

Capella House Limited - Capella House

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Capella House Limited
Premises audited:	Capella House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 13 March 2025 End date: 14 March 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:	38

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Capella House is privately owned and operated by with two facilities owned by the company. The service provides rest home, hospital (geriatric and medical), and dementia levels of care for up to 38 residents. On the day of the audit there were 38 residents.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Health New Zealand Te Whatu Ora. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, management, and a general practitioner.

The service is managed by an experienced facility manager, supported by a clinical nurse manager, and wider team. Residents and family/whānau interviewed spoke positively about the service provided.

The service continues with environmental upgrades and room refurbishments since the last audit.

The previous shortfalls related to registered nurse staffing, fire evacuation scheme, and the environment have been satisfied.

This surveillance audit identified no shortfalls.

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.



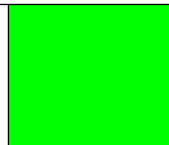
Subsections applicable to this service fully attained.

Capella House provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Capella House provides services and support to people in a way that is inclusive and respects their identity and their experiences. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.



Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The strategic document informs the annual business plan. Service objectives are defined and regularly reviewed. Internal audits, and the collection/collation of data were documented as taking place as scheduled, with a robust corrective action process implemented. Quality and risk performance is reported in management and staff meetings. The service complies with statutory and regulatory reporting obligations.

Health and safety processes are implemented with this itemised as a regular agenda item at all meetings. Contractors and staff are orientated to health and safety processes.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

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.		Subsections applicable to this service fully attained.
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InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and evaluated in a timely manner. Resident files included medical notes by the general practitioner and visiting allied health professionals.

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.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants 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.

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.

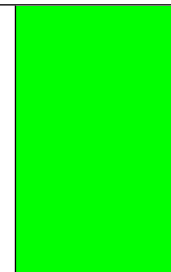


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. A maintenance plan is adhered to, and all equipment is tagged, tested, and calibrated as scheduled. Bedrooms are personalised. There is a current fire evacuation scheme.

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

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



Subsections applicable to this service fully attained.

The infection prevention and control programme comprehensive and is reviewed annually.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings, and education sessions. Outbreak response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks since the previous audit, which were well managed.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were no residents using physical restraints. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	19	0	0	0	0	0
Criteria	0	51	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is in place which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The service is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and evidenced in practice. Capella House has a relationship with the local marae and links are established with the other kaumatua via Capella House Māori staff and residents for activities such as blessing of the rooms. Comprehensive cultural assessments are completed for residents who identify as Māori.</p> <p>Interviews with seven staff: four healthcare assistants (HCAs), two registered nurses (RNs), and one kitchen manager; two managers: facility manager, and clinical nurse manager, demonstrated a knowledge of implementing the principles of Te Tiriti O Waitangi to all aspects of the service.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Capella House Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>There were residents identifying as Pasifika at the time of the audit. Interviews with residents and Pasifika staff members confirmed that the residents' whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions. They cited satisfaction with the service and recognition of cultural needs.</p> <p>Capella House partners with Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). 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>Details relating to the Code of Health and Disability Services Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical nurse manager, or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Three residents (hospital level of care) interviewed, and four family/whānau (three rest home, and one hospital), confirmed that individual choices, independence, and cultural beliefs are respected. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse 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>	FA	<p>Capella House policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Capella House as a facility is inclusive of ethnicities, and cultural days are held to 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. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. 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 residents of all ages, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The</p>

		<p>service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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>	FA	<p>Five resident files reviewed included signed general informed consent forms. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. EPOA activation letters were on file where appropriate.</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>	FA	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>A complaints register is being maintained. Seven complaints were lodged in 2023, seven in 2024, and two in 2025 year to date since the previous audit in August 2023. All internal complaints have been resolved and closed off. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified. There has been one external complaint received via the</p>

		<p>Nationwide Health and Disability Advocacy Service in November 2024, which has been resolved with no further escalation, or actions required.</p> <p>The complaints procedure is provided to residents and families during the resident's entry to the service. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The facility manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process. The facility manager and clinical nurse manager acknowledged the understanding that, for Māori, there is a preference for face-to-face communication and confirmed that this would be encouraged for any complainant, but particularly for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Capella House is a privately owned and operated company registered in compliance with legislative, contractual, and regulatory requirements. The owner/director (RN) oversees all activities through regular interaction with the facility manager (also a director), and attendance onsite. The service provides rest home, hospital (geriatric and medical), and dementia levels of care for up to 38 residents. Thirty beds are certified for dual purpose use, and eight for dementia level care in the secure dementia unit.</p> <p>On the day of the audit there were 38 residents; eight dementia level, including three on a long-term support chronic health contract (LTS-CHC); 29 hospital level residents including one LTS-CHC, and one rest home level resident. All residents other than LTS-CHC were on the age-related residential care contract (ARRC).</p> <p>Capella House overall vision and values is documented in the business plan 2024-2025 along with the mission statement and goals, which are reviewed quarterly. All staff are made aware of the vision and values during their induction to the service. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The annual quality and risk management programme reflects evidence of regular compliance and risk reporting that highlight operational goals. Outcomes</p>

		<p>and corrective actions are shared and discussed in the range of meetings that take place across the service with the directors also attending these.</p> <p>The governance of the service is via the owner/directors who have regular input into all activities at the service. One owner/director is also a registered nurse and ensures that all legislative, contractual, and regulatory requirements are adhered to. This includes ratification of all policies and procedures and oversight of implementation of these. The structure is appropriate to the size of the service. Clinical governance is overseen by the owner/director, and clinical nurse manager, with input from the GP and wider multidisciplinary team.</p> <p>The facility manager has over 10 years' experience in aged care. The facility manager is supported by the other owner/director, a clinical nurse manager who has been in the role for over seven years, and an experienced care team.</p> <p>The management team have maintained at least eight hours of professional development activities related to managing an aged care facility and other training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Capella House is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings including clinical, and staff hui, which incorporate health and safety, and infection control. These document the comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Monthly clinical meetings and staff hui ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and closure when achieved. Quality data and trends in data are posted on a quality noticeboard, accessible to all staff members.</p> <p>The service completes resident and family/whanau satisfaction, food satisfaction, and an activities survey annually. The survey completed in</p>

		<p>November 2024 reflect overall satisfaction of the service. These are analysed internally to identify areas for improvement.</p> <p>A risk management plan is in place. Health and safety is a standing agenda item in the monthly management meetings and staff hui. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated and analysis undertaken by the facility manager monthly, and reported to the owner/director. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Hard copy reports are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms.</p> <p>Discussions with the facility manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including new severity assessment code (SAC) reporting procedures. There has been one Section 31 notification completed since the previous audit to notify HealthCERT of a temporary change in facility management to cover maternity leave, and two SAC reports related to stage 3 pressure injuries. Two Covid-19 outbreaks were reported appropriately to Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements, and the service provides 24/7 registered nurse cover. The partial attainment identified at the previous certification audit related to HDSS.2021 2.3.1 has been satisfied.</p> <p>The registered nurses and the activities coordinator hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager, and clinical nurse manager are available Monday to Friday. They share an on-call roster with the RN staff.</p> <p>Interviews with HCAs, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and</p>

		<p>resident meetings.</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 both the older person, and 'enabling good lives' training supporting the care of younger residents. External training opportunities for care staff include training through Health New Zealand and hospice.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification, with twenty-two of the twenty-three employed having achieved level 3 or above. Eight HCAs work in the secure dementia unit, and all have attained their dementia unit standards.</p> <p>The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Two RNs are interRAI trained.</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 comprehensive human resources policies including recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Five staff files reviewed included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe</p>

		<p>environment for Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</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>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files reviewed: three at hospital level, one dementia level (LTS-CHC), and one rest home level care. Initial care plans are developed in partnership with the residents/EPOA within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which includes cognitive function, continence and toileting, dietary needs, emotional, stress, relationship, behaviour, hygiene, mobility, transfer, falls risk, spiritual, cultural, and social needs, and information from pre-entry assessments. The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. The long-term care plans and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. Short term care plans are developed for short term needs such as infections, wounds, bruises and have been evaluated and signed off once completed or transferred to the long-term care plan.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP visits the facility at least fortnightly and is available after hours. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that the registered nurses and clinical nurse manager demonstrated good assessment skills and that they were informed of concerns in a timely manner. A physiotherapist visits the facility fortnightly and reviews residents referred by the clinical nurse manager or registered nurses.</p> <p>Contact details for family are recorded in the clinical file. Resident records evidenced that family are informed where there is a change in health</p>

		<p>status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Wounds included skin tears, lesions, chronic ulcers, and abrasions. There was evidence that if wounds required additional specialist input, this was initiated, and a wound nurse specialist consulted.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by healthcare assistants, the registered nurse and clinical nurse manager. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse or clinical nurse manager initiate a review with the GP. The registered nurse and clinical nurse manager also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as requires. There was evidence the registered nurse and clinical nurse manager had added to the progress notes when there was an incident and changes in health status.</p> <p>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 include the degree of achievement towards meeting desired goals and outcomes, are documented by the registered nurses.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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</p>	<p>FA</p>	<p>A safe electronic medication management system was observed on the day of audit, and ten medication records were reviewed. The medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. Prescribing practices are in line with legislation, protocols, and guidelines. Three-monthly reviews by the</p>

<p>Māori to access appropriate medication and blood products. 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>GP and allergies were recorded in all medication charts sampled.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily. Medications are stored securely in accordance with requirements.</p> <p>The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. All staff who administer medications have current competencies in place. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>There were no residents self-administering medication on the day of the audit; however, policy and procedures including assessment, review, and the provision of safe storage were in place should it be required. Standing orders are not used, and vaccines are not kept on site.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning.</p> <p>The food control plan is current, dated expires 18 December 2025.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they</p>	FA	<p>There is a documented policy that relates to resident transfer and discharge. Transition, discharge, or transfer is managed in a planned and</p>

<p>know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>coordinated in a timely and safe manner. Interview with staff confirmed residents and their family/whānau were involved for all discharges to and from the service. Discharge notes are kept on file and discharge instructions are incorporated into the care plan.</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>There is a building warrant of fitness certificate that expires on 22 June 2025.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Checking and calibration of medical equipment, hoists and scales was completed annually. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>The step from the upstairs wing to the landing of the fire escape has been replaced and the fire escape staircase is regularly checked for safety in the event that it would be used. There is a sturdy handrail to hold on to when stepping down onto the fire escape staircase. The partial attainment identified at the previous partial provisional audit relating to HDSS: 2021 # 4.1.2 has been satisfied.</p> <p>Residents are encouraged to personalise their bedrooms, including those with cultural or spiritual significance as viewed on the days of audit.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>There is a Fire and Emergency New Zealand- approved evacuation plan, and Fire and Emergency New Zealand have confirmed that no changes were required to the fire evacuation scheme with the reconfiguration of the</p>

<p>provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>10-bed dementia unit to dual purpose beds. The partial attainment identified at the previous partial provisional audit relating to HDSS: 2021 #4.2.1 has been satisfied.</p>
<p>Subsection 5.2: The infection prevention programme and implementation 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 prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme, reviewed annually, and approved by the owners. The infection control policies were developed with input from infection control specialists and these comply with relevant legislation and accepted best practice. A registered nurse (clinical nurse manager) is the infection control coordinator. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention training was up to date with a high number of staff attending. Staff have received education in infection control at orientation and through ongoing annual online education sessions. Additional staff education around the prevention and management of infectious outbreaks is ongoing. This includes reminders about handwashing and advice to residents about remaining in their room if they are unwell. Staff who were interviewed demonstrated a good understanding of infection control and prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) 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,</p>	<p>FA</p>	<p>The infection surveillance program is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. An infection control manual is used as reference for best practice around infection control. Advice around infection control matters is also sought from the local infection control specialist in Regional Public Health and by liaising with the GP.</p> <p>Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is collected, based on signs, symptoms, and infection definitions. This information is logged into</p>

<p>priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>an infection register and detailed in a monthly infection summary, where infections, including specific organisms, are reviewed. Subsequently, action plans are formulated and executed, which is also analysed monthly and annually for trend identification. Additionally, the infection control data captures information on ethnicity.</p> <p>To support infection prevention, audits are regularly conducted, covering areas such as cleaning, laundry, use of personal protective equipment (PPE), and the procedures for donning and doffing PPE, as well as hand hygiene practices. Where necessary, corrective measures are taken. Staff are kept up to date on infection rates and outcomes of regular audits during staff meetings, with evidence documented in the minutes of these meetings.</p> <p>The facility experienced two Covid-19 outbreaks in May, and July 2024. Training and debriefing sessions were conducted after these events.</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 restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The clinical nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>Interview with the clinical nurse manager/restraint coordinator described the organisation's commitment to restraint elimination and implementation across the organisation. The reporting process to the owner includes restraint data that is gathered and analysed monthly.</p> <p>On the day of the audit there were no residents utilising restraints. The use of restraint (if any) would be reported monthly at the facility staff, registered nurse meetings, and to the owners via the facility manager.</p> <p>Interviews with staff confirmed who are actively involved in the ongoing process of restraint elimination. Training for all staff occurs at orientation and annually. This includes a competency assessment.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.