

The Wellington City Mission (Anglican) Trust Board - Kemp Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	The Wellington City Mission (Anglican) Trust Board
Premises audited:	Kemp Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 May 2025 End date: 21 May 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	53

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Kemp Home and Hospital provides hospital (geriatric and medical), and rest home care for up to 61 residents. At the time of the audit there were 53 residents.

This certification audit was conducted against Nga Paerewa, Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family/whānau, management, staff and a general practitioner.

The nurse manager is appropriately qualified and experienced and is supported by a clinical manager, and a team of experienced staff. There are quality systems and processes being implemented. Feedback from family/whānau interviewed was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified shortfalls related to care planning.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

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

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents, their representatives, and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of individuals to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The nurse manager and registered nurses efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. The medication charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mixture of shared ensuite and communal resident, visitors, and staff toilets throughout the facility. Resident rooms are personalised.

Documented systems are in place for essential emergency services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff with the main doors on restricted entry after hours.

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

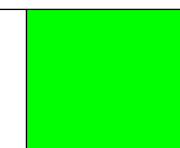
Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and the ongoing in-service education programme.

Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks reported since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by two restraint coordinators one is an enrolled nurse and one a registered nurse. The facility has no residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation.

Summary of attainment

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

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	26	0	1	0	0	0
Criteria	0	168	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service which acknowledges Te Tiriti O Waitangi as the founding document for New Zealand. At the time of the audit there were residents who identified as Māori. Kemp Home and Hospital is committed to respecting self-determination, cultural values and beliefs of Māori residents and whānau. There are clear processes to include tikanga in everyday practice and training for staff, as observed on the days of the audit.</p> <p>As part of staff training, Kemp Home and Hospital incorporates the Māori health strategy (He Korowai Oranga), Te Whare Tapa Wha Māori Model of Health and Wellbeing. They also discuss the importance of the Te Tiriti O Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through mandatory training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>The management team collaborates with mana whenua (Ngāti Toa, Te Ātiawa) with a memorandum of understanding in place. Cultural Resources are available for staff, and a cultural advisor works alongside the service and has input into policies to ensure that they reflect te ao Māori values and practices and deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural needs of Māori. Kemp</p>

		<p>Home and Hospital involves Māori staff, residents, whānau and local Māori healthcare providers, in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed stated that they are supported with cultural resources and staff are encouraged to use both te reo Māori and relevant tikanga in their work with the residents as detailed in the Māori health plan and tikanga guidelines.</p> <p>The service has signage throughout in te reo Māori. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori, sign language and English with pamphlets available.</p> <p>Interviews with 18 staff (five caregivers, eight registered nurses [including one infection control coordinator], one enrolled nurse, one cleaner, one laundry, one cook and one diversional therapist), and three managers (Director Residential Services, nurse manager [also restraint coordinator], clinical manager) and documentation reviewed described how care is based on the resident's individual values, beliefs, and preferences.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Kemp Home and Hospital recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and the Fonofale model.</p> <p>On the day of audit there were Pasifika residents living at Kemp Home and Hospital. Ethnicity information and Pacific peoples' cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the</p>

		<p>resident and family/whānau when developing the initial care plan. Individual cultural beliefs are documented in the activities profile; activities plan and care plan.</p> <p>The service hires new employees when there are open positions. The nurse manager confirmed the service would encourage and support any potential staff member that identifies as Pasifika beginning at the employment process. At the time of the audit there were staff who identified as Pasifika. Staff interviewed confirmed in interview that all cultures are respected at Kemp Home and Hospital .</p> <p>Interviews with staff members, management, three family/whānau (two hospital and one rest home), eight residents (two hospital, six rest home), and one resident advocate (kaumatua), identified that the service acknowledges and accommodates cultural preferences and individualised needs. The service can consult with Pacific Island staff to access community links and continue to provide equitable employment opportunities for the Pasifika community. They have a relationship with Pasifika religious groups and churches who visit the residents at least weekly for church service and pastoral care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The nurse manager or clinical manager discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents’ rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in the policy with regular church services held in the facility’s chapel.</p>

		<p>These are well attended as verbalised by residents.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme (last completed in March 2025) which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana Motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management, and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents in their choices. Family/whānau interviewed stated their loved ones had choice and examples were provided.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated every first Friday of the month.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during new employees' induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for Māori residents is prioritised. Staff and management interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually (records sighted) as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. Residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the services offered is provided to residents and family/whānau on admission. Resident and family/whānau meetings identify feedback and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff on their responsibility to notify family/whānau /next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau.</p>

		<p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit all the residents could speak and understand English. Staff and management interviewed could describe how they would assist residents that do not speak English with interpreters and resources to communicate as needed.</p> <p>Non-subsidised resident's family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. They are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services (e.g., physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice, and dietitian). The delivery of care includes a multidisciplinary team, and residents, family/whānau provide consent and are communicated with regarding services involved. The nurse manager gave examples of open communication with family/whānau, including the time and support around discussions and decision making.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Eight hard copy resident files were reviewed and written general consents sighted and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical</p>

		<p>certificate for incapacity was on file.</p> <p>A policy that guides informed consent is in place, which includes the guidance on advance directives. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect resident's lives. Training has been provided to staff in relation to the Code.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori Health Plan is available to guide on cultural responsiveness to Māori perspective of health.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided on entry to the service. The service maintains a record of all complaints, both verbal and written on a complaint register. There have been eight complaints received since the previous audit in May 2023: zero in 2025 year to date, five in 2024 and three in 2023. The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Robust quality improvements were implemented in relation to the corrective actions required, to minimise the risk of similar concerns recurring. There were no trends or patterns identified.</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the quality assurance meetings. Complaints are a standard agenda item in all quality assurance meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at all the entrances to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including resident and family/whānau meetings. Residents and family/whānau making a complaint can involve</p>

		<p>an independent support person in the process if they choose. On interview residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions and whānau involvement for some Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Kemp Home and Hospital is part of the Wellington City Mission, a faith based not-for-profit organisation. The service provides rest home and hospital level of care for up to 61 residents. There are 21 rest home beds (including five dual-purpose beds) and two hospital wings with 40 beds. There are no double/shared rooms. On the day of the audit, there were 53 residents: 16 rest home level care and 37 hospital level care including four younger person with a disability (YPD) and five residents on long-term support chronic health contract (LTS-CHC). The remaining residents were under the age-related residential care (ARRC) agreement.</p> <p>The nurse manager is responsible for the day to day running of the facility. The nurse manager is a registered nurse with experience in aged care management and has been in the role over 20 years. They report to the Director of Residential Services, who reports to Wellington City Missioner (CEO) and the Trust board. The Wellington City Missioner visits the facility at least monthly. The nurse manager is supported by a clinical manager, appointed to the role in October 2024 but has been with Kemp Home and Hospital for over 20 years and in senior clinical roles. In the temporary absence of the nurse manager the clinical manager performs the manager's role supported by the Director of Residential Services. The management team is supported by a team of experienced registered nurses, caregivers and service staff.</p> <p>The governance body of Kemp Home and Hospital is led by Wellington City Mission (Anglican) Trust Board, a charitable trust registered with the Charities Commission, and has nine Board of Trustees. The Board members have a wealth of experience and backgrounds relevant to the mission and core business of the organisation including (but not limited</p>

	<p>to) government roles, community services, legal, finance, aged care, governance, Bishop with the Anglican church and Māori kaumatua. The Director of Residential Services has oversight of clinical governance and provides guidance to the Board regarding clinical governance that is appropriate to the size and complexity of the organisation. They provide a report on key clinical risk areas every two months or as needed based on risk to the Board Chair.</p> <p>There are strong connections with mana whenua, Ngāti Toa, Te Ātiawa, with a memorandum of understanding in place. Wellington City Mission has cultural resources and a cultural advisor who is consulted, informs and works collaboratively with Kemp Home and Hospital to co-design services that reflect te ao Māori values and practices. The service actively involve whānau of residents to ensure services meet the needs of residents evidenced through involvement in business planning, service development and input into organisational operational policies.</p> <p>Wellington City Mission collaborates with the community on business planning and service development through resident and staff feedback, kaumatua committees and open communication with service users. Kemp Home and Hospital works closely with Health New Zealand to ensure service provision meets the needs of the local community. A business plan and a quality and risk management plan are in place. The business plan identifies structure, purpose, values, scope, direction, performance and goals of the service. The key business goals include (but not limited to) those related to enhancing resident well-being, quality assurance implementation, training and professional development, expanding organisational cultural capability, benchmarking, and appropriate staffing. These have been reviewed and evaluated regularly as sighted.</p> <p>Interview with the Director of Residential Services confirms that the governance body remains informed about all business activities within Kemp Home and Hospital through two monthly reports provided by the management team with an overview of adverse events, health and safety, staffing, infection control, restraint and all aspects of the quality and risk assurance. These reports and additional information are discussed at the Trust Board meetings which the Director Residential Services attends. Quality improvements are identified where needed.</p> <p>The governance body takes a proactive approach to addressing</p>
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		<p>inequities by ensuring inclusive policies, community engagement, resource allocation, monitoring and evaluation as well as cultural sensitivity and competency training. There is a leadership commitment to collaborate with Māori and tāngata whaikaha when required, which aligns with the Ministry of Health strategies which addresses barriers to equitable service delivery and ensures collaboration with Māori organisations to co-design services that reflect Te Ao Māori values and practices. The overall goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural needs of the residents that they serve, in order to identify and address barriers to equitable service delivery. Management reports on any barriers to the Trust Board to ensure these can be addressed. Members of the Trust Board and management team have completed cultural competency training which encompasses principles of Te Tiriti, Māori and Pacific Health and cultural safety.</p> <p>The management team have completed more than eight hours of training related to managing an aged care facility, including cultural training, business courses, privacy training and ARRC forums. Mentoring and clinical supervision for the managers is provided by the Director of Residential Services.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Kemp Home and Hospital has established quality and risk management programmes. These systems include performance monitoring through internal audits, the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and new policies or changes to policy are communicated to staff.</p> <p>Two monthly quality assurance meetings and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints</p>

	<p>received (if any), restraints, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff. Corrective actions are discussed at quality assurance meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The 2024 resident and relative satisfaction survey showed a high level of satisfaction in all areas. Minimal corrective actions were completed related to comments documented. Results have been communicated to residents during the resident meeting and staff during meetings. The service has formed a kaumatua committee based on some of the comments from the satisfaction survey.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is part of all quality assurance meetings. The health and safety officers (interviewed) have completed formal health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register (last reviewed April 2025) were sighted. Health and safety policies are implemented and monitored by the health and safety committee and management team. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being programmes include offering one to one assistance, family/whānau support, cultural days, shared kai at meetings and use of Wellington City Mission services (including counselling as required).</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. Hard copy reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Opportunities to minimise future risks are identified by the registered nurses, nurse manager, and clinical manager who review every adverse event.</p>
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		<p>Discussions with the nurse manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) completed since last audit. These relate to change in clinical manager, police investigation, pressure injury and fall with fracture. There have been two outbreaks appropriately documented and reported since last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day seven days a week. The facility adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced caregivers, there was 24/7 registered nurse cover and support of the management team. There are dedicated activities, maintenance, laundry and cleaning staff supporting service delivery.</p> <p>The nurse manager interviewed confirmed staff needs and shortages are reported to the Trust Board as indicated. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The nurse manager, and clinical manager are available Monday to Friday. On-call cover out of hours is provided on rotation by the nurse manager and clinical manager.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training that is provided as part of orientation and provided annually to all staff (last completed July 2024). Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies and questionnaires for restraint, handwashing, cultural safety and moving and handling. A record of completion is maintained.</p> <p>Staff are encouraged to participate in learning opportunities that provide</p>

		<p>them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning about and address inequities. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently thirteen of thirty staff are at level three or above.</p> <p>Registered nurses complete competencies, including restraint, medication management, syringe driver and interRAI assessment competencies. Of the twelve registered nurses and two enrolled nurses, three registered nurses are interRAI trained. All registered nurses are encouraged to attend in-service training that includes critical thinking and problem solving, infection prevention and control training (including pandemic and outbreak management) and management of complex medical conditions. External training opportunities for care staff are available which include training through Health New Zealand and Hospice. A record of completion is maintained in the staff files.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Kemp Home and Hospital environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (e.g., restraint coordinator, infection control coordinator).</p>

		<p>A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, general practitioner, dietitian, pharmacist, physiotherapist and podiatrist. All staff who had been employed for more than 12 months have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All staff files had completed orientation records. Competencies are completed at orientation and annually. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment to Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use), and electronically. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p>	FA	<p>There are policies documented to guide management around entry and</p>

<p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed entry to service complied with entry criteria. Eight admission agreements reviewed align with service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The nurse manager is available to answer any questions regarding the admission process.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The provider verified that there are established links in place with local Māori who can provide residents and family/whānau support to navigate the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	<p>PA Low</p>	<p>Eight files were reviewed for this audit: four hospital residents including one younger person, one end-of life, and one resident under an LTS-CHC contract; and four rest home residents. There are three registered nurses who are responsible for conducting all interRAI assessments and for the development of long-term care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the family/whānau contact records and the progress notes.</p>

<p>whānau to support wellbeing.</p>	<p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>Prior to admission the service visits new residents and commences a basic assessment and initial plan of care. An initial care plan is completed within the required timeframes; however, these are not always sufficiently detailed to meet resident needs. Files reviewed had interRAI assessments and long-term care plans were noted to have been completed within timeframes required. The long-term care plan includes interventions to guide care delivery and were reflective of assessed needs in seven files reviewed. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed and updated as resident care needs changed which met the required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for wounds, chest infections, and pain, were well utilised; however, there are instances where the short-term care required evaluation and closure. Interventions were transferred to the long-term care plan in a timely manner.</p> <p>A general practitioner from a local practice ensured residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own general practitioner if they choose to. While not contracted for on-call the general practitioner informed during interview they respond to calls afterhours. Afterhours is alternated between the nurse manager and clinical manager. The general practitioner expressed satisfaction with the standard of care and quality of nursing proficiency at Kemp Home and Hospital . The general practitioner was complimentary of the clinical assessment skills as well as quality of referrals received from the registered nurses. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist that visits when required. A podiatrist visits six weekly or more frequently if required and a dietitian, speech language therapist, occupational health therapist, hospice specialists and wound care</p>
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		<p>specialist nurse are available as required.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. Handover was observed during the audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and registered nurses. The registered nurses further add to the progress notes if there are any incidents, general practitioner visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were four wounds (on the day of audit) including one unstageable pressure injury. Two wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations including photographs to show healing progression where required. The registered nurses reported the wound care specialist has input into chronic wounds. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning.</p> <p>Resident incidents/accidents are reported on the relevant form. Initial observations are seen to be completed following incidents such as falls; however, neurological observations are not completed for all unwitnessed falls according to policy.</p>
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<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>There is one diversional therapist supported by caregivers to offer an activities programme six days per week. The diversional therapist has a current first aid certificate. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The activities programme is printed and delivered to individual residents and placed in different areas of the facility. An example of these is included in information packs given to new residents and family/whānau on admission. The activity programme facilitates opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures; hand massage and reading are offered. There are lounges where residents and family/whānau can watch television and access newspapers, games, puzzles, and specific resources. Active participation in the activities by residents was observed during the audit.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. An activities plan (and cultural plan if required) is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; board games; hand pampering; housie, and happy hour. While Kemp Home and Hospital do not have a van, a local provider has a van that is available for regular resident outings. Recently residents have visited Te Papa and the car museum. There are regular entertainers visiting the facility, and interdenominational services offered.</p> <p>There are kaumatua committee meetings (resident meetings) which are facilitated by a resident (kaumatua). Residents confirmed they find these meetings useful to have an opportunity to provide feedback. Residents can provide an opportunity to provide feedback on activities at the</p>
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		meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.
<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>	FA	<p>Medication management is available for safe medicine management that meet legislative requirements. Staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. Kemp Home and Hospital uses robotic rolls for regular use and PRN. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely. Medication trolleys were always locked when not in use. The medication fridge temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. Any over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the medication chart.</p> <p>Sixteen medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has a photographic identification and allergy status identified. There was one resident self-administering medications on the days of audit. Evidence was provided of adherence to the organisation policy and procedure for safe management and general practitioner review and sign off for competency. As required medications are administered as prescribed, with effectiveness documented on the medication signing sheets. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site. Standing orders are in use and follow best practice.</p> <p>Residents and family/whānau are updated around medication changes,</p>

		<p>including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and clinical manager described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>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 kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring in August 2025. Dry ingredients were decanted into containers for ease of access with all dry goods evidencing a decanting and or expiry date. The menu has been reviewed by a dietitian (October 2024). The lead cook is supported by one cook and four kitchen assistants. All kitchen staff have completed safe food handling.</p> <p>There is a food services manual available in the kitchen. The kitchen receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook has access to the nutrition aspects of the resident information. Resident’s dietary profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with choices of meals each meal plus access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The kitchen team are assigned daily tasks which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to the hospital dining room in hot boxes.</p>

		<p>Residents are supported to have their meals delivered to their rooms if they wish. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents dining experience and environment were observed to be pleasurable, and the resident's dignity was maintained. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the kaumatua committee meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, whānau/ EPOA, and the general practitioner. An escort is provided for transfers if required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the general practitioner and registered nurses. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer or discharge, as confirmed by documentation and interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe</p>	FA	<p>The service is inclusive of people's culture and supports cultural practices. The building holds a current warrant of fitness, which expires</p>

<p>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>5 October 2025. One full time maintenance person addresses day to day repairs and completes or facilitates the completion of planned maintenance. There is a maintenance request system implemented for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in April 2025). Records sighted of calibration of medical equipment evidenced this has occurred as scheduled. Resident equipment, call bell and hot water checks occur regularly. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available 24 hours a day.</p> <p>The facility is on one level. There is a mixture of shared ensuites and communal toilet/showers closely located to the standard rooms. Communal toilet facilities have a system that indicates if it is engaged or vacant. Additional toilets are provided for residents, visitors, and staff throughout the facility.</p> <p>The gardens have been maintained to a high standard and seating and shade are provided.</p> <p>Group activities occur in the main lounges and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. The facility is maintained at an acceptable temperature. All residents interviewed stated they were happy with the temperature of the facility. The facility has adequate natural light in the bedrooms and communal areas. Staff interviewed confirmed they have all the equipment required to safely provide the care documented in the care plans.</p> <p>The nurse manager reported that should there be planned development for the building, they are aware that consultation would occur with Māori and iwi if significant changes are considered for the facility.</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</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. This is also included</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>within the annual staff education programme. Staff, and visitors are informed of the correct action to take during commencement of employment or via the admission process for their relative. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 24 February 2004. Fire evacuation drills are held six-monthly and was last completed on 28 November 2024.</p> <p>Civil defence supplies are stored in identified cupboards and are checked monthly. In the event of a power outage the provider has gas barbeques available. Kemp Home and Hospital has a large generator on site. In the event of a civil defence emergency sufficient lighting is provided, call bells and all services remain functional. There are supplies of bottled water sufficient to provide residents and staff with three litres per person per day. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells were evident in resident's rooms, lounge areas, and toilets/bathrooms to alert care staff. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured with after-hours doorbell access, which is activated by staff on duty.</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>Two registered nurses oversee infection control and prevention across the service, with support from the nurse manager. The job descriptions outline the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality, risk, and incident reporting system. The infection control programme is subject to annual review (last completed January 2025) by the management team, and infection control audits are conducted. Infection rates are presented and discussed at staff and quality assurance meetings. Infection control data is also benchmarked internally to identify trends and opportunities for improvements. Infection</p>

		<p>control is part of the strategic and quality plans.</p> <p>Any significant events are managed using a collaborative approach and involve the Director of Residential Services (clinical governance), the general practitioner, and the public health team. There is a documented pathway for reporting infection control and AMS issues to the Trust Board, significant issues including the two outbreaks have been escalated to clinical governance.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand. There are hand sanitisers strategically placed around the facility. Residents, and staff are offered relevant vaccinations. Visitors are asked not to visit if they are unwell.</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>The service has a pandemic response plan which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator's job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS) including reporting lines to management and the Trust Board. The infection control coordinators, registered nurses, have both completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the general practitioner, laboratory, and Health New Zealand infection control nurse specialist should this be required. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual was developed by an external consultant, well known and respected in the industry. The infection control manual outlines a comprehensive range of policies, standards and guidelines, including defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are approved by management and the governing body. These are reviewed annually by the management team and all policies are available to staff.</p>

		<p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>The infection control policy states the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education during outbreaks and staff were informed of any changes by noticeboards, handovers, and during meetings. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Posters regarding good infection control practises were displayed in English, and te reo Māori .</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinators have input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the nurse manager. The management team and the Trust Board would liaise with the local iwi contacts should the design of any new building or significant change be proposed to the existing facility.</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>The service has anti-microbial use policy and procedures that guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial programme was approved by management and the Trust Board of Kemp Home and Hospital. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted.</p>

		<p>The general practitioner has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. However, when clinically indicated, this is monitored at least three monthly by the general practitioner. Antimicrobial stewardship is monitored and discussed at the two-monthly quality assurance meeting and bi-monthly Trust board meeting (which includes clinical governance).</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>Infection surveillance is an integral part of the infection control programme and is described in the Kemp Home and Hospital infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends.</p> <p>Infection control surveillance is discussed at staff and quality assurance meetings. The service incorporates ethnicity data into surveillance methods. Internal benchmarking is completed by the infection control coordinators and reflect low infection rates. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns.</p> <p>There have been two Covid-19 related outbreaks (April and December 2024) since the last audit. The facility followed their pandemic and outbreak plan. There were clear communication pathways with responsibilities and include outbreak meetings and communication with all relevant parties. Staff wore personal protective equipment, and family/whānau were kept informed by phone or email. Visiting was restricted during the outbreaks.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in</p>

<p>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>locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are three sluice rooms across the facility and personal protective equipment, including face visors. At the time of the audit, staff were using chemical disinfection to sanitise commonly used equipment such as commode bowls and urine bottles. Staff have completed chemical safety training (March 2025). A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. There is a shoot that sends dirty linen bags to the laundry in the basement and a lift that takes up clean laundry to be distributed to the resident rooms and linen cupboards. Kitchen linen and mop heads are also done on-site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have been consistently maintained for daily and periodic cleaning (records sighted on the day). All chemicals on the cleaner's trollies were labelled. Appropriate personal protective clothing was readily available. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly by the contracted provider.</p> <p>The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. The infection control coordinators have oversight of Kemp Home and Hospital testing and monitoring programme for the built environment through scheduled internal audits that include those related to cleaning, laundry, and the environment.</p> <p>The infection control coordinators provides support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
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		There was no construction, installation, or maintenance in progress at the time of the audit.
<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>	FA	<p>Kemp Home and Hospital Staff and Trust Board are committed to providing services to residents without use of restraint. The restraint policy confirms restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>Kemp Home and Hospital has two designated restraint coordinators; one is an enrolled nurse and the second is the nurse manager (registered nurse). A job description which defines the responsibilities of the role is in place. Restraint is discussed at regular staff meetings. This meeting reviews policy and procedure, and staff training.</p> <p>Should there be any residents using restraints, the reporting process to governance would include data gathered and analysed that supports the ongoing safety of residents and staff.</p> <p>The restraint coordinators were interviewed and described the focus on minimising restraint wherever possible and maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme; this includes cultural considerations and de-escalation techniques.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives</p>	PA Low	<p>Kemp Home and Hospital commence a basic assessment and initial plan of care either at pre-admission, or on admission. The initial care plan had been completed within required timeframes in the files reviewed. Long-term care plans are comprehensive and include detailed interventions to support resident care. Short-term plans are well used to manage acute health issues. The short-term care plans reviewed included detailed interventions appropriate to resident need. Incidents are well reported with observations completed following the incident. The facility completed neurological observations following unwitnessed falls.</p> <p>The provider was responsive to the audit</p>	<p>(i). One rest home resident’s initial plan of care recorded they can become agitated with no interventions recorded to manage the agitation; and one rest home resident’s initial plan of care was completed pre-admission with no evidence of post-admission updates detailing indwelling catheter management.</p> <p>(ii). One insulin dependent diabetic (rest home) long-term interventions for hyperglycaemia included administering prn insulin as per sliding scale. There is no prn insulin charted, nor is the resident on a sliding scale.</p> <p>(iii). One rest home resident had two</p>	<p>(i)-(ii). Ensure initial plans of care are sufficiently detailed to support care, and long-term interventions reflect need.</p> <p>(iii). Ensure short term care plans are evaluated and closed out.</p> <p>(iv). Ensure neurological observations are completed for unwitnessed falls as per policy.</p>

<p>services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>findings and have developed a more comprehensive initial plan of care (sighted) planned for implementation in the next four weeks; and immediate strategies to address the below. There is no indication that the findings impacted on care of the residents.</p>	<p>active short-term care plans for a chesty cough (similar interventions), the first dated 25 April 2025, the second 6 May 2025. The April plan had not been evaluated and/or closed.</p> <p>(iv). Three of five unwitnessed falls did not have neurological observations completed as per policy.</p>	<p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.