

Millvale House Waikanae Limited - Millvale House Waikanae

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Millvale House Waikanae Limited

Premises audited: Millvale House Waikanae

Services audited: Hospital services - Psychogeriatric services

Dates of audit: Start date: 2 December 2025 End date: 3 December 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: 26

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Dementia Care New Zealand Limited is the parent company of Millvale House Waikanae Limited. The service provides psychogeriatric level care for up to 30 residents. At the time of the audit there were 26 residents in total.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand. The audit processes included observations; a review of organisational documents; staff and resident files; and interviews with family/whānau, staff and management.

The service is managed by a clinical manager, who is supported by the operations coordinator and regional clinical manager. There are systems to guide appropriate support for the varying needs of the residents. The family/whānau interviewed all spoke positively about the care and support provided.

This certification audit has identified areas of improvement around hot water temperature monitoring.

Ō tātou motika | Our rights

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

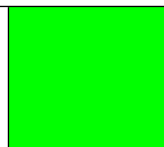


Subsections applicable to this service fully attained.

Millvale House Waikanae provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. 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. Staff receive training on Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. A Pacific health plan is documented. 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 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.



Subsections applicable to this service fully attained.

Dementia Care NZ has an overarching 2024-2027 strategic plan that includes a vision, values and clear business goals to support the organisation. The 2024-2025 business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach. These systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a health and safety programme in place. Hazards are appropriately identified and reported. There are human resources policies which cover recruitment, selection, orientation, staff training and development. There is a staffing and rostering policy. The service ensures the collection, storage, and use of personal and health

information of residents is secure, accessible, and confidential. Family/whānau reported that staffing levels are adequate to meet residents' needs.

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 fully attained.
---	--	--

Millvale House Waikanae has an admission package available prior to, or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. The general practitioners visit on a regular basis, and consultation notes are available in resident files. Referrals are made appropriately to allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and are reviewed at least three-monthly by the general practitioner.

There is an interesting and varied activities programme that includes cultural celebrations, which the activity team implements. The programme includes community visitors and outings, entertainment, and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

The registered nurses identify residents' food preferences and dietary requirements on admission. All food is prepared and cooked on site in the kitchen. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. There are additional snacks available 24/7. The service has a current food control plan.

Transfers and discharges are coordinated between services.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
--	--	--

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are single occupancy. There are adequate shared facilities. The communal shower rooms have privacy signs. Resident rooms are personalised. There is a planned annual maintenance programme in place. Documented systems are in place for essential, emergency and security services. There is always a staff member on duty with a current first aid certificate. There is a call bell system that is appropriate for residents to use and staff to access support when required. A fire drill is conducted six-monthly. There are appropriate emergency equipment and supplies available. Security is maintained.

The resident areas in the psychogeriatric home are secure and only accessed via a security keypad.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
--	--	---

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme, that is appropriate to the size and complexity of the service. The infection control coordinator (registered nurse) coordinates the programme. A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment, available and readily accessible to support this plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There have been outbreaks reported since the previous audit, which were managed well in accordance with current guidelines and the pandemic plan. The environment supports the prevention and transmission of infections. The environment and facility were clean, warm, and welcoming. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
---	--	--

The restraint policy is in place and is supported by a national restraint approval group. The restraint coordinator is a registered nurse. At the time of the audit the service had residents using restraint. Restraint minimisation education is conducted as per education plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. Appropriate monitoring of restraint use is in place. Quality review processes occur.

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	28	0	1	0	0	0
Criteria	0	174	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan and policy are documented for the service. These acknowledge Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. At the time of the audit there were residents who identified as Māori. Interview with the operations coordinator and clinical manager confirmed that residents who identify as Māori are supported to maintain their links in the community, and family/whānau participation and involvement in the review of care plans. There are clear processes to include tikanga in everyday practice. Staff have completed training around Te Tiriti o Waitangi.</p> <p>The service engaged with a cultural advisor who has links through Health New Zealand to provide guidance and support for Māori. The service can also access kaumātua from Health New Zealand for support and guidance. The Māori health plan states the organisation actively increase Māori workforce through targeted recruitment, and Māori staff are provided with equal opportunities to develop their knowledge and skills and retain their expertise. There were no staff who identified as Māori at the home.</p> <p>Interviews with eight staff (two registered nurses (RN), three</p>

		<p>caregivers, two home assistants and one cook) described examples of providing culturally safe services in relation to their role. Family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to support any Māori residents and their whānau by identifying what is important to them. This includes their individual values and beliefs, enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one clinical manager, one operations coordinator, one regional clinical manager, one national clinical quality lead and one national operational support leader) identified the service and organisation are focused on delivering person-centred care, which includes operating in ways that are culturally safe. The service provided training on cultural safety in 2025. Training encompassed Te Tiriti o Waitangi based on the guidelines of cultural safety in nursing, Māori operating principles and values, assessment tools, and meeting resident's needs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Pacific health plan in place which aims to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau and providing equitable quality healthcare. On admission all residents state their ethnicity and provide cultural beliefs information. Individual cultural beliefs are documented for all residents in their care plan and activities plan. At the time of the audit, there were residents who identified as Pasifika.</p> <p>The service maintains a link with a local Pacific Island community group, in order to provide cultural support for Pacific peoples when required. The organisation has engaged with a Pacific health advisor, who provides guidance and support to Pacific people. The Pacific health advisor is a member of the Health Quality & Safety Commission. Information on cultural safety of Pacific peoples is provided in the orientation programme for all new employees. Expectations regarding cultural practice is documented in employees' job descriptions.</p> <p>Data collected for Pacific peoples informs targeted health</p>

		<p>interventions needed. Staff training ensures a culturally safe service. At the time of the audit, there were no staff who identified as Pasifika. The clinical manager stated the recruitment processes at DCNZ is equitable to support Pacific applicants. Interviews with the management team, staff, family/whānau and documentation reviewed identified that the service puts people using the services and family/whānau at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service ensures that Māori mana motuhake is recognised in all aspects of service delivery, as evidenced in the Māori health plan, interviews with staff, and review of the education, training and resident care plans. The organisation's policies and procedures align with the requirements of the Code. The clinical manager or operations coordinator discuss aspects of the Code with family/whānau and information about the Nationwide Health and Disability Advocacy is made available to them. Other formats are available, such as information in te reo Māori and Pacific languages.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Six family/whānau interviewed stated they felt residents' rights were upheld and they were treated with dignity, respect and kindness, and were encouraged to recognise Māori mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in</p>	FA	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Family/whānau interviewed reported that residents are supported to be independent and are encouraged to make a range of choices around their daily life, and what activities</p>

<p>a way that is inclusive and respects their identity and their experiences.</p>		<p>they wished to participate in. The service responds to residents' needs and enables their participation in te ao Māori. The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. Family/whānau interviewed were positive about the service in relation to residents' values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. Residents' files and care plans identified resident's preferred names. Te reo Māori is celebrated during Māori language week and Matariki are celebrated. The service has signage in te reo Māori displayed in various locations throughout the home. The staff noticeboards contain information on Māori tikanga practice. Interviews with management and staff confirmed their understanding of tikanga best practice. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>There is an abuse and neglect policy documented which is understood by staff. This policy describes how staff ensure the service is free from any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities, and cultural days celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. The code of conduct (titled 'House Rules') states discrimination, harassment, and bullying will not be tolerated. All staff are held responsible for creating a positive, inclusive and a safe working environment. Police checks are completed as part of the</p>

		<p>employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions and are also covered as part of orientation.</p> <p>Interviews with RNs and caregivers confirmed their understanding of professional boundaries, clinical bias and the impact of institutional racism. Staff complete education on orientation and annually as per the training plan, on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. During the interview with caregivers, they were all able to describe examples of what neglect and abuse may look like. All family/whānau interviewed confirmed that the staff are caring, supportive and respectful. This was also supported by the family/whānau satisfaction survey. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes are prioritised for Māori residents. On interview, care staff confirmed an understanding of holistic care for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Millvale House Waikanae has policies and procedures relating to accident/incidents and complaints, and the open disclosure policy alert staff to their responsibility to notify family/whānau of any adverse event. The service utilises electronic accident/incident forms, which has a section to indicate if the family/whānau have been informed (or not). Twelve incident forms reviewed evidenced family/whānau were notified on all occasions. An interpreter policy and contact details of interpreters is available. Support strategies and interpretation services are documented to assist with communication needs when required. Family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Family/whānau stated they are provided with information when requested and time to discuss concerns.</p> <p>The service communicates with other agencies that are involved with the resident, such as the local Hospice and Health New Zealand. There is a dietitian contracted to support nutritional consultation. The delivery of care includes a multidisciplinary team, and the activated enduring power of attorney (EPOA) or welfare guardian provides consent and are involved in all decision-making in</p>

		<p>partnership with the services involved. The clinical manager described the process around providing family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau interviewed confirm they know what is happening within the home through emails and regular newsletters.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. There is a comprehensive booklet - 'a guide for residents, EPOAs and families' available for potential residents and their family/whānau. Informed consent processes were discussed with family/whānau on admission. Six resident files reviewed had written general consents signed by the enduring power of attorneys or welfare guardians. Consent for release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consents had been signed by EPOAs or Welfare guardians for procedures such as influenza and Covid-19 vaccines. Discussions with caregivers confirmed that they are familiar with the requirements to obtain consent for entering rooms and undertaking personal cares.</p> <p>All the files reviewed had either EPOA or current welfare guardian documentation on file. The EPOA documentation is filed and activated, with a certificate for incapacity sighted in files reviewed. Advance directives for health care, including shared goals of care and resuscitation status, were in place in resident files. Where a medically initiated resuscitation decision had been documented, there was documented evidence of discussion with the EPOA or the welfare guardian. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making. 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>FA</p>	<p>The organisational complaints policy is being implemented. The complaints policy includes use of te reo Māori and references</p>

<p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>support for Māori residents to ensure the process works equitably for Māori residents. Complaints forms and a suggestion box are in a visible location at the entrance to the unit. Those making a complaint can involve an independent support person/advocate in the process if they choose to do so. Discussions with family/ whānau confirmed they are provided with information on the complaints process. The clinical manager has responsibility for ensuring all complaints (verbal and written) are fully documented and investigated. A complaints register is being maintained. The complaints register is detailed regarding dates, timeframes, complaints, and actions taken.</p> <p>There have been seven complaints documented since the last audit (four in 2024, and three in 2025 year to date). Documentation including an investigation, follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC), and to the satisfaction of the complainants. There were no complaints received from external agencies. Concerns and complaints are discussed at all relevant home meetings. The clinical manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication. Family/whānau confirmed that management are open and transparent in their communications, and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.</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 Millvale House Waikanae operates. Millvale House Waikanae provides psychogeriatric level of care for up to 30 residents. On the day of audit, there were 26 residents at psychogeriatric level of care. All the residents were under the age-related hospital specialist services (ARHSS) agreement.</p> <p>Dementia Care NZ Limited has a corporate structure that includes two directors/owners and a governance team of managers, which includes: an operations management leader, quality systems manager, public relations and marketing manager, clinical advisor, two regional clinical managers (North and South Island), national clinical quality lead, one national operational support leader and a</p>

	<p>national training coordinator. The role of Strategic Communication, Engagement and Governance Advisor is in place and guides the governance of the organisation to ensure compliance with legislative, contractual, and regulatory requirements. 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, and this includes business advisors, the clinical governance group and customer focus groups. The guidance from this group assists with the direction of the strategic plan, business plan and quality and risk plan. Dementia Care NZ Limited has engaged a Māori health advisor to advise the Board and work in partnership with Māori to ensure updating of policy and procedure within the organisation.</p> <p>The governance body monitors key metrics on equity, including the number of staff and residents identifying as Māori. The directors work to ensure that Māori plans and policies are led by Māori, and that Māori residents, family/whānau and staff members are supported. Dementia Care NZ has an overarching strategic plan (2024-2027) and a related business plan 2024-2025 that is developed in consultation with managers and reviewed annually.</p> <p>The organisation's vision and values includes acceptance of all people with kindness, love, provision of peace and comfort. The business and strategic goals are reviewed at regular intervals. 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. Barriers to health equity are identified, addressed, and services are delivered that improve outcomes for Māori and tāngata whaikaha. Dementia Care NZ ensures family/whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through providing feedback in surveys and focus groups. Quality improvements are identified at the individual homes and/or organisationally where needed.</p> <p>The feedback from these sources and quality improvements generated are reported through 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</p>
--	---

		<p>the local community. Both directors and all of DCNZ's management have completed Ngā Paerewa Te Tiriti eLearning modules. The directors and management team also take opportunities for further learning through external advisors and external training. 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 coordinator, who oversees the non-clinical part of the operations. The clinical manager has been in the role for five months and with the organisation since 2021, working at another DCNZ home. The operations coordinator has been in the role for one month. The management team are supported by a team of RNs and caregivers. They are supported by a regional clinical manager, national clinical quality lead and national operational support leader (all were present at the audit). The managing director also visits the site regularly to support the management team.</p> <p>The clinical manager has maintained the required eight hours of professional development activities related to managing an aged care facility; this includes attending a two-day professional development course for DCNZ clinical managers.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality</p>	<p>FA</p>	<p>Dementia Care NZ is implementing a quality management framework using a risk-based approach to improve service delivery and care. The cultural advisor ensures that organisational practices from the governance level down to individual home operations, improve health equity for Māori. Goals are established and progress is reported at all levels of the organisation. The clinical manager and regional clinical manager log and monitor all quality data and report any corrective actions required to achieve compliance where relevant. Quality data reported includes falls; behaviour incidents; bruises; pressure injuries; skin tears; infections; medication errors;</p>

<p>improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>and restraint use. Data is collated for benchmarking, and the results are reported back to the home for the development of quality improvement plans, if required. Comparison of data is used to critically analyse organisational practices, to ensure health inequities are responded to. Policies and procedures are regularly reviewed to ensure all care staff deliver high quality health care for Māori.</p> <p>Internal audits reviewed have been completed as per the internal audit schedule. Any quality improvements identified were used to improve service delivery and were signed off when resolved and discussed at staff meetings. Quality data is collected, analysed, and discussed at staff meetings. Resident and family/whānau satisfaction survey have been completed for October 2025. The satisfaction surveys reflected an overall satisfaction of the service being provided, with 81.8% of family/whānau stating that they would recommend the home to others. Family/whānau have been informed of the results and any quality improvements were being reviewed at the time of the audit. Family/whānau meetings are scheduled and completed six-monthly. 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 adverse event is documented electronically. Accident/incident forms reviewed indicated that the forms are completed in full, signed off by the clinical manager. Opportunities to minimise risk are documented. Incident and accident data is collated monthly and reported in the staff meetings. There is a Health & Safety programme in place, including training, hazard identification, incident and near miss reporting, and investigations. Health and safety committee meetings are held monthly. Hazards and risks are documented and addressed appropriately. Staff received education related to hazard management and health and safety at orientation and annually. There are monthly meetings (quality improvement, resident event analysis, management and RN/clinical meetings), and six-monthly restraint review meetings. Meeting minutes and monthly bulletins are available for all staff in the staffroom. Discussions with staff confirmed their involvement in the quality programme.</p> <p>Discussions with the clinical manager and regional clinical manager</p>
--	--

		<p>evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been events reported under Section 31 since March 2024 in relation to RN shortages in January to March 2025 (with the last one completed for week beginning 17 March 2025); five for resident physical aggression; three residents absconding; and one notification of a clinical manager change. There has been three serious adverse events (Severity Assessment Code [SAC]) reported to the Health Quality and Safety Commission (HQSC) for one pressure injury (suspected deep tissue injury) and two resident falls resulting in a fracture in 2025. There have been two outbreaks (Covid-19 and Scabies) documented and appropriately reported since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The clinical manager works full time from Monday to Friday, and provides 24 hours on call 24/7 for any clinical matters. The operations coordinator works full time, with a dual role as a diversional therapist, and is on call 24/7 for any operational related issues. The clinical manager and regional clinical manager stated that the service has had a full complement of RNs since the last Section 31 RN shortage notification (completed in March 2025). Review of the last three weeks roster confirm 24/7 RN cover. The clinical manager is supported by a team of RNs and caregivers. Agency staff are not used. Care staff interviewed stated there are enough staff on duty to meet the needs of the residents. Family/whānau interviewed stated there were sufficient staff available when they visit.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. The service employs 17 caregivers, and supports them to obtain a New Zealand Qualification Authority (NZQA) qualification. A review of staff records showed that 14 caregivers have completed the psychogeriatric unit</p>

		<p>standards, and three are enrolled and in the process of completing their psychogeriatric unit standards. All staff are within the 18-month period for completion. The annual training programme exceeds eight hours annually. Training is conducted via zoom and led by the DCNZ national educator (also a mental health trained RN).</p> <p>There is an attendance register for each training session and educational topics offered, include in-service training; the DCNZ Best Friends dementia training; competency questionnaires; online learning; and external professional development. Registered nurses and activities team members have a current first aid certificate. There are six RNs (including the clinical manager), and all have competed interRAI training. Registered nurses have attended training, including (but not limited to) critical thinking; infection prevention and control, including Covid-19 preparedness; and dementia, delirium and depression. The regional clinical manager provides oversight of the RNs through regular visits to the home. There is a range of competencies specific to the employee's role. There is a schedule and register of completion in place.</p> <p>All senior caregivers and RNs have current medication competencies. Caregivers and RNs are required to complete annual competencies for cultural, restraint, and moving and handling. A record of completion is maintained on an electronic human resources system. Staff are trained and understand the practice of tikanga Māori. Staff also complete cultural safety training and are provided with opportunities to learn about Māori health outcomes, disparities, and health equity trends. The cultural training module equipped staff to be culturally competent to provide high quality care for Māori. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. Staff interviewed report a positive supportive work environment.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held securely. Six staff files were reviewed, including the clinical manager, one RN, one diversional therapist, two caregivers and one</p>

<p>people in adequate numbers meet my needs. 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. 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>home assistant (also relief cook). The staff files reviewed evidence recruitment processes are being implemented, and includes reference checking, qualifications, and annual practising certificates. The service has an orientation programme in place that provides new staff with relevant information for safe work practice, and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation and then annually at time of their appraisal.</p> <p>The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori. There was evidence of completed orientation documents on files. The service collects ethnicity data for employees and maintains an employee ethnicity database. There are job descriptions in place for all positions, which includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of current practising certificates is maintained for all health professionals. Schedules and processes are in place for annual appraisals. All staff files reviewed had a completed annual performance appraisal in place. Staff information is accurate, relevant, secure and kept confidential. Staff wellbeing is supported, with evidence of debriefing occurring following incidents/accidents.</p>
<p>Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible and timely. Residents archived files are securely stored off-site and/or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. Information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index</p>

		registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents who are admitted to Millvale House Waikanae are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The operations coordinator and clinical manager screen prospective residents prior to admission. In cases where entry is declined, there is liaison between the home and the referral team. The prospective resident would be referred back to the referrer. The clinical manager described reasons for declining entry would only occur if there were no beds available, or Millvale House Waikanae is unable to provide the service the prospective resident requires, after considering staffing and resident needs. There have been no residents declined entry to Millvale House Waikanae.</p> <p>The operations coordinator and clinical manager keep records of how many family/whānau have viewed the home for the prospective resident, admissions and declined referrals. The service collects ethnicity information at the time of inquiry and admission from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of the same for the purposes of identifying entry and decline rates for Māori. Review of the current residents admitted to Millvale House Waikanae evidence diverse ethnicity, including those who identify as Māori. The service has established links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</p> <p>There is an information pack relating to the services provided at Millvale House Waikanae, which is available for family/whānau prior to admission, or on entry to the service. The admission agreements reviewed were signed and aligned with the requirements of Health New Zealand service agreements. Services that are not provided by Millvale House Waikanae are included in the admission agreement. Millvale House Waikanae identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori.</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 are responsible for all residents' assessments, care planning and evaluation of care. Six resident files were reviewed. All the files reviewed were for residents under the age-related hospital specialist services (ARHSS) agreement. Initial care plans reviewed are developed with the residents' Enduring Power of Attorney (EPOA) or welfare guardian consent within 24 hours of admission. Care plans are based on data collected during the initial nursing assessments, which include those related to dietary needs; pressure injury risk; falls risk; behaviour; continence; skin; activities; pain; and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCP) are developed with information gathered during the initial assessments and the interRAI assessment, and are completed within three weeks of the residents' admission to the home. Care plan interventions and early warning signs meet the residents' associated risks, are holistic, resident centred and provide guidance to staff around all medical and non-medical requirements. All the residents have a behaviour assessment and behaviour care plan completed on admission, with associated risks and supports needed well documented, and includes strategies for managing/diversion of behaviours.</p> <p>The residents who identified as Māori have a Māori health care plan in place, which describes the support required to meet their needs and is based on Te Whare Tapa Whā model of care. The registered nurses interviewed describe removing barriers, so all residents have access to information and services required to promote independence and working alongside residents and family/whānau when developing care plans to meet residents' own pae ora outcomes.</p> <p>Long-term care plan interventions were detailed enough to provide guidance to staff around all the identified medical and non-medical needs. The care plans include a 24-hour reflection of close to normal routine for the resident, with interventions to assist caregivers in management of the resident behaviours. Short-term care plans (STCP) are developed for acute problems, for example, infections,</p>

	<p>wounds, and weight loss. These have been signed off when resolved, or moved to the long-term care plan.</p> <p>The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. The service contracts a local medical practice, with the general practitioners visiting the home at least two hours a week for clinics, and provides after hours on-call cover 24/7. The general practitioner has access to the resident records, including the medication system. Residents have reviews by the general practitioner within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly general practitioner visits, when the resident's condition is considered stable.</p> <p>The general practitioner interviewed stated that there was effective communication with the service, they were informed of concerns in a timely manner, there was good follow-up of medical management plans, the registered nurses were proactive, and that they were confident in the abilities of the nursing team. A physiotherapist visits the home weekly and reviews residents referred by the registered nurse. Psychiatrists and Older Person's Mental Health team visit the home and review residents regularly. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services, including (but not limited to) speech language therapist, wound care specialist, and continence specialists available as required through Health New Zealand. Documentation and records reviewed were current.</p> <p>There was evidence of wound care products available at the home. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were consistently taken at dressing changes. At the time of the audit, there were 12 wounds from 9 residents being actively managed, which included (but not limited to) lacerations, skin tears, and three pressure injuries (one suspected deep tissue injury and two stage II pressure injuries). Review of documentation related to the wounds confirmed that these were well managed and dressed according to management plans. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p>
--	--

	<p>Policies and protocols are in place to ensure continuity of service delivery. Caregivers and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift, which was found to be comprehensive in nature, as observed on the day of the audit. Progress notes are written on every shift by the caregivers, and the registered nurse document at least twice daily and as necessary in the resident records.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; restraint monitoring; blood glucose levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts have been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls, or where a head injury was suspected as part of post falls management.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the home, and that they have access to the supplies and products they require to meet those needs. The family/whānau interviewed reported that the residents' needs and expectations are being met. When a resident's condition changes, the staff alert the registered nurse, who then assesses the resident, and initiates a review with the general practitioner if required. Contact details for family/whānau are recorded on the electronic system. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, and medication changes. This was consistently documented in the resident records. Family/whānau interviewed confirmed assessments are completed according to resident's needs and in the privacy of their bedrooms.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments,</p>
--	---

		<p>and when there is a change in the resident's condition. The care plan evaluations reflect the degree of achievement towards meeting the desired goals and outcomes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The diversional therapist works five days a week (Thursday to Monday) and has been in the role for 13 years. They are supported by another trained diversional therapist who works on the other days (Tuesday - Wednesday), and short shifts on Monday, Thursday and Friday afternoon to support the residents with the programme. The service ensures provision of an activities programme Monday to Sunday, with van outings arranged regularly for the residents. The activities team and any staff who accompany residents on van outings have current first aid certificates and van driving competencies. The activities team develop and coordinate with care staff on the delivery of the activity programme. There are resources available for caregivers to use after hours and when the activities team is not working. A monthly and daily activities calendar is posted on the noticeboards, and copies are available for residents and family/whānau.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. These include (but not limited to) exercises; floor games; entertainment; art; local news; music; craft; van trips; sensory activities; one-on-one; and walking groups. Residents who do not participate regularly in group activities, are visited one-on-one. The interactions observed on the days of the audit showed engagement between residents, the activity team and staff. Some residents were observed participating in balloon volleyball and walks in the secure gardens.</p> <p>Residents' participation and attendance in activities are recorded in the resident records. Residents have an individualised activities assessment and care plan which is integrated in the long-term care plan. These are reviewed at least six-monthly. Resident care plans evidence 24-hour activity plans, which included strategies for distraction, de-escalation, and management of challenging behaviours.</p>

		<p>Community visitors include entertainers. Special events like birthdays, Matariki, Easter, Father's/Mother's Day, ANZAC day, Christmas, and theme days are on the programme and celebrated with appropriate resources available. The service ensures that staff support Māori residents in meeting their health needs, aspirations in the community, and facilitates opportunities for Māori to participate in te ao Māori. Family/whānau interviewed spoke positively of the activities programme, with feedback and suggestions for activities made via one on one visits, surveys and meetings.</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>Dementia Care New Zealand has organisational policies documented around safe medicine management that meet legislative requirements. The registered nurses and medication competent caregivers who administer medications are assessed annually for competency. Education around safe medication administration is provided. All medication charts and signing sheets are electronic. On the days of the audit, registered nurses were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their roles regarding medication administration.</p> <p>Millvale House Waikanae uses robotic rolls for all regular, as required, and short course medicines. All medications once delivered are checked by the registered nurse against the medication chart. Any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the medication trolley, which was stored in the secure medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops and creams have been dated on opening. As required medication (pro re nata) effectiveness is consistently documented following administration.</p> <p>Twelve medication charts were reviewed. There is a three-monthly general practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Due to the nature of the service (psychogeriatric), self-administration of medications is not facilitated. Over-the-counter</p>

		<p>medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. There are no standing orders in use, and the service does not store any vaccines on site.</p> <p>There is documented evidence in the clinical files that family/whānau are updated about changes to their family member's health. The registered nurses and clinical manager described how they work in partnership with residents and family/whānau who identify as Māori, to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>There is a cook rostered seven days a week between 7:00 am and 5:15pm to provide food services. The dietitian approved (October 2025) the four-week seasonal menu that is being implemented. All meals are prepared and cooked on site, plated by the cook, and served by the care staff in the two main dining rooms adjacent to the kitchen. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates and cutlery, are available for residents to maintain independence with meals. The dining experience and environment was observed to be safe and pleasurable. The cook and caregivers interviewed are knowledgeable regarding resident's food portion size, and normal food and fluid intake.</p> <p>Caregivers confirmed they report any changes in eating habits to the registered nurses and record this in progress notes. The kitchen was observed to be clean, well-organised, well equipped, and with a current approved food control plan, expiring in April 2026. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen. The kitchen meets the needs of residents who require special diets. The cooks work closely with the registered nurses with resident's dietary profiles and any allergies. Residents who require supplements for identified weight loss or meal alternatives as assessed by the dietitian, have them supplied.</p>

		<p>Nutritional snacks are available 24/7. Kitchen staff are trained in safe food handling.</p> <p>Serving temperatures are taken on each meal. Fridge and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Staff feedback, family/whānau surveys, and one-to-one interaction of the residents with the cooks in the dining room allows the opportunity for feedback on the meals and food services. Recent survey results reflect overall satisfaction with food services. The cook and caregivers interviewed understood basic Māori practices in line with tapu and noa. The cook advised that they provide food for the cultural themed days in line with the theme. The cook stated they accommodate any requests from residents within reason. Family/whānau members interviewed indicated 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>Planned discharges or transfers are coordinated in collaboration with the family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form; copies of medical history; form with family/whānau contact details; resuscitation form; medication charts; last general practitioner review records; and a yellow transfer envelope. The family/whānau are involved for all transfers to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or Kaupapa Māori agencies, where indicated or requested. Discharge notes are kept in residents' records, and any instructions integrated into the care plan. The clinical manager advised that a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe</p>	PA Low	<p>The buildings, plant, and equipment are fit for purpose at Millvale House Waikanae and comply with legislation relevant to services being provided. The building holds a current warrant of fitness,</p>

<p>and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>which expires 12 June 2026. The environment is inclusive of peoples' cultures and supports cultural practices. The operations coordinator oversees day to day operations for the home. Maintenance requests are logged electronically. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in October 2025), and the checking and calibration of medical equipment, hoists and scales (last completed in October 2025). Staff interviewed reported that all equipment required to meet residents' needs is available. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required. Hot water temperatures are scheduled to be monitored weekly. These are completed in communal bathrooms and taken at the outlet closest to the hot water cylinder; however, there was no documented evidence that hot water temperatures were being recorded in resident rooms.</p> <p>The home is divided into two psychogeriatric homes of 15 beds each (Tui and Kereru), with multiple living and lounge areas. There is push button access between the two areas. There is secure access to the entrances of each psychogeriatric home. There is call bell access outside of office hours. Residents are able to move freely around the entire home. Doors from the internal dining rooms and lounges open out onto a safe secure internal courtyard, gardens and shaded seating areas. There are a number of safe walking paths that lead back into communal lounges and conservatory areas of either home. The external grounds are fully fenced and secure. Fences are high and care has been taken to ensure that residents are not able to use furniture etc to climb fences, including that outdoor furniture is bolted down. All bedrooms are single and have hand basins and share communal toilet/shower facilities. There are adequate numbers of showers and toilets within the home. All communal bathrooms allow for mobility equipment. Fixture's fittings and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning.</p> <p>Communal, visitor and staff toilets are available and contain flowing soap and paper towels. Communal toilets and bathrooms have appropriate signage, locks on the doors and shower rooms have privacy curtains. There are appropriately placed handrails in the</p>
---	--

		<p>bathrooms and toilets. Resident rooms are of sufficient space to allow services to be provided and for the safe use of mobility aids and hoist if necessary. The bedrooms are personalised, as observed on the days of audit. The bedrooms are uncluttered to promote safe mobility. There is a mix of bedrooms with carpet and lino flooring. Wardrobes are securely fixed to walls as a safety measure. Staff interviewed reported that they have adequate space to provide cares to residents. Activities take place in the dining room or lounge area of each home, dependent on the type of activity, and they are all large enough to not impact on other residents not involved in activities. Seating and space are arranged to allow both individual and group activities to occur. There is adequate space to allow maximum freedom of movement while promoting safety for those that wander. All rooms and communal areas have windows, plenty of natural light and ventilation. There is appropriate heating throughout the facility.</p> <p>There are no plans for building projects, or further refurbishments; however, if this arises, DCNZ have procedures in place to utilise their Māori contacts to ensure aspirations of Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the home in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 4 March 2004). Fire evacuation drills are held six-monthly and was last completed on 4 August 2025. Civil defence supplies are stored in an identified cupboard and are checked monthly. The home does not have a generator; however, documentation provided evidenced the emergency evacuation procedure is in place for immediate provision of one. This information is made available for staff of how to contact the provider for this when required. A gas barbeque is available on site for additional means of cooking if required. There is adequate food</p>

		<p>supply available for each resident, for minimum of seven days.</p> <p>Two large water tanks on site provides adequate supplies in the event of a civil defence emergency, sufficient for twenty litres per person, for seven days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways, to alert staff of who requires assistance. The testing of call bells is included within the annual maintenance plan. Documentation reviewed confirmed these are performed as scheduled, with any anomalies addressed as required. The psychogeriatric home is a secured area, with authorised access only via a secure keypad. The doors are set to automatically release in case of fire. The building is secured after hours. Staff complete regular security checks at night. Visitors and contractors are instructed to sign in and complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control plan and Antimicrobial Stewardship policy was developed, aligns with the strategic document, has been approved by governance, and linked to the quality improvement programme. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations. The infection control coordinator is a registered nurse and on interview, reported they have full support from other members of staff and the management team regarding infection prevention matters. This includes time, resources, and training. Monthly quality and staff meetings include discussions regarding any residents of concerns, including any infections. Infection prevention incidents and issues are reported to the directors monthly through a report from the clinical governance meeting to the general meeting, and urgent or significant issues are reported to the directors immediately.</p> <p>The infection control coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training, as verified in training records</p>

		<p>sighted. Additional support and information are accessed from the infection control team at Health New Zealand, the community laboratory, and the general practitioner as required. The infection control coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. There were outbreaks reported since the previous audit, which were managed according to guidelines and reported to the directors immediately.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator, a registered nurse, oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The infection control coordinator has completed external education on infection prevention and control for clinical staff (in May and July 2025).</p> <p>The service has a clearly defined and documented infection control programme that was developed with input from external infection control services. The infection control programme was approved by the director and is linked to the quality improvement programme. The infection control programme is reviewed annually, and it is current. The infection control policies were developed by suitably qualified personnel, and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection control resources, including personal protective equipment (PPE), were available and sighted on the days of the audit. Infection control resources were readily accessible to support the pandemic response plan, if required. The infection control coordinator has input into related clinical processes that impact on health care associated infection (HAI) risk, and has access to all clinical records and diagnostic results of residents.</p>

		<p>Staff have received education around infection control practices at orientation and through annual education sessions (last completed May 2025). Additional staff education has been provided in response to outbreak management. Education with residents and family/whānau occurs on an individual basis as applicable. This included reminders about hand hygiene, advice about not visiting the home if they are unwell, and for residents to remain in their room, as able, if unwell. This was confirmed in interviews with family/whānau.</p> <p>The infection control coordinator consults with management on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers. The clinical manager and regional clinical manager stated that the infection control coordinator will be involved in the consultation process for any proposed design of any new building, or when significant changes are proposed to the existing home.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits are completed six-monthly, and where required, corrective actions were implemented.</p> <p>Registered nurses, caregivers, home assistants and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand hygiene technique, and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the home. The kitchen linen is washed separately, and towels used for the perineum are not used for the face. These are some of the culturally safe infection control practices observed and thus acknowledge the spirit of Te Tiriti. The Māori health plan ensures staff are practicing in a culturally safe manner. The service has educational resources in te reo Māori.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity

<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>of the service. The programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial stewardship programme is reviewed annually and has been approved by the directors. The policy in place aims to promote optimal management of antimicrobials, to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted.</p> <p>The general practitioner has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. Antimicrobial stewardship data is being collected. The antimicrobial stewardship committee meets quarterly, reviews this data, and provides a summary along with any relevant issues for consideration by the directors. The infection control coordinator and regional clinical managers review organisational antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Staff reported that they are informed of infection rates and regular audit outcomes at meetings. Results are reported through a management reporting pathway to the directors.</p> <p>Records of monthly data sighted identified numbers of infections, comparison with the previous month, reason for increase or decrease, and action taken (as indicated). Any new infections are discussed at shift handovers for early interventions to be implemented. Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, management, and the directors. Family/whānau are advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled, and verified in interviews with</p>

		<p>family/whānau. There have been two outbreaks reported since last audit: Covid19 outbreak in January 2025, and one suspected scabies outbreak in August 2025. The outbreaks were managed according to policy and current best practice, with appropriate notifications completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the cleaning/chemical room. Cleaning products were in labelled bottles. The home assistants (cleaning/laundry staff) ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. Home assistants are responsible for cleaning. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The home was observed to be clean throughout. The home assistants have attended training appropriate to their roles, including chemical safety. The operations coordinator has oversight of the home testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits completed.</p> <p>Home assistants are responsible for laundry services, which is completed on site, with someone on duty each shift (8:00 am-1:00pm; 5:00pm-8:00pm and midnight to 8:00am). The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets each day. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All home assistants have received training and documented laundry guidelines are available. The home assistants interviewed demonstrated awareness of the infection prevention and control protocols. Satisfaction surveys and interviews confirmed satisfaction with the cleaning and laundry processes. Internal audits are completed for the effectiveness of the cleaning and laundry services, which are monitored by the infection control</p>

		<p>coordinator, and any corrective actions are identified and implemented. Results are discussed at all meetings.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The governance body includes objectives around elimination of restraint. The service’s restraint policy includes the definitions of restraint, which aligns with the HDSS:2021 standard and confirms that restraint consideration and application must be done in partnership with EPOA, and the choice of device must be the least restrictive. At all times when restraint is considered, the home will work in partnership with Māori advisors, to promote and ensure services are mana enhancing. The policy covers elimination of restraint, evaluation, and restraint procedures (including emergency restraint). At the time of the audit there were two residents using restraint (one with an arm restraint and the other using a lap belt).</p> <p>The restraint coordinator is a registered nurse, who is conversant with restraint policies and procedures and is part of the national restraint approval group. An interview with the restraint coordinator described the organisation’s commitment to restraint elimination, through the use of proactive de-escalation strategies. All staff receive education in restraint as part of mandatory training (last completed in May 2025). The service considers least restrictive practices, implementing de-escalation techniques, alternative interventions, and only uses an approved restraint as the last resort, when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of minimising the use of restraint. Restraint data is collated, analysed, and reported along with the quality data to the directors.</p> <p>A review of the documentation in the resident files included assessments, consents, monitoring, and evaluation of the restraints being used. The restraint approval process includes the general practitioner, restraint coordinator, EPOA and physiotherapist (as required). Restraint programme is discussed as part of the monthly meetings at Millvale House Waikanae, and six-monthly as part of the national restraint approval group.</p>

<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator. The resident records of one of two residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). The type of restraint, rationale for use, monitoring and evaluation of the episode is documented. The residents were using restraint as a last resort, for safety. Written consent was obtained from the EPOA. The use of restraint approval includes the restraint coordinator, resident's EPOA and the general practitioner, and reviewed three-monthly. No emergency restraints have been required; however, staff are aware of the process to follow if one was required, including the debrief process. The restraint coordinator is the person who will facilitate the debrief process when required.</p> <p>Monitoring forms are completed for the resident using restraint and review of the resident records confirmed that each episode has been completed as scheduled, including evidence of periodic release of restraint documented as per care plan. The lap belt restraint was scheduled to be monitored two hourly. Monitoring takes into consideration resident's cultural, physical, psychological, spiritual, and psychosocial needs.</p> <p>There have been no documented incidents related to restraint use. Restraints are regularly reviewed and discussed in home meetings. The formal and documented review of restraint use takes place three-monthly as part of the general practitioner review, and six-monthly as part of the organisation's governance process through the restraint approval group meetings. The last internal audits related to restraint demonstrated compliance with expected standards.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit is discussed in meetings. The monthly review of restraint use is</p>

<p>Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>completed by the restraint coordinator and updated on the restraint register. The six-monthly restraint approval group meeting discusses and reviews all organisational restraints, including strategies to implement, changes required to policies, and consideration of restraint as a last resort. The outcome of the review is reported to the governance body.</p> <p>Review of records indicates involvement of EPOAs, staff and general practitioner in regular review of all residents using restraint, identifying restraint elimination strategies, implementing the measures discussed, and evaluating effectiveness. Restraints are discussed with staff during the home meetings, including restraint incidents (should they occur), and education needs. The EPOAs for the residents using restraints have input into the restraint review process.</p> <p>Restraint data, including any incidents, are reported as part of the home meetings and six-monthly organisational restraint approval group meetings (last completed July 2025). The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</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 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	Hot water temperatures are scheduled to be monitored weekly. These are completed throughout the facility and in communal bathrooms; however, there was no documented evidence that hot water temperatures were being recorded in resident rooms.	There was no documented evidence that hot water temperatures were being recorded in resident rooms. This has been identified as low risk due to monitoring of temperatures closest to the outlet which would identify any issues.	<p>Ensure that hot water temperatures are recorded in resident rooms as per the schedule and policy.</p> <p>90 days</p>

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.