

# Nelson Street Resthome Limited - Nelson Street Resthome Ltd

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Nelson Street Resthome Limited

**Premises audited:** Nelson Street Resthome Ltd

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 9 May 2025 End date: 9 May 2025

**Proposed changes to current services (if any):** Nelson Street Rest Home has reconfigured its services and is proposing to provide secure dementia care services. The reconfiguration decreases overall bed numbers from 49 to 47 beds; 27 will remain as rest home beds and 20 as secure dementia care beds.

**Total beds occupied across all premises included in the audit on the first day of the audit: 31**

# 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.

## General overview of the audit

Nelson Street Rest Home currently provides age-related rest home care services for up to 49 residents. The facility is currently owned and operated by Promisia HealthCare Ltd and is being managed by a facility manager who is a registered nurse and has experience in the aged-care sector.

This partial provisional audit was undertaken to establish the level of preparedness of the provider to provide a new dementia care service. This audit was partly conducted during an on-site certification audit conducted on 4-5 February 2025. With the permission of HealthCERT at the Ministry of Health/Manatū Hauora, this audit was virtual, with some information based on the previous (certification) audit. The audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand. It had been undertaken to establish the level of preparedness of Nelson Street Rest Home to accept residents into the facility following a reconfiguration to provide secure dementia care services. The reconfiguration decreases overall bed numbers from 49 to 47 beds; 27 will remain as rest home beds and 20 as secure dementia care beds.

During the audit, it was noted that improvements are required in the areas of staff education (a finding from the previous audit), orientation of staff to the proposed new service and work area and having the activities plan being reflective of residents' preferences once they have been admitted to the service. Also required are a Certificate of Public Use for the service and an updated Fire and Emergency New Zealand approval of the evacuation plan.

## **Ō tātou motika | Our rights**

Not applicable to this audit.

## **Hunga mahi me te hanganga | Workforce and structure**

The governing body already assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. The directors are experienced in governance and management, and they have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

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

Proposed staffing levels and skill mix, outlined in the transition plan, were sufficient for the proposed rest home and secure dementia care services. The rooms for provision of secure dementia care services have been designed to meet the cultural and clinical needs of residents. There is a process already in place to ensure that staff are appointed, orientated and managed using current good practice and this has been, and is being, used in the recruitment of staff for the facility. A systematic approach was in place to identify and deliver ongoing learning to support safe and equitable service delivery, including dementia-specific care.

Staff who will be working in the proposed secure dementia care area either have, or are enrolled in, a New Zealand Qualifications Authority (NZQA) programme to meet the needs of the dementia care contract consistent with the requirements of Health New Zealand – Te Whatu Ora.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

The service currently works in partnership with the residents and their whānau to assess, plan and evaluate care. A general practitioner service is contracted to manage residents' medical needs, and they have confirmed that they will cover the extended service.

Medication management policies and procedures reflected current good practice and legislative requirements. Medication was currently being managed electronically and administered by staff who had been assessed as competent to do so. Effective medication management processes were already in place. There is a secure room for the storage of medication and the temperature of this was monitored.

The food service currently in use met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed. Food services specific to the proposed dementia care unit have been planned and were ready to be implemented.

Residents who were already in the service were being supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. A programme for residents entering the proposed dementia care service has been planned.

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

Fire and emergency procedures were documented, and related staff training had been conducted. Emergency supplies were available. All staff were trained in the management of fire and other emergencies. Security was being maintained, and hazards were identified and addressed. Security and emergency management specific to the proposed secure dementia care unit have been put in place.

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

The Promisia HealthCare Ltd.'s clinical governance team oversees implementation of the infection prevention and control and antimicrobial stewardship programmes alongside the facility manager and registered nurses at the facility. The programmes are linked to the quality management system. Annual reviews of the programmes were reported to the governance board, as were any significant infection events.

The implemented infection prevention and antimicrobial stewardship programmes were appropriate to the size and complexity of the service. They were adequately resourced. The infection control coordinator is a registered nurse who was involved in procurement processes, any facility changes (including changes in the proposed secure dementia care unit), and processes related to decontamination of reusable devices. A pandemic/infectious diseases response plan was in place.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required and with results shared with staff.

The environment supported both prevention and mitigation of transmission of infections. Waste and hazardous substances were managed well. There were safe and effective cleaning and laundry services.

## **Here taratahi | Restraint and seclusion**

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. The service has never used restraint and there were no restraints observed to be in use during the previous (certification) audit. It is not intended that restraint will be used in the proposed secure dementia care area.

A comprehensive assessment, approval, review and monitoring process is in place should restraint be required in the future. A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

## 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	9	0	5	0	0	0
Criteria	0	85	0	5	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 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>Nelson Street Rest Home (Nelson Street) is governed by the Promisia HealthCare Ltd (Promisia) board of directors. The governing body assumes accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and defining the leadership structure that is appropriate to the size and complexity of the organisation. Promisia HealthCare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Advice for directors on matters pertaining to Māori is through a contracted Māori/Pacific people’s consultant who chairs the Promisia Cultural Advisory Group. An experienced facility manager (FM), who is a registered nurse (RN), manages the service and has clinical oversight of the facility, assisted by two further RNs. The FM confirmed knowledge of the sector, including regulatory and reporting requirements, and maintains currency within the field.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurred through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori, Pacific peoples and tāngata whaikaha was evident in plans and monitoring documentation reviewed. Ethnicity data was collected to support equity. Equity was also supported through choice and control over supports and the removal of</p>

	<p>barriers that prevent access to information (e.g., information in other languages for the Code, complaints, infection prevention and control, and bilingual signage).</p> <p>Nelson Street promoted appropriate models of care specific to residents' cultural needs, including for Māori and Pacific peoples. There was a Māori health plan in place that guides care for Māori, and a plan to guide care for Pacific peoples. Policies and processes are in place to ensure that tāngata whaikaha have input into planning and service evaluation. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery.</p> <p>Governance is committed to quality and risk via policy and processes and through the reporting system. Governance receives reports on clinical key performance indicators generated from internal quality data collection (e.g., adverse events, infections, complaints and restraint). A sample of monthly and annual reports showed adequate information to monitor performance is reported. A member of the governance group interviewed during the previous certification audit felt well informed on progress and risks. The information provided was confirmed in a sample of reports to the board.</p> <p>Processes were in place, outlined in policy documentation, for residents and staff to contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents' meetings sighted showed evidence of discussion and documented response to matters raised. Staff meeting minutes sighted confirmed staff can give feedback, and this was addressed and documented. Resident and whānau satisfaction surveys showed a high level of satisfaction with the services provided. Residents and whānau also reported satisfaction with services when interviewed.</p> <p>The service currently holds contracts with Te Whatu Ora for age-related rest home services, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), and adult crisis. During the audit, 31 residents were receiving rest home services (including three on the LTS-CHC contract and one on the respite contract). No residents were receiving services under the adult crisis contract. Te Whatu Ora is aware of and has been consulted on the proposed secure dementia care service applied for. Admission agreements were in place that require a specialist's authorisation for residents to enter the service, authority from</p>
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		the Needs Assessment Service Coordination (NASC) team, and an activated welfare Enduring Power of Attorney (EPOA).
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility currently adjusted staffing levels to meet the changing needs of residents, and a transition plan (with a proposed roster) was in place to ensure that staff are available to staff the proposed new secure dementia care service; these staff are already employed, given rest home care was being delivered into this area of the facility prior to the proposed change in service. A multidisciplinary team (MDT) approach was in place to ensure all aspects of service delivery were met and this will be extended into the new service.</p> <p>Position descriptions reflected the role of the position, and expected behaviours and values, to ensure services were delivered to meet the needs of residents. Descriptions of roles cover responsibilities and additional functions, such as holding an infection control (IC) or restraint portfolio, or as health and safety representatives.</p> <p>Continuing education was planned on an annual basis and includes mandatory training requirements; however, at the previous audit, it was noted that the programme had not been fully delivered, that attendance when delivered had been around 50% or lower, and some staff had not completed any education over the year. This is currently being addressed (refer criterion 2.3.4). A competency programme was in place, and this had been delivered; included in this is medication competency, fire and emergency management, infection prevention and control (IPC), restraint (which includes behaviours that can be challenging), and cultural competency. At least one staff member on duty had a current first aid certificate on the rosters sighted.</p> <p>Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. Of those who will work in the proposed secure dementia care area, three already have the required New Zealand Qualification Authority (NZQA) Health and</p>

		<p>Wellbeing qualifications to work in the area and nine others are enrolled in the programme.</p> <p>High-quality Māori health information was accessed and used to support the training and development programme in place, policy development, and care delivery. Residents, their whānau, and staff participate in the service through care planning, the compliments/complaints process, multidisciplinary meetings, resident, whānau and staff meetings, and resident, whānau and staff satisfaction surveys.</p> <p>Staff interviewed during the previous audit reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.</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>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of six staff records reviewed at the previous audit confirmed the organisation's policies, procedures and processes are being consistently implemented. Professional qualifications for health care professionals had been validated during recruitment and then checked and documented annually. Police vetting and reference checking were in place. Job descriptions were documented for each role across the organisation. The job descriptions described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>Staff interviewed during the previous audit reported that the induction and orientation programme prepared them for the role, and evidence of completed orientation was seen in files reviewed. Opportunities to discuss and review performance occur annually. This was confirmed by documentation seen in the staff files reviewed at the previous audit and by staff interviewed, who described the process as useful for them, allowing them to set their own career and education goals. Orientation to the proposed new secure dementia care service and work area has not yet taken place (refer criterion 2.4.4).</p> <p>There were staff wellbeing policies in place and staff were aware of these. Staff confirmed that debrief and support was available to them following</p>

		<p>any incidents.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	PA Low	<p>Recreation activities have been planned for the service that are appropriate for the levels of care the service is proposing to provide (refer criterion 3.3.1). Specific activities are planned for the proposed secure dementia unit over a 24-hour period, dependent on individual needs. Activities are planned across both the rest home and secure dementia care area and facilitated by a diversional therapist (DT) with the assistance of an activities coordinator (AC).</p> <p>The proposed programme runs across seven days and includes access to external communities (via van trips and outings), but there has not yet been any individualised input into the programme for the proposed dementia care area as there were no residents yet in the unit (refer criterion 3.3.1). The proposed programme will be adjusted once residents are admitted, based on assessments, and geared to reflect the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. The proposed programme also outlines how opportunities for any Māori residents and their whānau to participate in te ao Māori will be facilitated through community engagement and through internal celebrations (e.g., Māori Language Week and Matariki). Community initiatives currently in place meet the needs of Māori and this was confirmed by residents and whānau interviewed during the previous audit; staff interviewed confirmed that they are included.</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</p>	FA	<p>Promisia's medication management policies and procedures are in line with the Medicines Care Guide for Residential Aged Care, and these were available for use at Nelson Street. A safe system for medicine management using an electronic system is available for use in the proposed secure dementia care unit; the system was observed to be safely managed during the previous audit. All staff who administer</p>

<p>medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medicines had been assessed as competent to perform the function they manage.</p> <p>The system described medication prescribing, dispensing, administration, review and reconciliation. Administration records were maintained. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies were indicated, and all photographs for current residents had been uploaded on the electronic medication management system.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted at the previous audit were within current use-by dates. Medicines were being stored safely, including controlled drugs. The required stock checks had been completed. Medicines were being stored at the recommended temperature range. Prescribing practices met requirements. The required three-monthly GP review had been consistently recorded on the medicine charts of residents currently in the service.</p> <p>Self-administration of medication was currently being facilitated and managed safely with appropriate assessments and administration records documented; there is, however, no intention to facilitate self-medication in the proposed secure dementia care area of the service for safety reasons. Support for people to understand their medication will be provided by the RNs in the service, in consultation with the GP. Residents, including Māori residents and their whānau, were noted to have been supported to understand their medications during the previous audit.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. Standing orders were not used at Nelson Street.</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</p>	<p>FA</p>	<p>The food service already being provided by Nelson Street was in line with recognised nutritional guidelines for people using the services. The menu had been reviewed by a qualified dietitian within the last two years. Recommendations made at that time had been implemented. The menu was last updated on 4 August 2023, with two-yearly reviews. Advice regarding allergens and special diets was provided. Snacks including</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>morning and afternoon tea (both sweet and savoury) were already available to residents in the service 24 hours per day, 7 days per week (24/7). Plans were already in place to ensure that food was available in the proposed secure dementia care unit using the same protocols for providing food when the area was being used for rest home level care.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration. The last audit report of the Food Control Plan was on 17 October 2024 by the Manawatū District Council, with no corrective actions.</p> <p>Each resident currently in the service had had a nutritional assessment completed on admission to the facility; this will be extended to new residents entering into the proposed dementia care service. Personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau had menu options that were culturally specific to te ao Māori. Special functions were catered for, including meaningful celebrations, such as Matariki, Anzac Day, Christmas and birthdays.</p> <p>The dining room area in the proposed secure dementia care area of the service was safe and well presented, with space to allow residents to eat their meals in a dignified environment.</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>PA Low</p>	<p>Nelson Street has reconfigured its services and it is proposing to provide secure dementia services. Directors of Promisia were aware of the requirement to co-design and consult with Māori for the design of new buildings. While the reconfiguration does not include any new buildings, Māori have been involved in the commissioning work. The reconfiguration has decreased overall bed numbers from 49 to 47 beds; 27 will remain as rest home beds and 20 as secure dementia care beds. Work on the project had been commenced during the last audit, and it was nearing the final stages. During that audit, there was a physical 'walk through' to show how the proposed change to the service would be implemented. This was augmented by an electronic virtual 'walk through' for this audit to see that the proposed alterations had been put into place, including securing the space to manage the secure dementia care being proposed. The planned</p>

	<p>opening date for the new proposed dementia care service is 1 June 2025.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) meet legislative requirements. The building had a building warrant of fitness that expires on 18 July 2025, and this was sighted at the previous audit; however, given building consent was required prior to the reconfiguration to a secure dementia care service as there were significant changes made to the layout of the area (a bathroom was made into a corridor with an exit door to access the garden area), a Certificate of Public Use is required (refer criterion 4.1.1).</p> <p>A planned maintenance schedule was in place and included electrical testing and tagging, resident equipment checks and checking and calibration of clinical equipment; documentation in respect of these was sighted during the previous audit. Monthly hot water tests were completed for resident area, these were also sighted during the previous audit and all were within range; tempering valves were in place to adjust water temperatures if required.</p> <p>The physical environment of the proposed dementia care unit promotes safety and accessibility (safe mobility and independence) and reduces the risk of harm. The mature garden area ensures safety and security for residents. There is a ramp with attached handrails (which is not steep) leading to the garden area and the garden is flat. External areas have appropriate seating and shade.</p> <p>Residents' rooms in the proposed secure dementia care area of the facility are spacious and allow room for the use of mobility aids. Rooms can be personalised according to the resident's preference. All rooms have a window allowing for natural light, with safety catches for security. The general environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Spaces are culturally inclusive and suited the needs of the resident group. Lounge and dining facilities meet the needs of residents, and these can also be used for activities. There are also a number of quiet spaces for relaxation in the unit, including a room to be used as a quiet or whānau room. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors.</p> <p>Electric heating/cooling is provided in the unit, which can be adjusted</p>
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		<p>depending on seasonality and outside temperature. Care staff interviewed at the previous audit confirmed they had adequate equipment to safely deliver care for residents. At the previous audit, it was noted that personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these.</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>	<p>PA Low</p>	<p>Disaster and civil defence plans and policies are in place to direct the facility in its preparation for disasters and describe the procedures to be followed; this has recently been updated to take account of residents who will be admitted to the proposed secure dementia care area of the facility. Staff interviewed during the previous audit had been trained and knew what to do in an emergency.</p> <p>The original fire evacuation scheme for the service was reviewed and approved by Fire and Emergency New Zealand (FENZ) on 17 January 2017; however, the service is still awaiting a new sign-off by FENZ for the change of service (refer criterion 4.2.1). All areas within the facility have wired smoke alarms and sprinklers in situ. A fire evacuation drill is scheduled six-monthly, the last being on 7 March 2025. All RNs and seventeen other staff had current first aid certification. There was a first aid certified staff member on duty 24/7 on rosters sighted during the previous audit. Staff who take residents on outings away from the facility held first aid certification.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region, including water storage. Alternative energy and utility resources are available should the mains supplies fail, including a small diesel generator. Emergency supplies were checked monthly. A civil defence emergency management plan was clear about the responsibilities of staff in the event of a civil defence emergency and staff interviewed during the previous audit were clear in describing their responsibilities, including the special needs of tāngata whaikaha in the facility.</p> <p>Orientation included competencies in the management of fire and emergency; staff working in the proposed secure dementia care area will need to be re-orientated to the dementia care service (refer criterion 2.4.4). A 'flip chart' was available in public areas to inform the residents,</p>

		<p>whānau, and other visitors about the fire and emergency management procedures in place for the facility. Emergency and security arrangements were explained to new residents and their whānau during the admission process and these have been revised to include residents entering the proposed secure dementia care unit.</p> <p>There is a call bell system in place to alert staff to residents requiring assistance; the system is already in place in the proposed secure dementia care area of the facility. Residents and whānau interviewed during the last audit reported that staff respond promptly to call bells, and this was noted during the audit.</p> <p>Appropriate security arrangements were in place for the reconfigured service and these have been documented. There is a numerical pad to gain access into and out of the new dementia care area and the garden area, with an electronic override for emergency situations. Revised emergency management procedures were in place for safety should this occur, which describe the special safety aspects required for residents in the event of an emergency.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Nelson Street has infection prevention (IP), and antimicrobial stewardship (AMS) programmes appropriate to the size and complexity of the service. These had been approved for use by the directors of Promisia. Infection prevention and control (IPC) and AMS are part of the business and quality plans. The IP and AMS programmes were also linked to the quality improvement system, with results reviewed and reported. The IPC programme was reviewed annually, and significant issues were escalated through an effective communication pathway to the governance team. Documentation reviewed during the previous audit evidenced significant events (e.g., outbreaks) were escalated to the Promisia support office within 24 hours.</p> <p>Nelson Street has IP and AMS outlined in its policy documents. This is being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required. Clinical specialists at Nelson Street Rest Home can access IP and AMS expertise through Health New Zealand – Te Whatu Ora and regional</p>

		<p>public health specialists. Infection prevention and AMS information is discussed at facility level, at clinical meetings, and reported to the board at board meetings. Infection prevention and control information presented to the board includes ethnicity data.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A RN in the Nelson Street service works as the infection control coordinator for the service (ICC). The ICC is responsible for overseeing and implementing the IP programme with reporting lines to the FM and group clinical and quality manager (GCQM). The IP and AMS programmes are linked to the quality improvement programme that is reviewed and reported on annually. The ICC has the appropriate skills, knowledge and qualifications to support and maintain safe IPC and AMS practices at the facility. Advice was sought from the ICC prior to, and during, the build of the proposed dementia care unit, and when making decisions around procurement relevant to care delivery, and policies. Access to IP and AMS support expertise is through the facility's GP, the IP clinical nurse specialist from Health New Zealand – Te Whatu Ora and Regional Public Health.</p> <p>The IPC policies and procedures currently in place reflect the requirements of the standard. They are provided by Promisia's clinical governance group and are based on accepted good practice. Cultural advice was sought where appropriate. Staff were made familiar with policies and procedures through education during orientation and through ongoing education. Policies, processes and audits ensure that reusable and shared equipment is decontaminated using best practice guidelines. There are processes and equipment in place to ensure single-use items can be discarded after use. Educational resources included a range of brochures which were available and accessible in English, te reo Māori and Pacific Islands languages. This includes information regarding hygiene practices, COVID-19 precautions, and actions required to minimise the risk of infection. Processes already well established will be extended to meet the needs of residents in the proposed secure dementia care area once they are admitted.</p> <p>A pandemic/infectious diseases response plan is documented. Sufficient resources have been purchased to manage infection, including sufficient stores of personal protective equipment (PPE). The ICC interviewed</p>

		<p>during the previous audit reported that there are processes in place to ensure that residents and their whānau are educated about infection prevention in a manner that meets their needs and described how this was accomplished.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Promisia is committed to reducing the inappropriate use of antimicrobials, and the responsible use of antimicrobials is promoted. There is an AMS programme in place, and its effectiveness was being evaluated by monitoring antimicrobial use and identifying areas for improvement. The programme included ensuring that antimicrobials were prescribed only when needed, absorption of oral antimicrobials is optimised with food at mealtimes, that antimicrobials are administered at the right time with the right interval, and the prescribed course was completed. Antimicrobial use was reported to governance level and internally and externally benchmarked.</p> <p>The AMS programme currently in place will be extended to encompass the proposed secure dementia care area of the service.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Policy and procedures for the surveillance of health care-associated infections (HAIs) are appropriate to those recommended for long-term care facilities and are in line with priorities defined in the infection control programme. Nelson Street uses Promisia's HAI monitoring processes. Monthly surveillance data, using standardised surveillance definitions, was collated and analysed to identify any trends, possible causative factors and required actions. Surveillance included ethnicity data. Results of the surveillance programme were shared with staff and at clinical governance and governance level, where necessary recommendations for improvement were identified.</p> <p>Culturally clear processes were in place to communicate with residents who were experiencing an HAI, and with their whānau, and these were documented through the electronic resident management system in place.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Processes are in place to maintain a clean and hygienic environment that supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at Nelson Street. Suitable personal protective equipment (PPE) is available to those who will be handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Chemicals were labelled and being stored safely in secured areas, with a closed system in place. Material data safety sheets (MDSS) are available to staff for emergency use. Sluice rooms were available for the disposal of soiled water and waste. Handwashing facilities and hand sanitisers were readily available throughout the facility.</p> <p>There are documented policies and processes in place for the management of cleaning, laundry, waste, and infectious and hazardous substances. The ICC has oversight of facility testing and the monitoring programme for the facility. Laundry and cleaning processes were monitored for effectiveness. All laundry is laundered on site including residents' personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved had completed relevant training and were observed during the previous audit to be carrying out their duties safely.</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>Nelson Street is a restraint-free environment; the facility has never used restraint. The FM (who is a RN) acts as the restraint coordinator (RC), they have completed education relevant to the role and described the focus on maintaining a restraint-free environment. There is a job description in place that outlines the role. Restraint processes were understood by staff interviewed during the previous audit, who also described their commitment to maintaining a restraint-free environment and the strategies they use to prevent its use (e.g., intentional rounding (intentional observation of 'at risk' residents) and sensor equipment).</p> <p>Policies and procedures meet the requirements of the Standard and have been approved by the governing body. Should restraint be used in the future, there is a process in place to ensure restraint is considered as part of a holistic assessment with other aspects of the resident's care or support plan. The policy and procedure inform the delivery of services to</p>

		<p>avoid the use of restraint. They include alternative interventions that can be used to avoid the use of restraint and the process of restraint approval, which requires review of de-escalation methods that have been used. The types of restraint that can be used are specified, and (through the electronic resident management system) documentation of the duration of restraint required.</p> <p>The RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability, the RC is involved in procurement processes and use of equipment and would be responsible if any clinical trial were envisaged. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau, and the GP as part of the decision-making process.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	At the previous audit, it was noted that the education programme had not been fully delivered and that attendance, where delivered, was low, with some staff not completing any education over the year. Since that time (February 2025), the service has delivered more of the annual education programme, staff attendance has increased, and there were no staff currently who had not attended at least one education session. However, the timeframe since the previous audit is short and continued attention to this is still required.	While there has been an improvement to the delivery and attendance of the education programme since the last audit, the timeframe for review of the criterion is short and needs to be shown to be sustained over time.	<p>Provide evidence that the improvement to the delivery and attendance of the education programme has been sustained.</p> <p>180 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support</p>	PA Low	While the staff who will be working in the proposed secure dementia care	Staff employed to work in the proposed secure dementia	Provide evidence that staff who will be working in the proposed

<p>workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>		<p>area have been orientated to the facility, including the area which has been reconfigured to the proposed secure dementia care area, this area has changed and the requirements of residents who are entering into that service are different than those being provided prior. Staff currently in the service (19 staff) are currently completing education through Dementia New Zealand to prepare them for the change of work and care expectations related to residents experiencing dementia.</p>	<p>care service have yet to be orientated to the reconfigured work area, security, and fire and emergency management requirement for the proposed secure dementia care area in line with the transition plan.</p>	<p>secure dementia service have been orientated to the reconfigured work area, security, and fire and emergency management to support residents in line with the transition plan, prior to resident occupancy.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.3.1 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>There is a planned process for activities that is appropriate for the levels of care the service is proposing to provide; however, the programme has not yet been based on the actual preferences of residents as there are no residents in the service.</p>	<p>The planned process for activities is appropriate for the proposed levels of care to be delivered at Nelson Street, but the programme has not been based on the actual preferences of residents.</p>	<p>Provide evidence that the activities programme has been reassessed following residents being admitted to the service and that the programme is reflective of the needs and preferences of residents.</p> <p>90 days</p>
<p>Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>As part of the reconfiguration of a rest home level care area of Nelson Street to a secure dementia care unit, building consent was required. The facility has applied for a Certificate of Public Use now that the reconfiguration has been completed, but this has not yet been issued.</p>	<p>The facility does not have a Certificate of Public Use for the reconfigured service.</p>	<p>Provide evidence that a Certificate of Public Use has been issued for the reconfigured service.</p> <p>Prior to occupancy days</p>

<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	<p>PA Low</p>	<p>The service requires an updated FENZ approval for the new dementia service; this has been applied for.</p>	<p>A FENZ approval for the new service is not yet in place.</p>	<p>Provide evidence of an updated FENZ approval.</p> <p>Prior to occupancy days</p>
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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.

No data to display
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End of the report.