

Kaylex Care (Waipukurau) Limited - Mt Herbert House

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Kaylex Care (Waipukurau) Limited
Premises audited:	Mt Herbert House and Forget-Me-Not-Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 18 September 2025 End date: 18 September 2025
Proposed changes to current services (if any):	Addition of a secure 20-bed dementia care village with five four bed self-contained houses and a leisure hub adjacent to the existing facility.
Total beds occupied across all premises included in the audit on the first day of the audit:	33

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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Kaylex Care (Waipukurau) Limited operates Mount Herbert House, a 42-bed facility offering rest home and hospital levels of care. This partial provisional audit was undertaken to add up to 20 secure dementia beds and known as Forget-Me-Not village. A cluster of chalets in the refurbished village-like environment is on the adjacent property. There are six houses within the space allocated to the village. Five of these are four-bedroom houses, to house four residents in each, with staff oversight. Each house has a kitchen, bathroom, and lounge area, and individual bedrooms. The sixth house has been developed as a leisure centre with a communal lounge and kitchen, small conservatory, a café, shop, a space for hairdressing and clinic visits, and a laundry area.

This partial provisional audit process was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 to confirm the level of preparedness of the organisation to offer dementia care services. This is in addition to the certification and contracts it currently holds with Health New Zealand – Te Whatu Ora (Te Whatu Ora). The audit included inspection of the environment, review of relevant policies and procedures, staffing arrangements, and interviews with staff, management, and a governance representative. A representative of a new general practice to be contracted to provide medical

cover to the whole facility from November 2025 was unavailable for interview on the day of audit. Follow up of findings in relation to Pathways to Wellness from the certification audit in January 2025 was undertaken.

The existing organisational structure will remain in place and will support the new service. An experienced registered nurse has been appointed to provide oversight to the village and will be supported by a team of care companions, some of whom are yet to be recruited and trained in the new model of care.

Improvements identified during the audit related to the Fire and Emergency New Zealand (FENZ) requirement to undertake a trial evacuation, completion and testing of the call bell system, staff recruitment, orientation and training, a food control plan, and a restraint elimination policy encompassing dementia care. Previous corrective actions in relation to pathways to wellbeing for care planning and good practice medication management have been adequately addressed. Completion of planned reviews for residents remains work in progress.

Ō tātou motika | Our rights

Not audited.

Hunga mahi me te hanganga | Workforce and structure

Kaylex Care (Waipukurau) Limited is the governing body for the complex. The organisation is committed to delivering quality services for its residents, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pacific peoples, and tāngata whaikaha. The two directors have governance experience, having overseen the service for many years. Education in cultural awareness, Te Tiriti o Waitangi and health equity has been completed by one of the directors. There are no changes to the organisational structure expected with the addition of the dementia care village. Existing organisational systems, structures and processes including reporting will be replicated for the village.

Staffing levels and skill mix have been specifically considered over the past year during recruitment planning and workforce planning for the new service. Rostering requirements, including those being redeployed from the main facility, are in place. Advertising of vacancies for the new roster is underway using current good employment practice. Appointment, induction and orientation are planned, with dates booked for late October 2025. A comprehensive schedule has been developed to familiarise staff with the new environment and model of care as part of the transition plan. Specific orientation has been included for both the care companions and non-clinical staff.

Ngā huarahi ki te oranga | Pathways to wellbeing

Processes to support residents to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life are outlined in the proposed activity programme. The focus is on quality of life and meaningful activities and pursuits relevant to supporting function and cognitive abilities. The model of care is supportive of residents' preferences and interests and will be resident led around normal activities of daily living, including staff support to complete self-care, household tasks, cooking, gardening, and community interests and activities. Flexibility, safety, sensory experiences, supporting cognitive functioning, and acknowledgement of the background of residents in a farming community have been developed and will be overseen by an occupational therapist.

Medicines systems will utilise an electronic system as for the main rest home and hospital facility. Resident medications will be kept secure in each chalet using the robotic packaging system. Staff training in these systems is planned.

Food will be prepared and cooked separately in the leisure hub, with residents actively participating as they desire, supported by their care companions. Each chalet has its own fully equipped kitchen for snack preparation and breakfast preparation according to resident preferences. The facility menu will be modified for the new care environment. Dietician input has been sought, with some recommendations made in relation to boosting nutritional intake, increased weight monitoring, and food charts maintained for the first three months as the care model is embedded. Special cultural needs, any specific dietary needs, and celebrations can be catered for.

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

The new village has five individual chalets, each with four bedrooms, an accessible bathroom, kitchen, and lounge area. A larger 'leisure hub' has been designed to meet the needs of residents with dementia, to enjoy a shared space and meals as they desire. One chalet has a cultural element and is fitted out with input from local cultural advisors. A Certificate of Public Use has been issued by Central Hawke's Bay District Council. Essential electrical and biomedical equipment has been purchased and installed. Internal and external areas are accessible and safe, designed to support people living with dementia, with easy unobstructed access around the site. Suitable fencing and digital lock entry and exits are in place. External areas have shade, seating, and BBQ provided. The development meets the needs of tāngata whaikaha, including ramp access, rails and furniture.

Existing staff who will transition to work in the new village are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Newly appointed staff have a planned induction training programme scheduled which includes responses to emergencies. Emergency supplies were adequate for the extended resident and staff numbers. A resident call system has been installed and is awaiting functional testing. Alternative energy and utility sources are available in the event of emergencies.

Fire and Emergency New Zealand (FENZ) has approved the fire evacuation plan and is now awaiting completion of the trial evacuation before final sign-off. The trial fire evacuation is scheduled for all staff onboarding. First aid training is scheduled for day three of the orientation and is delivered on site by a contracted provider.

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

A planned infection prevention (IP) and antimicrobial stewardship (AMS) programme is in place led by an experienced and trained infection prevention coordinator. The programme is appropriate to the size and complexity of the service and will incorporate the additional beds in Forget-Me-Not Village using the same systems and processes.

The infection coordinator has been closely involved with the imminent facility changes and oversees procurement processes.

Existing staff have been trained in the principles and practice around infection prevention. Training in the suite of organisational infection prevention policies is included in the planned training programme.

The service promotes responsible prescribing of antimicrobials in association with prescribers. Infection surveillance is undertaken, recorded and reported in an electronic system, with follow-up actions taken as required as part of the wider facility programme.

The environment supports both preventing infections and mitigating their transmission. Arrangements are in place for care companions to support residents with their own laundry and cleaning. Existing systems for waste and hazardous substances will continue as at present.

Here taratahi | Restraint and seclusion

The service aims for a restraint-free environment, and this is supported by the service's policies and procedures. The education programme includes training in the least restrictive practices, de-escalation techniques, and alternative interventions to restraint. The registered nurse manages any restraint process and promotes least restrictive practice, de-escalation, and alternative interventions to restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	9	0	6	0	0	0
Criteria	0	86	0	7	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The Kaylex Care (Waipukurau) Limited (Kaylex Care) directors are accountable for delivering a high-quality service. They have sought to develop services which address the needs of the local community, most recently through the refurbishment of cottages on the adjacent site, known as Forget-Me-Not Village, to meet the support needs of people living with dementia. Two longstanding directors and the facility manager (FM) of Mt Herbert honour Te Tiriti o Waitangi, and are focused on improving outcomes for all residents, including those who are Māori, Pacific peoples, or tāngata whaikaha. These existing roles will provide oversight of the new village. One of the two directors of Kaylex Care has completed education on Te Tiriti o Waitangi, health equity, and cultural safety to support equitable oversight of the delivery of care. The leadership structure at Mt Herbert is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person (the FM) managing the service. The FM, who is a registered nurse (RN), confirmed knowledge of the sector, including regulatory and reporting requirements. The registered nurse previously fulfilling the role of clinical manager for the hospital and rest home is employed to develop the new dementia service. The new clinical manager has been advised via Section 31. The registered nurse also leads health and safety and infection prevention for the whole facility –</p>

		<p>this will continue meanwhile.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori, Pacific peoples, and tāngata whaikaha was evident in plans and monitoring documentation reviewed. Ethnicity data is being collected to support equity. Residents’ cultural needs are addressed, including for Māori and Pacific people and tāngata whaikaha accessing the service. The organisation maintains positive relationships with the local maraes, who have been supportive and instructive of the cultural chalet initiative. Equity is also supported through offering choices to existing residents – this will be further enhanced with the model of care used in the Forget-Me-Not Village.</p> <p>The service has commitment to the quality management system, which will incorporate the new village within the organisational systems. The organisation maintains positive relationships with two local marae and engages with Kaitakawaenga from Health New Zealand – Te Whatu Ora on a regular basis and actively works to reduce barriers to accessing the service.</p> <p>There is an organisational and clinical governance structure in place, with reporting to the leadership group, with trends and analysis for adverse events including any medication errors, complaints, infections, antimicrobial use and restraint use. There is good evidence of investigation, for example, a recent Health and Disability complaint according to the internal policy. Requested information has been provided. The director interviewed reported that they felt well informed through monitoring of performance and risks. Data collected is managed within an electronic system, with various reports able to be generated to monitor performance. A system of internal audits and resident and whānau surveys is also used to identify and support improvement opportunities. These systems will include the dementia service going forward.</p> <p>The service holds contracts with Te Whatu Ora for age-related rest home and hospital care services, long term support-chronic health conditions (LTS-CHC), and short-term care (respite and day care). The service also holds a contract with the Accident Compensation</p>
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		<p>Corporation (ACC) to provide support services. This partial provisional audit establishes the organisation's readiness to add dementia care to its certificate. The service proposes to open the dementia service (subject to completion of compliance requirements) at the beginning of November 2025. There is a growing waitlist for the new service.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented process for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) in the village. The draft roster is initially based on 3:2:2 staffing on a four on/four off basis, plus a registered nurse, although it is recognised that this will need to increase based on individual resident needs. There is provision for additional staffing hours, and short shifts proposed as resident numbers grow. An existing small pool of casual staff will be available to provide short notice cover at both Mt Herbert House and Forget-Me-Not Village. There is adequate registered nurse cover in the dementia village, with hours flexible to help support the care companion team. Both the care companions and registered nurses will have completed the recognised first aid certificate by the opening date.</p> <p>The service is expanding its electronic care planning system into the village. Staff will not be based in a 'nurses' station' but rather will work as a team across the chalets and leisure hub to provide support to residents in the chalets. At times, this will mean that the house is unattended; however, the call system identifies when people are out of their room, such as at night. Consideration is being given to other monitoring methods such as closed-circuit television (CCTV) in the communal areas when staff are not in direct attendance. Careful resident assessment will support residents to live in the chalets best suited to their needs.</p> <p>The organisation has a thorough employment process. It includes an application process, a position description defining the skills, qualifications and attributes for each role, interviews, referee checks, and police vetting.</p> <p>Following the formal induction and orientation process, staff will engage in the continuing education programme planned on an annual basis</p>

		<p>including the established mandatory training requirements, including topics such as rights, consent and equity. The service is well supported by external specialist services, who contribute to the education programme on relevant topics. Relevant competencies are assessed, such as hand hygiene and medication administration. The resident-led model of care supports equitable service delivery and is aimed at maximising participation by people and their whānau using the service. Some dementia staff training can be accessed in the electronic patient management system; however, at least five staff transitioning from the main facility already hold the required National Qualification Authority unit standards required by the contract. Newly appointed staff will be signed up to undertake this training once their orientation is fully completed. The registered nurse is completing workplace assessor training.</p> <p>Systems to support staff are in place and will be available to those working in Forget-Me-Not Village. There are existing organisational policies and procedures in place around wellness, bullying and harassment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Established human resources management policies and processes are based on good employment practice and relevant legislation. Staff recruitment is underway; however, personnel records were not yet available for review. A sample of five staff records for existing staff transferring to Forget-Me-Not Village included completion of the required limited credit programme (LCP) unit standards for dementia care workers. Professional qualifications for health care professionals had been validated during recruitment and then checked and documented annually. Police vetting and reference checking is standard practice. Job descriptions describe the skills and knowledge required for each role and include the outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>The planned orientation is specific to the dementia care village. It encompasses the vision for the village, the Code of Rights, the new model of care using care companions, clinical competencies (medication, hand hygiene, abuse and neglect, food handling, chemicals, continence management, and infection control), activities</p>

		<p>programme, cultural training and competency with the Kaitakawaenga from Te Whatu Ora, completed over two days. Staff will enrol in the LCP to commence once fully orientated. The third day is booked for completion of Workplace First Aid for all the staff working in the Village.</p> <p>Staff will use the established organisation-wide annual performance appraisal system to support them to set their own career and education goals. Staff wellbeing policies are in place and new staff will be made aware of these. The system also includes debrief and support following any incidents. Staff meetings specific to the village will enable staff to discuss incidents and challenges in a safe, supportive environment.</p> <p>Existing systems for staff information, including ethnicity data, will continue for the new staff employed in the village. This will be held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements, as per current practice.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Low	<p>The manager reports that the whole service is changing medical practices in October to improve consistency and the on-site service available. There is presently not an out-of-hours medical cover available at weekends in the Central Hawke's Bay. Access will improve with the move to the new service, including support from a nurse practitioner</p> <p>The sample of three care plans reviewed adequately described the care required by residents at both hospital and rest home levels of care. Evidence of any deterioration was appropriately responded to in a timely manner. Care plans are now entirely managed within an electronic system, which has improved the standards from the hybrid model previously used.</p> <p>Previous corrective action is adequately addressed (3.2.3).</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	FA	<p>The activities programme in Forget-Me-Not Village is designed to support residents requiring secure dementia care due to moderate-to-severe short-term memory loss/recall. The programme, developed by an occupational therapist/programme coordinator, has been developed to offer individualised support and a calm and autonomous environment,</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>supported by trained care companions. Activities outlined reflect cultural and spiritual preferences, differing levels of engagement, reminiscence, relaxation, safety considerations and use of sensory experiences to minimise confusion. Some group activities have been included,</p> <p>The seven-day outline of the activities programme is planned to be the central focus of the daily routine, around household activities, community and group initiatives, gardening (vegetables, herbs and flowers) in the spacious outdoor spaces, sensory and visual experiences, music and memories. Whānau and community involvement is included for all residents. The cultural house will feature additional cultural activities to meet the needs of Māori, including karakia, use of mirimiri and rongoā.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity and preferences. The individual and group activities outlined includes examples of ordinary patterns of life, and normal community activities.</p> <p>The programme coordinator has proposed meeting with the care companions for feedback and planning each month – initially for the first six months, then quarterly, to enable review and changes as necessary. The coordinator will have access to the resident's assessments and progress notes to determine suitability of the individual plan.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A current medication management policy reflects the Medicines Care Guide for Residential Aged Care. Medication is dispensed to individual residents from a licensed pharmacy in Hastings and delivered up to six days per week if required. The same electronic medication management system currently in use will be extended to the village. Medication for each resident will be stored safely in each villa in a permanently affixed container in a locked cupboard, in the individual robotic-packed pouches prepared by the pharmacy for each person. This includes provision for controlled drugs. Non-packaged items are similarly stored. The exception is refrigerated medicines, which will be held in the monitored (when in stock) medication fridge in the leisure hub.</p> <p>All staff who administer medicines have to be assessed as competent to perform the function they manage, and this will be completed as a</p>

		<p>competency during the orientation phase (Refer 2.4.4). Current processes in the main facility include reconciliation on receipt of the packs, with this system also used in the village.</p> <p>Medication reconciliation already occurs as part of the processes at Mt Herbert House and the same process will extend to the village once it open.</p> <p>A change of medical practice will commence at the beginning of November across the site. A nurse prescriber will attend the clinics. This is expected to address the need for timely reviews, including medication review, in accordance with the ARRC contract (see previous finding 3.2.1).</p> <p>As is already occurring in Mt Herbert House, over-the-counter medication and supplements will continue to be considered by the prescriber as part of the person's medication. Standing orders and self-administration practices will not be used in the dementia service. The use of Māori medicines (rongoā) will be included and facilitated.</p> <p>The clinical pharmacist for frailty employed by Te Whatu Ora visits the site weekly to review the medication charts – this will continue. Any adjustments needed are followed up with the prescriber with the goal of reducing polypharmacy. The pharmacist has direct access to any recent inpatient notes and can ensure any medication changes are being implemented, as well as advice from a geriatrician and the visiting clinical nurse specialist.</p> <p>Follow-up of a previous corrective action in relation to the administration of controlled drugs (CD) in liquid form now meets requirements. Three examples reviewed, comparing administration records with the CD register, confirm that the same people are preparing and administering the doses.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to</p>	<p>PA Low</p>	<p>The service has an approved and current food plan for its rest home and hospital facility (expiry November 2025). All aspects of food management comply with current legislation and guidelines. The menu has been reviewed and approved by a dietician as meeting the nutritional guidelines, with some implemented recommendations in</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>relation to quantities and nutritional values and alternatives. Specific recommendations have been made about monitoring the nutritional needs of people with dementia. It is yet to be determined the nature of the food control plan needed for Forget-Me-Not Village. The service has been in contact with the verification body that will visit the site to help determine this, prior to opening.</p> <p>The current menu will be modified to suit the needs of people with dementia and their involvement in food preparation and cooking. The dietician who reviewed the menus for the hospital and rest home has recommended that each resident has a food diary maintained for the first three months of their residence, and that weights be monitored and recorded fortnightly until stable. The changed model of care will see active participation in food preparation and cooking with support from the care companions. This may include preparing vegetables, creating a dessert and baking, as desired. Snacks will be available twenty-four hours and seven days in both the chalets and the Leisure Hub.</p> <p>New residents have a nutritional screen assessment on admission to the facility, and this will continue using a validated tool. Personal food preferences, any special diets, and modified texture requirements will continue to be accommodated in the daily meal plan. Menu options for Māori will be offered as at present. This includes catering for any culturally appropriate food preferences, which can also be prepared as desired in the chalet.</p> <p>Consideration of the best means of measuring resident satisfaction with meal service for this client group is yet to be determined. The social and interactive approach with this model of care enables residents to have sufficient time to eat their meals in an unhurried fashion and dignified manner.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the newly developed facilities (internal and external) are fit for their purpose and meet legislative requirements. A Certificate of Public Use has been issued by the Central Hawke's Bay District Council. It is valid to 17 November 2025, subject to the conditions of an operable fire and sprinkler system, emergency lighting, and that any immediate work areas are monitored</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>for safety. There are areas external to the facility for leisure activities with appropriate seating and shade.</p> <p>The new environment was comfortable, spacious and accessible, promoting independence and safe mobility, and minimising risk of harm. Furniture and furnishings are being installed, also with consideration of resident safety. Removal of risks associated with curtain pulls is underway. One chalet is culturally inclusive, including artwork and meaningful crafts suited to the needs of the resident groups. There are smaller spaces for residents and their whānau. Lounge and dining spaces are suited to the needs of people living in the chalets. The leisure hub has a cafe and shop, plus a small multipurpose whānau room. This area will have multifunctional use for smaller and larger groups. The site is suitable for tāngata whaikaha, with different accessibility needs.</p> <p>Rooms can be personalised according to the residents' preferences – the rooms can accommodate a double bed if required. All rooms have a window allowing for natural light, with safety catches for security. The chalets and leisure hub have a ducted heating and cooling system, and this can be adjusted depending on the season and outside temperature. Space is available for the storage and charging of electronic mobility aids.</p> <p>Each chalet has an accessible bathroom and toilet facilities. All rooms, bathrooms and communal areas have appropriately situated call bells, and these were noted to be near to residents when they were in their rooms. Staff and visitor toilet facilities are available in the Hub.</p> <p>A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment – this will be expanded to incorporate the village. Hot water testing has been undertaken and is within range. It will continue to be checked as is presently occurring for the hospital and rest home.</p> <p>Directors and management have consulted and co-designed with Māori throughout the project.</p>
<p>Subsection 4.2: Security of people and workforce</p>	<p>PA Low</p>	<p>The fire evacuation plan has been approved by Fire and Emergency</p>

<p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>New Zealand (FENZ), with the service awaiting documentation to support sign-off that was not available on the day of audit. Staff training in emergency procedures is planned for the end of October, including a trial evacuation. The service has worked closely with the local volunteer Fire Brigade.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. There is a comprehensive emergency and business continuity plan fully reviewed following cyclone Gabrielle. Appropriate equipment to respond to emergency and security situations is available. Adequate supplies, including for the extended service, for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region, and alternative essential energy and utility sources are available in the event of the main supplies failing.</p> <p>Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. An eight-hour first aid course is booked with an external provider for all staff who work in the village – this approach will ensure all staff are current at the outset and rostered shifts are covered with a first aid staff member on duty (refer 2.4.4).</p> <p>The call bell system used in the main facility is replicated in the village. Any unanswered calls default to the main building, ensuring that there is a response available. Call bell monitoring is part of the internal audit schedule, which will include monitoring in the village. Pagers include a duress alarm linked to the system alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. The facility has appropriate ‘lock-up’ procedures. The secure dementia area has a secure perimeter, with digital lock entry. Emergency services hold the code to the main driveway gate.</p> <p>Arrangements have been made for alternative electricity supplies should the mains supply fail. A 2000 litre tank is available to meet the recommended emergency water requirements for up to five days for the increased numbers of residents. Emergency food supplies are stored on site, and this will include the village, once occupied.</p>
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<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>The organisation uses a suite of approved infection prevention and control (IPC), and antimicrobial stewardship (AMS) policies, which will extend to include the village once open. The approved infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, with the 2025 plan signed off by the directors. This will be extended to include the village. Infection control data links to the quality improvement system, with monthly reports enabling analysis and identification of trends. Small numbers of facility-acquired infections were noted for the existing service.</p> <p>Infection prevention (IP) and AMS activities are being supported at governance level through an infection coordinator (IC), who is now the registered nurse for the village. The facility focus is on infection prevention competencies, hand hygiene, and good practices. Expertise and advice are available as required, through the GPs/nurse practitioners associated with the service, the Te Whatu Ora infection prevention and control (IPC) nurse specialists, and Regional Public Health as required. There is follow-up and escalation of any significant events, using a stepwise approach which has been implemented in the Home previously. Good district networks will also support practice in the dementia facility, should the need arise. Data on infections and antimicrobial use includes ethnicity data to support equity in IPC and AMS programmes, and this is also reported at governance level. These systems will be replicated in the village.</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,</p>	<p>FA</p>	<p>The infection coordinator (IC) is responsible for overseeing and implementing the IP programme, with reporting through senior management to the governance group. The IC has appropriate skills, knowledge and qualifications for the role and has access to the necessary resources and support. This includes seeking further advice in relation to procurement, the design and layout of the village, and supporting environmental service. The organisational programme report for the 2024-2025 year was sighted.</p> <p>The infection prevention and control policies reflected the requirements</p>

<p>and scope of our services.</p>		<p>of the standard and are based on current accepted good practice. Policies are regularly updated according to a schedule. Good access to cultural advice is readily available. New staff will be familiarised with policies through the upcoming orientation and ongoing education programme. Ongoing reinforcement of good hygiene practices will be the responsibility of the IP coordinator and care companions in a manner that meets their needs. Educational resources are available in te reo Māori if required.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly evaluated for the wider service. There are sufficient resources and personal protective equipment (PPE) available in each of the houses, and care companions will be trained in appropriate use.</p> <p>There is no reprocessing of reusable medical devices planned in the village. Single-use medical devices are not reused in the facility. The registered nurse has been involved in the development of the village and considered infection prevention throughout the development of the previous five license-to-occupy units into comfortable four-bed homes. Partnership with Māori is evident in the cultural chalet for the protection of culturally safe practice in infection prevention.</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>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted in the facility. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Forget-Me-Not Village will be included in this data collection, analysis, and any recommendations. Data sighted for Mount Herbert House indicates there is low use of antibiotic treatments without clinical evidence. Input from the clinical pharmacist for frailty is available for advice as required.</p> <p>Routine access to a single medical practice from November will assist with antimicrobial stewardship.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) in the existing facility is appropriate for the type of services offered and is in line with</p>

<p>(HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>risks and priorities defined in the infection control programme.</p> <p>Monthly surveillance data includes ethnicity data, and is collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme are shared with staff and the directors of the service to enable planning and appropriate care delivery. Current processes will be implemented in the village, with communication between medical services and those residents experiencing a health care-associated infection (HAI) continuing. These systems ensure good communication and culturally safe care. There have been examples in which the service has sought external advice to manage outbreaks. These processes will continue to be followed in the village.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>The village model being implemented supports a clean and hygienic environment that supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Organisation wide policies are in place, with processes implemented in each chalet and the hub, to manage dirty to clean flow.</p> <p>Residents will be supported to keep their home environment in a clean and hygienic state, and this will be assisted by their care companions. This includes help with personal laundry and light cleaning of their own personal space. Facility laundry will be managed by staff within the village in a commercial machine located in the leisure hub. There is provision to store chemicals safely in both the chalets and leisure hub.</p> <p>Staff will follow the same documented policies and processes (including personal protective equipment as required) for the management of waste and infectious and hazardous substances as those used in the main facility. This includes removal of segregated waste by commercial contractors as at present. Laundry and cleaning processes will be monitored for effectiveness and additional support provided if this is indicated and necessary. Care companions will complete relevant training as part of the planned orientation (see 2.4.4). The infection coordinator will continue to have oversight of the facility monitoring of the built environment.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>PA Low</p>	<p>A restraint-free environment is the aim of the wider service, and this is documented in the facility's policy. The Forget-Me-Not Village is a secure dementia facility with defined entry criteria approved by a geriatrician. The environment will support low-stimulus interventions in line with good practices and supported by suitable staffing levels and training in de-escalation and redirection as indicated. The service is presently developing a restraint free environment policy reflective of the service and model of care.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Recruitment for additional staff for Forget-Me-Not Village has commenced to fill the new roster based on a 3:2:2 framework working four on/four off. Short shifts are likely to be added as resident numbers grow. Some staff have chosen to transfer from the adjacent Mt Herbert House to work in the adjacent Forget-Me-Not Village. This will leave approximately half the vacant roster shifts to be filled by newly appointed staff.</p>	<p>Approximately half the vacant shifts on the roster are yet to be recruited in Forget-Me-Not Village.</p>	<p>Complete recruitment to ensure there are sufficient care companions to provide culturally and clinically safe care in the village.</p> <p>Prior to occupancy days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the</p>	PA Low	<p>The newly developed orientation programme is comprehensive. It covers key requirements of the new service. Training in the new model of care is planned and is scheduled to occur on booked dates in October (21st, 22nd and 23rd October 2025) once the additional staff</p>	<p>Care companions are still to be inducted, orientated and trained in the model of care used in Forget-Me-Not Village.</p>	<p>Complete all elements of the planned orientation for newly employed staff rostered to work in the Village.</p>

service provided.		have been recruited. Completion of a full first aid certificate for all village staff is booked for day three of the planned orientation programme.		Prior to occupancy days
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>Medical and medication reviews remain challenging in the required timeframes. At the time of the P/P audit, four long-term care plans were overdue for review. An electronic report generated on the day of audit indicated that nine of 33 medical reviews had not been completed within the past three months. At the time of audit, two interRAI assessments were overdue the six-monthly update review.</p> <p>The manager reports that the whole service is changing medical practices in October to improve consistency and the on-site service available. There is presently not an out-of-hours medical cover available at weekends in the Central Hawke's Bay. Access will improve with the move to the new service, including support from a nurse practitioner</p>	<p>Completion of medical, pharmaceutical and interRAI reviews remains a challenge with limited primary care capacity. A change to another medical practice for the whole service is expected to improve this from late 2025.</p>	<p>Complete all resident reviews in the required timeframes.</p> <p>180 days</p>
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	PA Low	<p>The need for a food control plan specific to the changed model of care, including storage, preparation and serving of food, is yet to be determined. Residents will be supported by staff in their meal preparation, following a modified version of the existing approved facility two-week menu cycle. This may occur in the leisure hub or the individual chalets. The service has approached its verification body for direction on the most suitable programme, with a visit to the site</p>	<p>As residents are assisting in a variety of food preparation activities with support from care companions; the most suitable food plan is yet to be determined.</p>	<p>Follow the advice of the verification body in relation to implementing the most suitable food safety plan for the village.</p> <p>Prior to occupancy days</p>

		scheduled for October 2025.		
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	PA Low	<p>A FENZ-approved evacuation plan has been developed and approved (22 September 2025). The service has worked collaboratively with the local Volunteer Fire Brigade, which is planning to undertake its own training for fire staff on site. On the day of audit, some modifications were being made to the means of escape following a FENZ inspection. A trial evacuation is planned during the orientation days in October 2025 to be completed with staff.</p>	<p>A trial fire evacuation is yet to be held for the village.</p>	<p>Complete all FENZ requirements, including a satisfactory trial evacuation for staff.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	<p>The same call bell system as used in the main facility has been installed, but at the time of audit was awaiting an internet connection. Each bedroom and bathroom have a call point installed which alerts a pager carried by staff and a visual display in the leisure hub. The system is yet to be fully tested and its performance verified on site.</p>	<p>The new call bell system is yet to be fully tested and its performance verified on site.</p>	<p>Verify and test the functionality and performance of the call bell system.</p> <p>Prior to occupancy days</p>
<p>Criterion 6.1.5</p> <p>Service providers shall implement policies and procedures underpinned by best practice that shall include:</p> <p>(a) The process of holistic assessment of the person's care or support plan. The policy or procedure shall</p>	PA Low	<p>The service has an existing suite of policies, including restraint elimination, in relation to the hospital and rest home services currently provided. The policy does not reflect approaches to restraint in a secure dementia environment and the policy is being reviewed to incorporate this.</p>	<p>A restraint policy reflective of the secure environment is under development, but not yet complete.</p>	<p>Complete and implement the restraint policy to be reflective of the new dementia care environment.</p> <p>Prior to occupancy days</p>

<p>inform the delivery of services to avoid the use of restraint; (b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider; (c) Restraint elimination and use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</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.