

Admatha Dementia Care Limited - Admatha Dementia Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Admatha Dementia Care Limited
Premises audited:	Admatha Dementia Care
Services audited:	Hospital services - Psychogeriatric services
Dates of audit:	Start date: 6 November 2025 End date: 7 November 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:	22

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Dementia Care New Zealand Limited is the parent company of Admatha Dementia Care. The service provides psychogeriatric level of care for up to 25 residents. At the time of the audit there were 22 residents.

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

The clinical manager is supported by an operations manager and a regional clinical manager. A team of registered nurses and healthcare assistants supports them.

There are quality systems and processes being implemented. Feedback from family/whānau was positive about the care and the services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

The three partial attainments identified at the previous partial provisional audit relating to staff induction, including a fire drill, medication room, and aspects of maintenance, have been addressed.

This surveillance audit identified shortfalls related to complaint managements and completion of dementia and psychogeriatric training as per contract.

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.

Some subsections applicable to this service are partially attained and of low risk.

A Māori health plan is in place for the organisation. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori.

A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural and spiritual beliefs.

Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that is responsive, fair, equitable, and meets guidelines established by the Health and Disability Commissioner.

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.

Some subsections applicable to this service are partially attained and of low risk.

The business plan includes a mission statement and operational objectives. The service has a quality and risk management system in place that take a risk-based approach. Quality improvement projects are implemented. Internal audits, and collation of data were all documented as taking place as scheduled, with corrective action plans documented and issues resolved in a timely manner.

There is a staffing and rostering policy that aims to manage human resources in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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The registered nurses are responsible for each stage of service provision. Resident records reviewed, provided evidence that the registered nurses utilise the interRAI assessment process. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. There is a process to ensure staff responsible for administration of medication complete education and medication competencies. Electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

All food and baking is prepared and cooked off site at a sister facility. The kitchen provides individual cultural and dietary requirements. The service has a current food control plan. There are additional snacks available seven days a week, 24 hours a day.

All residents' transfers and referrals occur in a coordinated manner.

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 are fully attained.

The building has a current warrant of fitness. There is a planned and reactive maintenance programme in place. Equipment is maintained for electrical compliance and clinical equipment is regularly calibrated.

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 are fully attained.

There is a comprehensive infection control programme in place which has been approved and reviewed by the directors. Staff complete education in relation to infection control during orientation and as scheduled annually.

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. There has been one outbreak since the previous audit, and this was well documented and relevant external authorities notified.

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 are fully attained.
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The restraint coordinator is a registered nurse. There were three residents using a restraint at the time of the audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	2	0	0	0
Criteria	0	47	0	2	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 Admatha Dementia Care. The plan acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The Māori health plan has a set of actions to address barriers to Māori accessing care and employment within Admatha Dementia Care, which is understood by staff who confirmed in interview that mana motuhake is recognised. At the time of the audit there were residents who identified as Māori. Staff at the time of audit did not identify as Māori. This service embeds and enacts Te Tiriti o Waitangi within all its work, including at governance, management and staff level, and including support for Māori to progress their aspirations.</p> <p>Interviews with eight staff (five caregivers, two registered nurses, one home assistant), the clinical manager, operations manager, national clinical and quality lead, regional clinical manager, and family/whānau, and documentation reviewed, confirmed that the staff are very caring, supportive, and respectful. The service is knowledgeable in ways to support the health and wellbeing of Māori residents and their family/whānau. Family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. The service recognises Māori mana motuhake and this is reflected in the Māori health plan.</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>	FA	<p>There is a Pacific health plan which aligns to Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The aim is on fostering Pacific community integration and collaboration to enable better planning, support interventions, and evaluations of the health and wellbeing of Pacific peoples to improve outcomes. At the time of the audit there were no residents who identified as Pasifika. However, there were Pacific staff who supported other staff in understanding and embracing worldviews, cultural and spiritual beliefs of Pacific peoples.</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>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The operations manager and clinical manager discuss aspects of the Code with residents' family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori. Five family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Staff have received training on the Code, and when interviewed, were knowledgeable about resident rights, informed consent, and the complaints process. Family/whānau interviewed reported that the service is upholding the residents' rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Admatha Dementia Care policies provide guidelines that aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. A comprehensive house rules/ code of conduct is discussed and signed by staff during their induction to the service. The house rules/code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the house rules / code of conduct as part of the employment process.</p> <p>All family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage</p>

		<p>residents' comfort funds, such as sundry expenses.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation and included in annual education.</p> <p>Interviews with eight staff (five caregivers, two registered nurses, one home assistant), the clinical manager, operations manager, national quality and clinical lead, regional clinical manager, and family/whānau, confirmed that the staff are very caring, supportive, and respectful.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies documented to provide guidance in relation to obtaining informed consent that reflect the requirements of the Code. Informed consent processes were discussed with family/whānau on admission. Five resident files were reviewed. Written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. These were signed by the activated enduring power of attorney (EPOA), as well as consent for procedures, such as influenza and Covid-19 vaccines.</p> <p>The admission agreement is appropriately signed by the EPOA/Welfare Guardians. Activated enduring power of attorney documentation is filed in the residents' files.</p> <p>Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</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</p>	PA Low	<p>The complaints procedure is provided to family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken.</p> <p>There have been two internal complaints received since the last audit in May</p>

<p>system and their care and support. 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>2024. Documentation including acknowledgement, follow-up letters and resolution were completed. However, the timeframes from receipt of the complaint to resolution did not demonstrate that complaints are being managed in accordance within timeframes set by the HDC. All complaints were closed off to the satisfaction of the complainants. There have been no external complaints.</p> <p>Family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with family/whanau confirmed that they were provided with information on the complaints process and they remarked that any concerns or issues they had, were addressed promptly.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication, and to include family/whānau participation.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the quality meetings (meeting minutes sighted).</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>Dementia Care NZ Limited (DCNZ) is the parent company under which Admatha Dementia Care operates. Admatha Dementia Care provides psychogeriatric level of care for up to 25 residents. On the day of audit, there were 22 residents under the age-related hospital specialist services (ARHSS) agreement.</p> <p>Dementia Care New Zealand has a corporate structure that includes two directors/owners, and a governance team of managers, which includes an operations support leader national clinical and quality lead, quality systems manager, public relations and marketing manager, clinical advisor, two regional clinical managers (North and South Island) and a national training coordinator. The role of strategic communication, engagement, and governance advisor is in place, and they guide the governance of the organisation. There are terms of reference for responsibilities at the general meeting and for the clinical governance group that reports to the general meeting. A group of advisors provide guidance to the directors, this includes business advisors, the clinical governance group and family focus groups.</p>

	<p>The guidance from these groups assists with the direction of the strategic and business plan. Barriers to providing culturally appropriate services are identified and mitigated. The Māori health advisor ensures Māori needs are identified and met.</p> <p>DCNZ has an overarching strategic plan (2024-2027), and a business plan 2024-2025 that is developed in consultation with managers. The business plan is reviewed annually. The organisation's vision and values include acceptance of all people with kindness, love, provision of peace, and comfort. The management team are striving to achieve this vision with openness, honesty, integrity, and passion. The strategic plan identifies Māori equity as a principal driver for success, alongside Pacific community inclusion.</p> <p>Quality improvements are identified at the individual facilities and/or at an organisational level where needed. The feedback from these sources and quality improvement initiatives generated, are reported through the DCNZ general meeting, and steps to address issues raised are identified. DCNZ works closely with Health New Zealand to ensure service provision meets the needs of the local community. A regional clinical manager supports the clinical manager of each service. Where clinical issues arise, they are considered at the clinical governance meeting which the regional clinical managers attend. Issues and outcomes from the clinical governance meeting are discussed with the directors and reported through the general meeting.</p> <p>The day-to-day clinical operations is overseen by the clinical manager, who is supported by an operations manager, who oversees the non-clinical part of the operations. The clinical manager has been in the role since April 2022, and has worked at DCNZ since 2021. The operations manager has been in the role since August 2023. The management is supported by a team of registered nurses and caregivers. The regional clinical manager, national educator, operations manager, national clinical and quality lead (present on day of audit), and the quality systems manager (present on the day of the audit) also provide support for the staff at Admatha Dementia Care. The managing director visits the site on a regular basis to support the management team.</p> <p>The clinical manager and operations manager have maintained the required eight hours of professional development activities related to managing an aged care facility, and care of residents requiring psychogeriatric care. This</p>
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		includes completing role specific orientation, attending a two-day professional development course for DCNZ clinical managers and operations managers/coordinators.
<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>	FA	<p>Admatha Dementia Care is implementing a quality and risk management programme. The 2024 annual quality improvement goals have been reviewed, and the 2025 programme is documented, and includes plans to achieve goals, target dates for implementation, responsibilities for implementation, and improvement indicators. Interviews with the clinical manager confirmed their understanding and involvement in quality and risk management practices.</p> <p>The organisation's quality and risk management programme includes performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality, health and safety, and registered nurse meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Meetings were completed as scheduled and meeting minutes reviewed evidenced follow up of action and sign off when completed. Internal audits are completed as per the internal audit schedule. Any corrective actions identified are used to improve service delivery, and are being signed off when resolved and discussed at meetings. Quality data is collected, analysed, and discussed at meetings.</p> <p>Family/whanau satisfaction are completed annually. The surveys completed in 2024 reflect overall satisfaction of the service. Survey outcomes have been communicated to the EPOAs, including areas of quality improvement related to activities, food service, and care planning, that the organisation is working on based on feedback received. The 2025 survey has been completed, and analysis is in progress.</p> <p>Policies and procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant documentation, as and when required.</p> <p>Each incident/accident is documented electronically. Eleven accident/incident forms reviewed indicated that the forms are completed in full and signed off by the clinical manager. Opportunities to minimise risk are</p>

		<p>documented. Incident and accident data is collated monthly and reported in relevant meetings. Hazards and other risks are documented and addressed at health and safety meetings that occur monthly. There is a plan that ensures that staff receive education related to hazard management and health and safety at orientation and annually.</p> <p>Discussions with the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports and Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) reported. There has been one outbreak since the previous audit. The outbreak was reported appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements for Admatha Dementia Care. The roster reviewed provides sufficient and appropriate coverage for the effective delivery of care and support for psychogeriatric level care residents. The service has a full complement of registered nurses, and they provide 24/7 registered nurse cover. The clinical manager and operations manager work full time Monday to Friday. The number of caregivers on each shift is sufficient for the acuity and layout of the facility to provide safe and timely care on all shifts. Family/whanau interviewed confirmed the care requirements of residents are attended to in a timely manner and there were sufficient staff on duty when they visited. The clinical manager and operations manager are on call 24/7.</p> <p>The service aims to ensure that any absences and sick leave are covered through extending working hours, as mutually agreed with the employee, or use of the casual pool of staff; this was evident in the roster related to caregiver shifts.</p> <p>There is an annual education and training schedule being implemented for 2025. All care staff have completed annual education, including (but not limited to) training on dementia; delirium and depression; de-escalation; best friends approach; embracing diversity; communication, including sensory loss; embracing sexuality; the Code; abuse and neglect; cultural awareness for Māori and Pasifika; and the aging process.</p> <p>Registered nurses receive specific training on managing psychogeriatric residents and are encouraged to attend external education opportunities</p>

		<p>related to the aging process, behaviour management, and end of life care. The education and training schedule lists compulsory training, which includes cultural awareness training and topics related to caring for the older person. Training is facilitated face to face and led by the DCNZ educator (mental health registered nurse). There is an attendance register for each training session and educational topics offered, including: in-service education, competency questionnaires, online learning, and external professional development. Records show that 95% of staff have completed the required training in 2025. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. External training opportunities for care staff include training through Health New Zealand and hospice.</p> <p>Admatha Dementia Care supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the 20 caregivers employed, ten have achieved a level three NZQA qualification or higher. Twelve of the twenty staff employed have completed the required dementia and psychogeriatric unit standards. The eight remaining caregivers are enrolled to complete the dementia unit standards and the three additional psychogeriatric unit standards; however, two of the eight caregivers have been employed for over 18 months, and have not yet completed the standards as required.</p> <p>All staff complete competency assessments as part of their orientation and annually, as confirmed on interview with staff and attendance records. All registered nurses have current medication competencies. Five of six registered nurses (including the clinical manager) are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, including Covid-19 preparedness; and identifying and assessing the unwell resident. A record of completion is maintained on an electronic system and staff personnel file.</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>FA</p>	<p>Five staff files reviewed (two caregivers, two registered nurses, and one diversional therapist), included evidence of completed orientation, training and competencies, and professional qualifications on file where required. A register of practising certificates is maintained for all health professionals.</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>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All staff receive a comprehensive orientation, with evidence of training in accordance with contract requirements related to support for residents requiring psychogeriatric care. Staff records sighted evidence completion of orientation requirements in the orientation booklet, and at the three-monthly probationary performance review.</p> <p>Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Annual appraisals have been completed in the three of five staff files reviewed (noting that two had been employed for less than a year and had probationary reviews on file).</p> <p>Fire and emergency drills are held six-monthly, and all staff are orientated to the environment and building as part of their orientation. The previous shortfall from the last audit related to the partial provisional 2.4.4., has been addressed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. Five resident files were reviewed. There was evidence of family/whānau involvement in the interRAI assessments and long-term care plans reviews. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan.</p> <p>Admatha Dementia Care uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission include (but not limited to) those relating to falls; pressure injury; behaviour; continence; nutrition; skin; culture; activities; and pain. The initial assessments and care plans have been completed within 24 hours of admission. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments sampled</p>

	<p>had been completed within three weeks of the residents' admission to the facility. InterRAI assessments and reassessments have been completed within expected timeframes for all residents. Documented interventions meet the residents' assessed needs. All residents have a behaviour assessment and a behaviour plan, which includes triggers of behaviours, with associated risks documented and detailed behavioural interventions to guide staff in the delivery of care. The care plans include a 24-hour reflection of close to normal routine for the resident.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, change in medication and weight loss. The plans are signed off when resolved or moved to the long-term care plans. Resident care is evaluated on each shift and reported at handover and in the progress notes. Long-term care plans are formally evaluated by a registered nurse, and where progress was different from the expected, goals are documented in the care plan evaluation, with the care plan updated. Care plan evaluations have been completed at the same time as the resident's interRAI re-assessment, care plan review/ and multidisciplinary meeting (MDT).</p> <p>Family/whānau interviewed confirmed resident assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in the care planning and review process. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, and medication changes. Evidence of communication was consistently documented in the resident files.</p> <p>When a resident's condition changes, the staff alert the registered nurses, who then assesses the resident and initiates a review with the general practitioner. The service has policies and procedures in place to support all residents to access services. The service supports and advocates for residents with disabilities to access relevant disability services. A physiotherapist visits the facility fortnightly and on request, to review residents referred by the registered nurses. There is access to a continence specialist as required. A podiatrist visits regularly. A dietitian, speech language therapist, mental health services for older people (MHSOP), palliative care nurse, and medical specialists are available as required through Health New Zealand.</p> <p>The general practitioner (GP) from the local medical centre provides weekly</p>
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	<p>medical services, including after hours on-call support. Residents are reviewed by the general practitioner routinely on admission, acutely, or for a monthly / three-monthly review. There is evidence in the resident files that the residents were seen by the GP within five working days of admission, and resident regular reviews occurred as per required timeframes. More frequent medical reviews were evidenced in files of residents, with more complex conditions or acute changes to health status. Interview with the general practitioner confirmed that staff demonstrated good clinical assessments and follow up with any plans of care.</p> <p>Caregivers and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The observed handover was found to be comprehensive and informative. Progress notes are written on every shift by the caregivers, and the registered nurses documents at least daily and as necessary in the resident records.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed promptly and reviewed at appropriate intervals. Photos were taken when this was required. Additional specialist input for wounds was initiated when required, and the wound care nurse specialist was consulted. At the time of the audit there were active wounds, including lesions, skin tears, surgical wounds, bruises, and five pressure injuries (one non facility suspected deep tissue and one unstageable pressure injury to the same resident, and three stage II pressure injuries). A sample of these were reviewed and evidenced comprehensive assessments, a management plan, evaluations, and photographs of progress.</p> <p>Monthly observations such as weight and blood pressure were completed and are current. Neurological observations are recorded following un-witnessed falls or where a head injury is suspected. A range of electronic monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; behaviour; bowel records; blood glucose levels, food intake charts, and fluid balance monitoring. Monitoring charts have been completed as per care plan instructions. Staff interviews confirmed they are familiar with the needs of all residents in the facility, and that they have access to the supplies and products they require to meet those needs.</p>
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<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>Admatha Dementia Care has documented policies for safe medicine management that meet legislative requirements. The registered nurses and medication competent caregivers who administer medications, are assessed annually for competency. All staff that required a competency had a current competency on file. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the day of the audit, a registered nurse was observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their roles regarding medication administration. Admatha Dementia Care uses robotic rolls for all regular medications and blister packs for short course and pro re nata (as required) medicines. All medications once delivered are checked by the registered nurses against the medication chart. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolley and medication room, both of which are locked when not in use. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications with a short shelf life have been dated on opening.</p> <p>Ten medication charts were reviewed. There is a three-monthly general practitioner review of all the residents' medication charts, and each medication chart has photographic identification and allergy status identified. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication has been documented in the electronic medication system. The service does not use standing orders, and there are no vaccines kept on site. Due to the nature of the service, there were no residents self-administering medications.</p> <p>There is documented evidence in the clinical files that family/whānau are updated about changes to the resident medications and health.</p> <p>The service has completed changes to the medication room since the certification audit, that have included secure storage for identified medications and installation of a fridge. The shortfall related to the previous partial provision audit around fit out of the medication room criteria 3.4.1,</p>

		has been addressed.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are prepared and cooked at a sister facility and delivered to Admatha in hotboxes at lunch and dinner time. The on-site kitchens were observed to be clean, well-organised, well equipped and with a current approved food control plan. The four-weekly seasonal menu has been reviewed by a dietitian.</p> <p>A resident dietary profile is developed for each resident on admission, and a copy of this is available in the registered nurse's office. A summary of individual resident dietary requirements, likes and dislikes is on the wall in each of the two Admatha kitchens, and also provided to the external kitchen service. The service meets the needs of residents who require special diets. The cook at the sister facility works closely with the registered nurses, with resident's dietary profiles and any allergies. The clinical manager stated they are able to accommodate any requests from residents within reason. Snacks are available 24/7 for residents.</p> <p>Family/whānau interviewed confirmed satisfaction with the food.</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>There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the family/whānau and other service providers to ensure continuity of care.</p>
Subsection 4.1: The facility	FA	The buildings, plant, and equipment are fit for purpose at Admatha Dementia

<p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>Care, and comply with legislation relevant to the psychogeriatric health and disability services being provided. The facility is spacious, with access to a secure landscaped garden, with easy access paths and plenty of seating and shade. There is space in communal lounges to provide both group and individual activities. There are alternative communal areas available to provide quiet areas. Staff interviewed and visual inspection confirmed there is sufficient equipment to meet the individual resident needs. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>A current building warrant of fitness is in place. The buildings, plant, and equipment are fit for purpose at Admatha Dementia Care, and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>The service has replastered and painted a lounge ceiling and covered exposed drains since the last audit. There is an electronic maintenance request process for repairs. Equipment failure or issues are also recorded in the maintenance electronic log. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperatures have been checked weekly and demonstrate that they have been within expected ranges. Essential contractors/tradespeople are available 24 hours a day as required. The previous shortfall from the last audit related to the partial provisional 4.1.1. regarding hot water checks, electrical testing, and bathroom and lounge repairs and other needs for maintenance, has been addressed.</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</p>	<p>FA</p>	<p>The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. The infection prevention and control programme is linked to the quality system. Infection prevention and control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection prevention and control programme is reviewed and reported on six-monthly.</p> <p>The infection control policy states that Admatha Dementia Care is committed</p>

<p>infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Documentation evidence all staff have attended and completed the required training.</p> <p>The infection control coordinator has undertaken recent education online, and has additional support available from experts at Health New Zealand.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the electronic infection register, and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Reports include antibiotic use. This data is monitored and analysed for trends, monthly and annually. Admatha Dementia Care incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance results are discussed at infection control, and quality meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern.</p> <p>Admatha Dementia Care receives regular notifications and alerts from Health New Zealand for any community concerns. There has been one Covid-19 outbreak since the last audit (December 2024). The outbreak was documented, well managed, and reported.</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. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>There are policies and systems in place to ensure any form of restraint is used as a last resort, and in the least restrictive way possible, and that they comply with the Approved Service Standard relating to restraint minimisation. The aim of the service is to maintain a restraint-free environment. This objective is supported by the governing body. Restraint use is discussed and monitored at the organisational six-monthly restraint approval group meeting, and at registered nurse and quality meetings. The governance body is informed of restraint use through monthly reports from the clinical manager.</p>

		<p>At the time of the audit, there were three residents using pelvic belt restraints. The designated restraint coordinator is a registered nurse.</p> <p>Staff attend training in challenging behaviours, including de-escalation techniques (last held in August 2025) and restraint use last held in March 2025.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	<p>The clinical manager maintains the complaints' register, which includes all complaints, dates and actions taken. There have been two internal complaints received since the last audit in May 2024. Documentation including acknowledgement, follow-up letters and resolution were completed. However, for one of the complaints logged in January 2025, the outcome and resolution was sent to the complainant past the 20 working days, with no documented communication to the complainant regarding the delay in the process.</p>	<p>Timeframes for complaints resolution have not been followed in accordance with policy or the guidelines set by the HDC for one of two complaints reviewed.</p>	<p>Ensure that all complaints are managed in accordance with timeframes set by the HDC.</p> <p>90 days</p>
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes,</p>	PA Low	<p>The service has a comprehensive education programme and supports all caregivers to achieve NZQA dementia and psychogeriatric required qualifications. The organisation recently changed to an alternative NZQA education provider, and as</p>	<p>Two caregivers who have been employed for more than 18 months have not completed NZQA dementia and psychogeriatric required</p>	<p>Ensure that staff complete required dementia and psychogeriatric required qualifications within</p>

<p>qualifications, experience, and attributes for the services being delivered.</p>		<p>a result, progress alerts were not always communicated effectively. The organisation has documented a quality improvement plan, and is implementing solutions to address the reporting errors.</p>	<p>qualifications as per the contract.</p>	<p>required timeframes. 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.