

# Millvale House Napier Limited - Millvale House Napier

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

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

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

The specifics of this audit included:

**Legal entity:** Millvale House Napier Limited

**Premises audited:** Millvale House Napier

**Services audited:** Hospital services - Psychogeriatric services; Dementia care

**Dates of audit:** Start date: 5 June 2025 End date: 5 June 2025

**Proposed changes to current services (if any):** DCNZ Millvale House Napier has notified HealthCERT of their intention to transfer 14 existing psychogeriatric beds from wing A to wing B. Wing B has been refurbished making rooms larger losing a bed. This wing now has 14 beds. Wing A will be refurbished and reopened as a 15-bed dementia wing. Total beds numbers will decrease from 30 beds to 29 beds. Wing B was verified as suitable to provide psychogeriatric level of care, and wing A was verified as being suitable after all of the refurbishments have been completed and the unit is made secure.

**Total beds occupied across all premises included in the audit on the first day of the audit: 11**

# 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

Dementia Care New Zealand (DCNZ) Limited is the parent company of Millvale House Napier Limited. The service provides psychogeriatric level care for up to 15 residents. At the time of the audit there were 11 residents in total.

This partial provisional audit was conducted to assess the facility for preparedness to provide psychogeriatric level care across 14 beds in wing B. The facility has a total of 30 beds; however, have only been using one of the two wings (wing A).

Wing A (15 beds) will be utilised to provide care for dementia level of care following refurbishment, and wing B (14 beds) will be utilised to provide care for psychogeriatric level of care. The service plans to transfer residents to the refurbished Wing B on 30th June 2025. Wing A is planned to be completed by September/ October 2025. Overall bed numbers will decrease from 30 to 29.

DCNZ is experienced in providing dementia and psychogeriatric level care with nine of their current ten homes providing this level of care.

An operations coordinator and acting clinical manager are employed to oversee the facility with support from the regional clinical manager.

Improvements are related to the reopening of wing A as a dementia wing and completion of wing B.

## **Ō tātou motika | Our rights**

Not Audited

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

The business plan and strategic plan includes a mission statement and operational objectives. There are two managing directors who provide a proactive hands-on approach and are closely involved in the day to day running of the organisation. They are supported by a DCNZ organisational management team which provides mentoring and support to the local facility management teams. There is an organisational clinical team that works with the management team at Napier. External advisors are engaged to provide advice on cultural safety, clinical issues and other areas of expertise as needed. There is a staffing and rostering policy. The service is in the process of employing staff who will complete induction days prior to reopening Wing A. Human resources are managed in accordance with good employment practice. There is a 2025 training plan in place.

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

There is a documented activity plan which is implemented by the activity coordinator with support from caregivers.

Medication policies reflect legislative requirements and guidelines. The registered nurses and medication competent caregivers are responsible for administration of medications. Education and medication competencies have been completed for existing staff.

All food and baking is prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan has been registered.

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

A building Warrant of Fitness is in place. The facility has two wings off a central entrance and reception area. Wing A is currently used as the psychogeriatric unit. There is preventative maintenance work sheet in place. Hot water tests have been completed in Wing A.

The refurbishments in wing B are almost complete. The refurbishment of wing A will commence once residents have moved from wing A to wing B. Both wings are accessed via a keypad entrance

Spaces within both wings can accommodate family/whānau, cultural and religious rituals, including visits by extended family/whānau. All resident rooms are single and communal bathrooms are available. Wing A has a secure garden outdoor area also includes access from the lounge via a covered archgola which includes seating. Landscaping is in progress in wing B. There are plenty of places for residents to wander.

There is an approved fire evacuation scheme. Staff will receive training around emergency management during the induction period. There is a call bell system linked to staff phones.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The infection control coordinator is the acting clinical manager with the support of the regional clinical manager. Infection control education is provided to staff at induction to the service and is included in the education planner. Antimicrobial data is collated and monitored monthly. Surveillance processes are documented to ensure infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

Laundry and cleaning services are provided.

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

The restraint policy is in place and is supported by a Restraint Approval Group. Restraint minimisation education is to be conducted twice annually. The policy considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	11	0	3	0	0	0
Criteria	0	90	0	3	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>Dementia Care NZ Limited (DCNZ) is the parent company under which Millvale House Napier Limited operates. Millvale House Napier is currently certified to provide care for up to 15 residents at psychogeriatric level of care. At the time of the audit there were 11 residents under the age-related hospital specialist services (ARHSS), including one younger person with a disability (YPD) contract.</p> <p>This partial provisional audit was conducted to assess the service for preparedness to provide psychogeriatric (PG) level care across 14 beds in wing B (previously 15 beds) and for changing the level of care in wing A to 15 dementia beds. Wing B has undergone extensive refurbishment and is almost completed. Current PG residents and furnishing and equipment will be transferred from wing A to wing B on 30 June 2025. Wing A (15 beds) will be refurbished and was verified to be suitable to provide dementia level of care once complete. Planned refurbishments in Wing A include increasing the size of some rooms, painting and installing a new kitchenette. Wing A is expected to reopen in September.</p> <p>DCNZ is experienced in providing psychogeriatric and dementia level care with nine of their current ten homes providing this level of care. There is a transition plan around the transfer of PG residents from wing A to wing B and a second transition plan around the re- opening of wing</p>

	<p>A for dementia residents. This partial provisional audit has verified the facility as being fit for purpose for psychogeriatric and dementia level of care, noting that there are shortfalls identified to be addressed prior to occupancy.</p> <p>Over the next three to six months the organisation plans to refurbish Wing A increasing the size of some rooms with the intention of eventually having 29 beds consisting of 14 PG (Wing B) and 15 dementia rest home (Wing A).</p> <p>DCNZ has a corporate structure that includes two directors/owners and a governance team of managers which includes: an operations management leader; quality systems manager; national operations support leader; strategic communication, engagement and Governance advisor; a national clinical quality lead, clinical advisor; two regional clinical managers (North and South Island); and a national training coordinator. The two Directors meet weekly to discuss governance matters. They guide the development and approval of business plans and respond to benchmarking, and high-risk events. The ‘Strategic Communication, Engagement and Governance Advisor’ role is in place and guides the governance of the organisation. There are terms of reference for responsibilities at the general meeting and for the clinical governance group that reports to the general meeting. A group of advisors provide guidance to the directors this includes business advisors, the clinical governance group and customer focus groups. The guidance from this group assists with the direction of the strategic and business plan.</p> <p>The governance body monitors key metrics on equity including the number of staff and residents identifying as Māori. The directors help to facilitate relationships between iwi and hapu relevant to their residents as needed. Māori health planning documents have been developed with support of cultural advisors.</p> <p>DCNZ has a Māori Health Plan with a focus on improving the cultural care, further developing partnerships with local iwi, improving staff knowledge and practice of tikanga, and improving Māori language skills. The organisation’s Directors work to ensure that Māori plans and policies are led by Māori, and that Māori residents, family/whānau and staff members are supported. DCNZ is working with an organisational cultural advisor to ensure these needs are met. Both directors and all of DCNZ’s</p>
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	<p>management have completed Ngā Paerewa Te Tiriti eLearning modules. The directors and management team also take opportunities for further learning through external advisors and external training.</p> <p>DCNZ surveys families after six weeks of care, conducts annual surveys and resident surveys to understand the needs of the different users of their services. Annual surveys include a request for ideas for their business plan. This has been implemented from opening at Millvale Napier. Focus groups of residents or their enduring power of attorney (EPOA) at each local facility are facilitated by the Strategic Communication, Engagement and Governance Advisor. The objective of these groups is to obtain consumer representative feedback and ideas. DCNZ works closely with Health New Zealand to ensure the care meets the needs of the local community. The Directors have been working with Health New Zealand to determine the needs.</p> <p>DCNZ has an overarching strategic plan (2024-2027) and a related business plan 2024-2025 that is developed in consultation with managers and reviewed annually. Regular quality meetings are held at each of DCNZ homes to raise quality improvements and identify risks and mitigations. These meetings are attended by managers. These meetings are implemented at Millvale Napier. Risks, issues and outcomes from these local meetings are reported through to the organisational risk meeting if needed and to the general meeting. An organisational risk meeting is held monthly to analyse organisation-wide risks to be reported to the Directors, and to rate the severity of the risks and investigate measures to mitigate the risks. The notes from the risk meeting and a risk matrix are reported through the general meeting. Urgent risks are raised with the Directors and responded to immediately as needed.</p> <p>A regional clinical manager supports the clinical manager of each service. Where clinical issues arise, they are considered at the clinical governance meeting which the regional clinical managers attend. Issues and outcomes from the Clinical Governance Meeting are discussed with the directors and reported through the general meeting.</p> <p>An operations coordinator (non-clinical) has been employed in the role for 15 months. The clinical manager has recently gone on leave and an experienced registered nurse from Millvale House Napier is employed as the acting clinical manager. The acting clinical manager is closely</p>
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		<p>supported by the regional clinical manager and the operations coordinator is supported by the organisation operations manager and the national operations support leader. The operation coordinator has a background in aged care in staffing administration and as an activity coordinator.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements. There is an implemented roster which meets the requirements of the current 15 bed PG wing (currently wing A). These staff will transfer from wing A to wing B when the residents transfer. There is a draft roster for the proposed dementia service with an initial roster of a caregiver rostered 7am-3pm and 8am-12:30pm. In the afternoon a caregiver is rostered 3pm – 12pm and 4.30pm – 8:30pm. At night a caregiver is rostered from 12am to 8am. Depending on resident numbers and acuity this roster would be adjusted accordingly. A diversional therapist or activities coordinator is rostered 1:30pm – 4.30pm. The RN in the PG unit is available if required for clinical issues. A homecare assistant is rostered from 8am -12:30pm and 5pm - 9pm and 8am-1pm.</p> <p>The management team are in the process of interviewing for staff for the reopening of the wing A as dementia level care. There are currently six registered nurses (RNs) employed to date (four interRAI trained). No further RN appointments are required. The clinical manager (CM) is interRAI trained and is on leave for a further five months. The acting clinical manager is interRAI trained and works as an RN on the floor one or two shifts per week. There are seven caregivers currently employed which meets the requirements of the existing PG roster. A further six caregivers are required for the dementia unit opening in September. The operations coordinator works 20 hours in that role and 20 hours providing activities. The operations coordinator has previous experience as an activity coordinator in aged care and is currently undertaking diversional therapist training. The service also employs two cooks and homecare assistants.</p> <p>Four of the seven caregivers have completed the required PG standards. Two have been employed less than 12 months and have almost completed their training and one is new to the role and is scheduled to commence their training. The organisation has an educator</p>

		<p>(assessor) who supports staff through the required training.</p> <p>A competency programme is implemented for all staff with different requirements according to work type. Core competencies are required to be completed annually as per policy. All existing staff have evidence of completed competencies on file. New staff complete competencies during induction days. Annual competencies include (but not limited to) cultural, restraint, and moving and handling.</p> <p>There is an annual education and training schedule for 2025 which covers all mandatory training as well as a range of topics related to caring for the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed.</p> <p>Registered nurses are encouraged to participate in internal and external education programmes. These programmes may be offered through DCNZ advanced learning, or through Health New Zealand, or via specialist services. The annual training programme exceeds eight hours annually. Training is conducted either in-house or via zoom and led by the DCNZ educator (also a mental health registered nurse). There is an attendance register required for each training session and educational topics offered.</p> <p>All staff are required to complete DCNZ Best Friends dementia training. Current staff have completed cultural safety training which included understanding Māori health outcomes, disparities, and health equity trends. The cultural training module/competency provided ensures all staff are culturally competent to provide high quality care for Māori.</p> <p>Supervision and coaching at DCNZ continue to be strategies used to develop key employees and build strong teams. Advised that the organisation is supporting clinical supervision with the management team and is planning to roll this out to all clinical staff over the next two years as part of the Professional Development Programme.</p> <p>The organisation supports an employee assistance programme which is available to all staff.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation and then annually at appraisal.</p> <p>A two-day induction programme is planned for all new staff prior to re-opening wing A as a dementia wing. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment to Māori. The organisation collects ethnicity data for employees and maintains an employee ethnicity database.</p> <p>Staff files are held securely. Reference checking, and police checks are obtained through recruitment. Qualifications, and annual practicing certificates for the registered nurses are maintained. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Staff with less than one year of service receive an appraisal following completion of their orientation at three months and then annually. Staff have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing as described in policy. The current employment, induction and appraisal processes will be implemented with new staff when they are employed.</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>	<p>FA</p>	<p>The operations coordinator (previous experience as an activity coordinator) provides 20 hours of activities Monday to Friday and is supported by a second activities coordinator who together provides a programme over seven days. There is an organisational diversional therapist lead that supports the activity team at each home. The activity coordinators develop the programme and coordinate with caregivers on the delivery of morning activities. There are resources available for caregivers to use after hours and when the operations coordinator is not on shift.</p> <p>The programme is planned monthly, and an example of the calendar includes themed cultural events. A monthly calendar is displayed in the</p>

	<p>residents room and on noticeboards and four monthly newsletters are distributed to residents and are also emailed to family.</p> <p>A copy of the programme which has the daily activities is displayed and includes individual and group activities. Example of planned activities will meet the cognitive, physical, intellectual, and emotional needs of the residents with dementia. Residents who do not participate regularly in group activities are visited one-on-one. Caregivers provide one on one and group activities in the morning including hand pampering outside walks, music, playing cards, doll therapy as demonstrated in progress notes. The previous partial attainment (3.3.1) has been addressed.</p> <p>The service has a facility vehicle which seats three residents for local outings. For larger groups the service is able to hire taxi vans and wheelchair taxis. One director reported the service is actively seeking a mobility van for Millvale House Napier. Most residents tend to go out with family and to date the service has not arranged community outings largely due to the resident acuity. The June activities programme included a planned taxi van outing. The previous partial attainment (3.3.2) has been addressed.</p> <p>Residents' participation and attendance in activities is recorded in the resident electronic progress notes. Residents have an individualised activities assessment and activity care plan which considers normal routines across 24/7. This is completed by the registered nurses with support by the activity coordinator and integrated within the electronic care plan.</p> <p>Community visitors include entertainers, and church services. Special events like birthdays, St Patricks day, Matariki, Easter, Father's/Mother's Day, ANZAC day, Christmas, and theme days are on the programme and will be celebrated with appropriate resources available. The service ensures that staff are trained to support Māori residents in meeting their cultural needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. The service facilitates opportunities to participate in te reo Māori through the use of Māori language on planners, on doors of key areas, and participation in Māori language week and Matariki. Māori phrases are incorporated into the activity's planner, and culturally focused activities are planned for.</p> <p>There is an opportunity to provide feedback on activities at the meetings</p>
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		<p>and through annual surveys. A focus group meeting with family/whānau was held in April. Multi-disciplinary and care plan review meetings are held six monthly with family/whānau and residents.</p> <p>Activities in the refurbished wing A will be facilitated by an activities coordinator. Another activities coordinator is included in the proposed roster and is yet to be employed. Activities will continue to be planned by operations coordinator with input from the organisational diversional therapist.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>DCNZ has organisational policies documented around safe medicine management that meet legislative requirements. The registered nurses and medication competent caregivers who administer medications are assessed annually for competency. Education around safe medication administration for new staff is to be provided at induction and annually thereafter.</p> <p>The service is implementing an electronic medication administration system for existing residents and training/competency is provided to all staff to ensure competency prior to use. The service is planning to continue using the electronic medication system. The electronic medication charts evidenced drug allergies and sensitivities were documented. Training, and competencies will be provided for new staff at induction prior to the re-opening of Wing A (dementia unit). There is a contract with a local pharmacy. All medications once delivered are reconciled against the medication chart. The acting clinical manager advised that any discrepancies are fed back to the supplying pharmacy. A contract for GP services is in place and will be extended to include residents from the proposed dementia home.</p> <p>There is a medication room in wing B home that includes a cooling heat pump. There is sufficient room for the storage of a medication trolley. On the days of audit, fixtures and equipment including a fridge, controlled drug storage, cupboards and benches had not yet been installed. There are plans to install hand washing facilities in the adjoining nurses station. The electronic keypad has been installed; however, the room was not yet secure (link 4.1.2). The medication room in wing B will be used for residents in both Wings. The fridge and room temperatures are recorded</p>

		<p>daily in Wing A and are within required ranges. The medication fridge will be transferred to the medication room in wing B when residents move over.</p> <p>Due to the nature of the service (psychogeriatric and dementia rest home) there will be no residents self-administering medications. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, will be documented on the medication chart as per policy. There are no standing orders used.</p> <p>The Director described how they work in partnership with residents and family/whānau who identify as Māori across the organisation to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The main kitchen is situated in Wing B and was observed to be clean, well-organised and well equipped. There is a current food control plan effective until 30 April 2026. Dry ingredients were decanted into containers for ease of access. All dry goods evidenced a decanting and or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. Food preferences and cultural preferences are encompassed into the menu, Kitchen fridge, food, and freezer temperatures are monitored and documented daily as per policy. Cleaning schedules are maintained. Resident annual satisfaction survey includes food.</p> <p>The main cook works alone 4 on 3 off. A second cook works the rest of the week. Documentation reviewed confirmed the cooks have either completed food safety training. Meals are transported in a hot box to the kitchenette off the dining room in the Wing.</p> <p>Existing residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes. These have been completed for all current residents. New dementia residents will have a profile completed on admission which will be provided to the kitchen. Advised that any changes to residents' dietary needs will be communicated to the kitchen as per policy. On interview the cook advised they are able to provide for individual cultural preferences</p>

		<p>including those specific to te ao Māori.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Equipment from wing A will be relocated to wing B. New equipment for wing A has been purchased for the reopening of the dining room and kitchenette to ensure wing A is functional.</p> <p>The dining room in wing A has a kitchenette will be refurbished with a servery where meals are served from. The dining rooms in both wings provide space for residents to move around freely. The dining room in wing B has been refurbished and there is a new kitchenette with stainless steel benches and fully fitted kitchen cupboards. The furniture from wing A and the fridge will be transferred ready for residents moving into this wing. A separate hand washing basin has been installed to the kitchenette in wing B.</p> <p>Meals are directly served to residents in the dining room from the kitchenette. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area.</p> <p>There is adequate food supply available for each resident for minimum of three days.</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>The facility was purchased in January 2024. Wing A was refurbished and opened as a 15 bed PG home in February 2024. The facility has two Wings off a centre reception area. This audit included verifying Wing B with 14 rooms which will be opened as a secure psychogeriatric unit on 30 June 2025. The residents from Wing A will be transferred to Wing B at this time and Wing A will be refurbished in preparation for 15 dementia beds. A building Warrant of Fitness expires 1 November 2025.</p> <p>There is preventative maintenance work plan in place. The director advised that initially contractors will continue to be used with support from the directors. Hot water temperatures are checked weekly and were within expected ranges. Corrective actions are documented and implemented where temperatures are out with expected ranges. All equipment currently in use has been tagged, tested and calibrated annually as scheduled. The building has yet to obtain a CPU certificate.</p>

		<p>Wing A will be refurbished over three months including increasing the size of some rooms. Wing A is accessed via a keypad entrance. There is a spacious open lounge which adjoins a large dining room with a kitchenette which will be upgraded during the planned refurbishment. The existing nurses station, communal bathrooms and toilets, sluice room with a sanitiser, equipment storage cupboards and external areas will meet the requirements of dementia level care residents. The dining area has lino flooring, and the lounge area is carpeted. The hallways and rooms are carpeted. There is one mobility bathroom with shower, toilet, handrails and a smaller toilet. Flowing soap, hand gel dispensers and paper towels were available throughout the wing. There is plenty of space for medical equipment, continence products and personal protective equipment (PPE) storage with shelving. The wing has a long corridor that leads to an external door which leads to paths and a spacious garden area. There is plenty of places to wander. The secure garden outdoor area also includes access from the lounge via a covered archgola which includes seating. The wing and the exterior environment is secure, and no changes required to the outdoor areas to meet the requirements of dementia level residents. There are ceiling heaters in the resident rooms and a heat pump in the lounge area. Resident rooms and communal areas throughout both wings all have natural light. The facility was maintained at a comfortable temperature.</p> <p>Wing B is almost complete and includes 14 large rooms with hand basins. There are two large, combined bathroom toilets and one separate toilet. All rooms are of adequate size to allow for use of required equipment. There is a nurses station with access to a medication room; however, on the days of audit, fixtures and fittings had not yet been installed. Electronic keypads securing exit doors, the nurses station, medication room and service areas have been installed in wing B; however not yet functional. There are plans for the installation of hand washing facilities in the adjoining nurses station. There is a sluice room which does not yet have, benches, sinks, sanitiser and fixtures installed. There is a large open lounge with a kitchenette and a smaller seating area at the far end of the home. There is access to secure external areas from the main lounge and the smaller seating area. Electrical kitchen appliances are on site for the kitchenette; however, have not yet been installed. Wing B is heated by heat pumps in all communal areas and by adjustable electric wall heaters in the</p>
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		<p>residents rooms. All rooms in wing B are suitable for higher levels of care and the safe use and manoeuvring of mobility aids. External areas have completed hard landscaping and garden landscaping is in progress; however, are not yet completed. There is secure perimeter fencing is in place. External seating has been purchased. All communal areas including the dining room and resident rooms will have carpet tiles and installation of flooring is in progress. Communal bathrooms and toilets have vinyl flooring. Hot water tests have not yet been completed in wing B.</p> <p>Spaces within both wings can accommodate family/whānau, cultural and religious rituals, including visits by extended family/whānau.</p> <p>Existing equipment/furniture in use in wing A will be transferred from wing A to wing B at the same time as the residents. New beds, furniture and white wear have been ordered for wing A and will be installed following the refurbishment. A comprehensive reconfiguration plan documents all required considerations. There is a visitor toilet in the foyer area.</p> <p>The director interviewed explained they are working with DCNZ Māori advisor during the refurbishment process and plan to have the home blessed prior to opening.</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>The service has an evacuation scheme approved by Fire and Emergency New Zealand (FENZ) on 12 June 2025. Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures (Civil Defence and Emergency Disaster Management Plan) guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire drill is scheduled prior to the opening of wing B and with new staff for wing A during the induction days. Emergency management is scheduled to occur as part of induction. Emergency/civil defence boxes are in place throughout the current wing A, which will be transferred to wing B. Adequate supplies of emergency water is in place. There are sufficient supplies in place to provide for the additional 15 residents who will be residing in wing A.</p>

		<p>Smoke alarms, sprinkler system and exit signs are in place in the building. The facility has a generator access supply agreement with a local supplier in the event of a power failure.</p> <p>There are call bells in the residents' rooms, communal bathrooms, and lounge/dining room areas. The call bell system is operational and connected. Sensor mats can be connected to the call bell. The system software can be monitored.</p> <p>All external doors outside the wing A are electronically locked. Wing A is secure with a mixture of electronic and keypad access and all keypads are functional. Electronic keypads have been installed on service areas, entrance and exit doors in wing B (link 4.1.2). Emergency exit signage is in place and all exits are clear in case of 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>	FA	<p>There is an organisational infection control plan and Antimicrobial Stewardship policy which aligns with the strategic document and approved by governance and links to a quality improvement programme.</p> <p>A registered nurse is the infection control coordinator at Millvale Napier. This infection control coordinator is supported by the DCNZ regional clinical manager and other members of the management team regarding infection prevention matters. This includes time, resources, and training. Infection control is part of meeting templates as evidenced in meeting minutes. Millvale Napier reports infection prevention incidents and issues to the directors monthly, via the clinical governance meeting report and urgent or significant issues are required to be reported to the directors immediately. Additional support and information is also accessible through the infection control team at Health New Zealand, the community laboratory, and the GP as required. The infection control coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. No changes are required with the reconfiguration of the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The service has a clearly defined and documented infection</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>control programme implemented that was developed with input from external infection control services. The infection control programme was approved by the directors and is linked to the quality improvement programme. The organisational infection control programme is reviewed annually. The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the standard and include appropriate referencing.</p> <p>The Outbreak Management plan, Outbreak Plan Covid 19, and the Pandemic Plan are in place is reviewed at regular intervals. Sufficient infection control resources including personal protective equipment (PPE) was viewed on site. The infection control coordinator has input into related clinical processes that impact on health care associated infection (HAI) risk through the organisational clinical governance group.</p> <p>Existing staff have all completed infection control training annually and new staff will receive education around infection control practices during the induction days prior to opening wing A. Ongoing training is provided through scheduled annual education sessions.</p> <p>The infection control coordinator consults with management of personal protective equipment (PPE) requirements and procurement of the required equipment, devices, and consumables through approved suppliers. A clinical advisor has been involved in the consultation process for proposed upgrades to Millvale Napier.</p> <p>There are documented procedures around reusable medical devices, shared equipment, and single-use items. The single use clinical items policy also guides staff around cleaning, disinfection shared equipment. Infection control audits are scheduled as part of the quality programme.</p> <p>Hand washing and sanitiser dispensers are readily available around the facility. The Māori health plan ensures staff will practice in a culturally safe manner and this is covered through the induction programme and education programme. The service has educational resources in te reo Māori. The infection control programme will continue to be implemented with the changes to wing A and the opening of wing B.</p>
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<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>	<p>FA</p>	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. The programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial stewardship programme is reviewed annually and has been approved by the clinical governance group and directors of DCNZ. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted.</p> <p>The GP has overall responsibility for antimicrobial prescribing according to policy. Monthly records of infections and prescribed treatment are documented and a summary provided to the clinical governance group. This practice is implemented across all DCNZ homes. Antimicrobial stewardship data is being collected across the organisation. The organisations antimicrobial stewardship committee meets quarterly, reviews this data, and provides a summary along with any relevant issues for consideration by the directors. The infection control coordinator and regional clinical managers review organisational antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects. There are no changes required to the AMS programme with the reconfiguration of the facility.</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>	<p>FA</p>	<p>The infection surveillance policy is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are to be implemented. Across the organisation, the healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Staff meeting minute templates include infection rates and audit outcomes as headings. Results are reported through management reporting to the directors. Surveillance of healthcare-associated infections includes gathering ethnicity data. This data is to be reported to staff, management and the clinical governance group.</p>

		<p>There is an outbreak management policy. The policy requires communication with family/whanau. There have been no outbreaks since the previous audit. The infection control coordinator was knowledgeable of outbreak processes and documentation requirements. The surveillance of infections will continue to be implemented with the reconfiguration of wings A and B.</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>There are documented processes for the management of waste and hazardous substances. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the sluice room. The sluice in the Wing A is secure and includes handwashing facilities and a sanitiser. The sluice in Wing B is awaiting installation of fixtures, hand washing facilities and a sanitiser (link 4.1.2). Monthly visits by the contracted chemical provider to review the effectiveness and management of chemicals used in the laundry, cleaning and kitchen services have been completed as scheduled both virtually and or on site. The previous partial attainment (5.5.1) has been addressed.</p> <p>PPE has been purchased which includes masks, gloves, goggles, and aprons. Home assistants are responsible for cleaning and laundry. Cleaning guidelines are provided. There is locked storage available in wing A where cleaning equipment and supplies is stored. Cleaning schedules are documented and completed as scheduled. The previous partial attainment has been addressed (5.5.3). The operations manager has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits completed three monthly as scheduled, any corrective actions identified are implemented and signed off once completed.</p> <p>The laundry is situated in wing A. There are defined clean and dirty areas. There are two commercial washing machines, one domestic washing machine and one commercial dryer. Laundry trolleys are in use; however, additional trolleys will be required for the reopening of wing A (link 4.1.2). There is adequate storage for clean linen. All home assistants receive training at induction prior to opening.</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 service is restraint-free and committed to maintaining this status. The governance body includes objectives around elimination of restraint. The service's restraint policy includes the definitions of restraint, which aligns with the HDSS:2021 standard. The policy covers elimination of restraint, evaluation, and restraint procedures (including emergency restraint). All staff receive education in restraint twice annually. The restraint coordinator is the acting clinical manager (registered nurse). There is a national Restraint Approval Group that meets six monthly. The policy includes least restrictive practices, de-escalation techniques, alternative interventions, and only uses an approved restraint as the last resort. Where restraint is used across the organisation, data will be collated, analysed, and reported along with the quality data which is reported to the directors.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There is a staffing policy that describes rostering requirements. There is an existing roster for the PG unit which will continue unchanged when residents transfer to wing B. Additional caregivers and home assistants will be required before wing A reopens as a dementia unit.</p> <p>The management team are in the process of interviewing for staff for the opening of the facility. There are currently six registered nurses (RNs) employed who meet the rosters requirements. Four RNs and the acting clinical manager is interRAI trained. There are seven caregivers currently employed. All existing staff will transfer with the residents to wing B. Additional caregivers, homecare assistants and activities staff are yet to be employed before the opening of the dementia wing A.</p>	The service plans to employ staff for wing A including caregivers, activities coordinator and home assistants.	<p>Ensure a full complement of staff are employed to safely cover the Wing A dementia opening roster.</p> <p>Prior to occupancy days</p>

<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>The facility has two wings off a centre reception area. This audit included verifying Wing B of 14 rooms which will be opened as a secure psychogeriatric unit. Wing B had been fully refurbished from a 15-bed wing to 14 beds with larger rooms. The refurbishment was almost complete including painting, installation of new heating and lighting, new vanities in each room, a new kitchenette and installation of an updated call bell system and electronic keypad security; however, not all aspects of the refurbishment have been fully completed. Hot water tests have yet to be completed. The secure garden outdoor area in wing B also includes access from the lounge and smaller seating area which includes seating. Hard landscaping (path and fencing) has been completed. Garden planting is yet to be completed. The eleven current residents in wing A will transfer there on 30 June 2025.</p>	<p>(i). The medication room is not yet full fitted, functional and secure, and the medication fridge is yet to be transferred to the medication room in wing B.</p> <p>(ii). The hand washing basin in the nurses station is yet to be installed in wing B.</p> <p>(iii). Electronic keypads have been installed; however, are yet to be functional.</p> <p>(iv). The sluice room in wing B is yet to be fully fitted and functional.</p> <p>(v). Hot water tests have yet to be completed in wing B.</p> <p>(vi). Equipment/furniture is yet to be transferred/ installed in wing B and additional laundry trollies will be required for wing A.</p> <p>(vi). The outdoor garden in wing B is not yet fully landscaped.</p> <p>(vii). Kitchen equipment has been purchased for the kitchenette in wing B; however, have not yet been installed.</p> <p>(viii). Flooring is not yet fully laid; this was in process during</p>	<p>(i)- (x). Ensure refurbishments are fully completed, all areas are fully fitted, functional and secure.</p> <p>(xi). Ensure a CPU certificate is obtained.</p> <p>Prior to occupancy days</p>

			<p>the audit.</p> <p>(ix). The refurbishment of wing A is yet to commence.</p> <p>(x). Additional furniture and equipment for wing A has been purchased; however, has not yet arrived.</p> <p>(xi). A CPU is yet to be obtained.</p>	
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>A fire drill will be held in Wing B prior to opening. Appropriate training, information, and equipment for responding to emergencies for Wing A is to be provided at induction and as part of the annual training programme. Staff training in emergency management and a fire drill is to be completed for all staff commencing at the induction prior to opening.</p>	<p>(i). Ensure a fire drill is held in Wing B prior to opening.</p> <p>(ii). Specific fire evacuation training/drill is yet to be completed for new staff who will work in Wing A dementia unit.</p>	<p>(i-ii). Ensure specific fire drill and emergency management training is completed for staff working in Wing A and Wing B is completed prior to opening</p> <p>Prior to occupancy days</p>

## 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.