectively monitored. The caregivers interviewed demonstrated awareness of the infection prevention and control protocols. Satisfaction surveys and interviews confirmed satisfaction with the cleaning and laundry processes. Internal audits are completed for cleaning and laundry services, which are monitored by the infection control coordinator and any corrective actions are identified and implemented. Results are discussed at all meetings.</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>The provider is committed to providing services to residents without the use of restraint. The restraint minimisation and safe practice policy confirms the organisations commitment to maintaining a restraint-free environment. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The environment is secure, which is the only restraint occurring in the facility at time of audit. The restraint coordinator (registered nurse) described their focus on alternative options to restraint and how the service communicates this to family/whānau. Restraint minimisation is included as part of the mandatory training plan and orientation programme confirmed by staff and review of training records.</p> <p>Seclusion is not used at Millvale House Napier.</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>Resident and family/whānau satisfaction survey have been completed for 2024. The satisfaction surveys completed in 2024 reflected an overall satisfaction of the service being provided, with 100% of family/whānau stating that they would recommend the facility to others; however, the EPOA and family/whānau has not yet been informed of the outcome of the results.</p> <p>The EPOA and family/whānau meetings are scheduled to be completed six-monthly; however, no meetings have taken place since the facility opened in April 2024. Since opening in April 2024, the facility has not had any EPOA and family/whānau meetings which are scheduled to be completed six-monthly.</p>	<p>(i) There is no evidence that the completed satisfaction survey outcomes have been communicated to EPOA and family/whānau.</p> <p>(ii). There is no evidence that EPOA and family/whānau meetings have been completed since April 2024.</p>	<p>(i). Ensure that outcomes of the satisfaction survey are communicated to the EPOA and family/whānau.</p> <p>(ii). Ensure that the EPOA and family/whānau meetings occur as scheduled.</p> <p>90 days</p>

<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA Low</p>	<p>Through the Best Friends Approach to Dementia training course, staff are taught that all activities including activities of daily living, should be considered a meaningful activity. During the training, discussions are held regarding conversations that can be had with a resident during a shower for example, to make the shower more rewarding, rather than just a 'task'. During interviews with staff and family/whānau there were reports that the unstructured activities such as staff reading newspapers with residents, and impromptu walks in the garden are inconsistent. Documentation was inconsistent to evidence unstructured activities occurring with residents in the mornings. The review of the current and previous activity schedules, discussion with staff, and family/whānau confirmed the activity programme is delivered seven days per week in the afternoons.</p>	<p>The activity programme is not currently meeting the resident's activity needs seven mornings per week.</p>	<p>Ensure meaningful activities are facilitated seven full days per week to meet the resident's needs.</p> <p>90 days</p>
<p>Criterion 3.3.2</p> <p>People receiving services shall be supported to access their communities of choice where possible.</p>	<p>PA Low</p>	<p>The activity programme was facilitated inhouse. Discussion with staff and family/whānau evidenced that residents with family/whānau are supported to access their community. However, those without family/whānau are unable to access their community.</p>	<p>There is currently no provision of a van or plan in place to access a community mobility taxi that ensures all residents can access the community.</p>	<p>Ensure resources are available to ensure all residents can access their community.</p> <p>90 days</p>
<p>Criterion 5.5.1</p> <p>Service providers shall ensure safe and appropriate storage and disposal of waste and</p>	<p>PA Low</p>	<p>The caregivers are responsible for the laundry and cleaning duties. Staff ensure that trolleys and chemicals are safely stored when not in use. Cleaning guidelines are provided. Cleaning equipment and supplies</p>	<p>(i). Since April 2024, there have not been the scheduled monthly visits by the contracted chemical provider to review the effectiveness and management</p>	<p>(i). Ensure that the contracted chemical supplier provide services as scheduled to ensure chemical safety within the</p>

<p>infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p>		<p>were stored safely in locked storerooms. The caregivers have attended training appropriate to their roles, including chemical safety training completed in April 2024.</p> <p>There is a contracted provider for the supply of chemicals and to monitor and review the effectiveness and management of chemicals for laundry, cleaning and kitchen services. However, since April 2024, the scheduled monthly visits by the contracted provider had not occurred.</p> <p>Internal audits completed continue to demonstrate this as an area of non-compliance; however, there is no outcome to date to evidence compliance in relation to chemical safety processes.</p>	<p>of chemicals used in the laundry, cleaning and kitchen services.</p>	<p>facility systems and processes.</p> <p>90 days</p>
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic</p>	<p>PA Low</p>	<p>The caregivers are responsible for cleaning duties. There are cleaning guidelines and schedules in place which are signed off by staff to indicate cleaning processes have been completed each shift. Review of the cleaning checklist for the months of January 2025 and February 2025 (to date) shows that there are resident rooms each week that have not been signed off to indicate that cleaning has occurred.</p> <p>Interview with staff confirm their awareness of what is expected of their roles as per cleaning guidelines. Staff have received the required training, including that of chemical safety completed in April 2024. Cleaning equipment and supplies were stored safely in locked storerooms.</p>	<p>(i). Review of the cleaning checklist for January 2025 and February 2025 (to date) shows that not all the resident rooms have been cleaned as per schedule.</p>	<p>(j). Ensure that cleaning has been completed and documented as per schedule.</p> <p>90 days</p>

storage of cleaning equipment and chemicals. This shall be reflected in a written policy.				
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## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.