

Health New Zealand -Te Whatu Ora - Capital, Coast and Hutt Valley

Introduction

This report records the results of a Partial Provisional Audit of a provider of hospital 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:	Health New Zealand
Premises audited:	Central Region Eating Disorder Service
Services audited:	Residential disability services - Psychiatric
Dates of audit:	Start date: 6 January 2026 End date: 6 January 2026
Proposed changes to current services (if any):	Replacement building for CREDS
Total beds occupied across all premises included in the audit on the first day of the audit:	0

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

Te Whatu Ora Capital, Coast and Hutt Valley is a tertiary hospital. It provides services to approximately 445,000 people in the Wellington, Hutt Valley, and Kapiti regions of New Zealand, and tertiary services to the Health New Zealand central region. One of the largest of New Zealand's health districts, it provides services from Wellington Regional Hospital, Hutt Hospital, Kenepuru Community Hospital, Porirua Hospital, and previously a small inpatient facility at Johnsonville, as well as a range of community health services across the region.

At the last certification audit in September 2025, several significant infrastructure issues were identified at the Central Region Eating Disorder Service (CREDS) facility in Johnsonville as requiring urgent action to mitigate the associated high risks.

This partial provisional audit, against the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021), was undertaken to establish the level of preparedness of Health New Zealand – Te Whatu Ora Capital, Coast and Hutt Valley District to provide a Central Region Eating Disorder Service (CREDS) in the new facility. The audit included a review of documentation prior to and

during the on-site audit, interviews with managers, clinical and non-clinical staff across services, and observations made throughout the process.

This newly leased building will enable the team to provide safe, high-quality care in a modern, light-filled environment that is sensitive to the needs of the patient group. The inpatients are currently on holiday over the Christmas period, which has allowed the team to transition into the new facility.

All of the equipment for the inpatient service has been moved into this new facility, including the medications and documentation in readiness for the return of the patients. The plan for the new facility is a short-term relocation (up to 36 months) of the residential CREDS service. The service will provide the same model of care as the previous Johnsonville facility, including six inpatient beds and five-day patients.

The audit identified that improvements were required in relation to the absence of a Fire and Emergency New Zealand–approved evacuation plan, staffing levels, controlled medication storage, and repeat prescription processes. Improvements were also required to review tāngata whaikaha access, and to address alterations to locks, windows, and handrails, as well as medication fridges and the tagging and testing of electrical equipment.

Ō tātou motika | Our rights

Not audited

Hunga mahi me te hanganga | Workforce and structure

Health New Zealand – Te Whatu Ora Capital Coast and Hutt Valley District is working through the changes to the structure of Health New Zealand – Te Whatu Ora in line with national and regional guidance and developments. Both a national and a regional approach was evident in the Mental Health, Addictions and Intellectual Disability Services (MHAIDS).

Strategies, priorities, and proposed system changes are defined, within a range of planning documents. A robust monitoring and reporting process occurs through the leadership team, as well as regionally and nationally. Māori health team members support cultural development and equity for Māori, working in partnership with five identified Māori-focused leadership roles.

Input from the lived experience and whānau representative is well established, with effective participation of members in committees, projects, and other forms of planning and evaluation.

The service is currently in the process of introducing the electronic patient acuity tool to review staffing requirements and ensure these meet the changing needs of patients as services transition to the new building.

Professional qualifications are validated prior to employment. An orientation programme for the new building has been developed, alongside a range of training and professional development opportunities. Māori workforce development is supported through designated roles and a range of training programmes.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medicines were prescribed and administered using the national medication chart and supplied per patient in blister packs from a local community pharmacy. Medicines are stored in a double-locked cupboard, and a dedicated refrigerator is used for the storage of insulin.

Food services are managed in-house, with dietitian input provided twice weekly. A six-weekly rotating menu is in place and meets the nutritional needs of patients.

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

Plant and biomedical equipment had been tested. The physical environment, both internal and external, was generally accessible and promoted safe mobility. Access for tāngata whaikaha is currently under review. Unplanned maintenance issues were well managed by both the landlord and the hospital maintenance team.

Fire and emergency evacuations are planned and will be practiced by all staff prior to opening as part of the familiarisation programme. Staff are kept up to date with emergency and security procedures, which are planned to be practised within the next two weeks. Security systems include the use of mobile phones, with a trial of the 'Safe Staff app' (a community-based tool) planned.

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

The infection prevention and control programme is managed at the new facility by a 'link' nurse. Clear lines of communication were evident, with the Infection Prevention and Control Committee reporting to the Infection Prevention Executive Committee (IPEC) as the governance group.

The infection prevention and control annual plan is developed and agreed to by the Infection Prevention and Control Committee. The environment supported both infection prevention and mitigation of transmission. The infection prevention link nurse had been part of the project team and was involved in the design and ongoing development of the project and had performed an audit of the premises.

Here taratahi | Restraint and seclusion

Not Audited