

Mateus Enterprises Limited - Seaview Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Mateus Enterprises Limited

Premises audited: Seaview Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 14 December 2021 End date: 15 December 2021

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 outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. 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 standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards 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 standards applicable to this service partially attained and of low risk

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

General overview of the audit

Mateus Enterprises Ltd, trading as Seaview Home, provides rest home level care for up to 28 residents. Short stay /respite and day programme attendance can also be provided subject to bed availability. Day to day operations is provided by a facility manager who is also the clinical manager and an operations manager. Governance is provided by two directors who are often on site. The only significant change to the service since the previous audit in 2018 was the appointment of a new facility manager/ clinical manager in 2020.

This re-certification audit was conducted against the Health and Disability Services Standards and the service's contract with the Nelson Marlborough district health board (DHB). The audit process included a pre audit review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, one of the directors, staff, and a general practitioner (GP). The GP, residents and families spoke positively about the care provided.

There were no areas identified from this audit which required improvement. The three non-compliances that resulted from the most recent (2018) audit have been resolved.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Information regarding the Health and Disability Commissioners' Code of Health and Disability Consumers' Rights (the Code) and the Health and Disability Advocacy Service is made available to residents and their families on admission and is also accessible in the facility.

Staff, residents and family interviews demonstrated an understanding of residents' rights. Staff were observed to uphold residents' rights during service delivery.

Residents have their needs met in a manner that respects their cultural values and beliefs, including residents who identify themselves as Māori. Informed consent is practised, and written consent is obtained when required.

Services are provided that respect the independence, personal privacy, individual needs, and dignity of residents. Residents are treated in a professional and respectful manner. Policies are in place to ensure residents are free from discrimination, abuse and neglect. Interviews confirmed that the environment is conducive to communication and that staff are respectful of residents' needs.

A complaints register is maintained with complaints resolved promptly and effectively.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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An annual strategic plan describes the scope, direction, goals, values and mission statement of the organisation. The directors and a small senior management team are monitoring all aspects of the services provided. The facility manager/clinical manager was appointed to the role in 2020. This person has been working at the home as a registered nurse for four years and is suitably qualified to manage an aged care service.

The quality and risk management system collects quality data, identifies trends and leads to improvements. Staff are involved, and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery. Policies were current and are reviewed and updated as needed at regular intervals.

The appointment, orientation and management of staff is based on good employment practices. A systematic approach to identify and deliver ongoing education supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Resident records are intergrated.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents are assessed on their admission to the facility. The initial assessment / care plan guides care and service provision during the first three weeks after the resident's admission.

The interRAI assessments identify residents' needs and these are completed within the required timeframes, as are the long term care plans. The general practitioner (GP) completes an initial medical assessment and medical reassessment occur thereafter on a regular basis.

Long term care plans demonstrate evaluations are completed at least six-monthly. Residents and their relatives are notified regarding any changes in a resident's health status. Handovers between shifts guide continuity of care and teamwork is encouraged.

The activity programme is managed by an activities coordinator. The programme provides residents with a variety of individual and group activities and maintains their links with the community.

An electronic medication management system is in place. Medications are administered by registered nurses and care staff who have completed current medication competency requirements.

The food service meets the nutritional needs of the residents. All meals are prepared on-site.. Residents and family confirmed satisfaction with meals provided.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility is well maintained and all furniture is in good condition and meets the needs of the resident group. Electrical and medical equipment is tested and calibrated as required. External areas are accessible and safe for residents' use. There is a current building warrant of fitness.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Care staff carry out cleaning and laundry duties. The effectiveness of cleaning and laundry is regularly evaluated.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Communal and individual spaces are maintained at a comfortable temperature.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Seaview Home has a philosophy and practice of no restraint. There were no restraints in use. On the days of audit there was one enabler in place to assist the resident to sit up in bed. This had been requested and consented to by the resident using it. Policies and procedures meet the requirements if a restraint is required and staff education is ongoing.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme is appropriate to the size and complexity of the service. The infection control nurse is the facility manager/ clinical manager. Infection data is collated, analysed, and trended. Monthly surveillance data is reported to staff. The facility has up to date information and policies relating to Covid-19 processes and these were observed during this on-site audit. There has been no outbreaks at the facility since the previous audit.

Summary of attainment

The following table summarises the number of standards 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)
Standards	0	45	0	0	0	0	0
Criteria	0	93	0	0	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Seaview Rest Home has documented policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy of residents.</p> <p>Staff training on the Code is included as part of the staff orientation process and in ongoing training for staff.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Residents and their family are provided with information about the services the rest home provides. Staff interviewed discussed the principles of informed consent, and methods used to determine that the resident has understood the information provided. Residents and relatives interviewed confirmed they were provided information that contributed to making informed decisions.</p> <p>In clinical records sampled, signed consent forms included, but was not limited to: consent for photographs; outings; storage of health records and permission to share health information. A signed admission agreement was held for all residents.</p>

		Signed and appropriately recorded resuscitation status forms and advanced directives were sighted in the residents' clinical files sampled. Clinical staff interviews confirmed their understanding and the facility's process around not for resuscitation status and advanced directives.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	There was evidence residents and family members have been provided with information relating to their right to have an advocate/ support person of their choice. Residents and family interviewed confirmed staff and management provide them with information and choices to have support persons present when they wish.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Residents and relatives interviewed confirmed there was open visiting at the facility, prior to Covid-19 restrictions. Currently visiting is monitored under the Covid-19 guidelines. Visitors were observed coming and going during the on-site audit, in accordance with the Covid-19 protection requirements. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events. The service provides assistance to ensure that the residents are able to participate in these as much as they wish and can do so safely.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed said they felt comfortable and would not hesitate to raise a concern if they had one. Facility manager interview and complaint register revealed there have been no formal or informal complaints received since 2017. Results of an internal audit regarding complaints showed that a sample of residents and families understood the complaints process. Those interviewed during the audit confirmed the same and said they would have no hesitation in approaching any staff member or the directors if they had concerns. The facility manager/clinical manager is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints to the Office of the Health and Disability Commissioner

		(HDC) nor any requests for advocacy services to provide support in this certification period.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents and family are provided with a copy of the Code and the Nationwide Health and Disability Advocacy Service, as part of the admission information and discussion with staff on admission to the facility.</p> <p>The Code is displayed throughout the facility together with information on advocacy services, how to make a complaint and feedback forms. Residents and family interviewed stated they would feel comfortable raising issues with staff and management.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Residents are encouraged to maintain their independence by involvement with community activities when this is possible in the Covid-19 environment. Residents' care plans included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Residents clinical records sampled confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and ongoing.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There is a Māori health plan that guides staff in meeting the needs of the residents who identify as Māori. Any additional cultural support, if required would be accessed locally. This was confirmed during interviews with management and review of the documentation and residents' clinical records.</p> <p>There were two residents who identified as Māori at the facility on audit days. Māori residents' clinical records evidenced acknowledgement of their individual cultural needs. Staff and management interviews confirmed they support residents in the service who identify as Māori to integrate their cultural values and beliefs.</p>

<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Seaview Rest Home recognises the cultural diversity of its residents, families, and staff. The facility's policies and procedures reflect key relationships with churches and community groups.</p> <p>The residents' personal needs and values were identified on admission and this information is gathered from previous interRAI assessments and residents, family and/or enduring power of attorney. All residents' care plans sampled included the resident's social, spiritual and cultural needs. Care staff were able to give examples of how they meet the individual needs of the residents they care for.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The service has policies and procedures to protect residents from any form of discrimination, coercion, harassment, or exploitation. Relevant policies and procedures have been implemented. Staff orientation and in-service education provide ongoing awareness around prevention of any discrimination, coercion, and harassment.</p> <p>Management and staff interviewed demonstrated a clear understanding of professional boundaries. Documented job descriptions describe the functions and limitations of each position.</p> <p>Families interviewed acknowledged the openness of the service and stated that staff were all approachable and welcoming.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The facility implements policies and procedures that comply with legislation and good practice guidelines. Policies align with the Health and Disability Services Standards and ensure safe, current evidence-based practice.</p> <p>Staff, management and resident interviews, residents' clinical records and observation of service delivery confirmed that resident care was based on good practice guidelines.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure alert staff to their responsibility to notify family/enduring power of attorney of any accident/incident that occurs. Interviews with family members confirmed they are kept informed of their family members progress and any adverse events if they occur.</p> <p>There were no residents who required the services of an interpreter. Staff and management interviews advised that interpreter services would be sourced through the district health board (DHB) if required.</p>

		<p>The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the admission agreement.</p> <p>The facility provides newsletters to residents and family members. Resident/relative meetings are held six monthly.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Seaview Home has been owned and operated by the same directors for 25 years. Day to day operations are now being overseen by a full time facility manager (FM) who is also the clinical manager and an operations manager. The FM/clinical manager is a registered nurse (RN) with a current practicing certificate and has been employed at Seaview for close to five years. This person demonstrated knowledge of the sector, regulatory and reporting requirements and maintains currency through ongoing professional development in nursing and at least eight hours of education per annum as required in the agreement with the DHB.</p> <p>There is a fully described strategic plan which is reviewed annually. This outlines the purpose, values, scope, direction and goals of the organisation. The documents describe annual and longer-term objectives and the associated operational plans including the facilities response to Covid 19. A sample of directors/management meeting minutes confirmed regular discussions and actions to monitor performance for example, occupancy, human resources (HR), service performance, and any emerging risks and issues. Interview with a director and the operations manager and documents reviewed verified effective methods for ensuring services are provided in ways to meet the needs of residents.</p> <p>The service holds contracts with Nelson Marlborough DHB, for rest home level care and respite. There is also a young person with disability (YPD) contract for one person who is now over the age of 65 years. The facility has a maximum capacity of 28 beds, on the days of audit 26 beds were occupied. One resident was being cared for as respite/short term and all others were long term care. The Needs Assessment and Service Coordination agency (NASC) had been advised that the needs and level of care required by one resident was likely to be hospital care. A request for dispensation for this person to stay at Seaview Home at the family's request, has been submitted to the Ministry of Health.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner</p>	FA	<p>The other full time registered nurse (RN) carries out all the required duties under delegated authority with the directors support, when the FM//clinical manager is absent. Staff reported this arrangement is seldom needed but works well.</p>

<p>which ensures the provision of timely, appropriate, and safe services to consumers.</p>		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Seaview Home has an established quality and risk management system for determining compliance and where improvement is needed. Service delivery monitoring includes collation and analysis of quality data such as incidents/accidents, complaints and infections, and the outcomes of internal audits.</p> <p>Minutes of staff meetings including for example management group/quality/infection control and restraint, RN, staff, health and safety and resident meetings, evidenced regular reporting and review of data. Resident and family satisfaction surveys are completed annually. Feedback from residents was conducted by independent surveyors in June 2021. Participation by 22 residents showed 99.4% satisfaction.</p> <p>Minutes from the directors/management meetings and monthly staff meetings reviewed, confirmed that service delivery information is reported and discussed. Staff reported their involvement in quality and risk management activities through adapting their practices and via internal audit activities.</p> <p>Where service shortfalls are identified (from feedback or internal audits) relevant corrective actions are decided and implemented. Corrective or preventative actions were also noted on incident forms. Evidence that these matters are clearly communicated back to staff was confirmed by staff interview who said they receive memos or verbally at handover or general meetings.</p> <p>The policy and procedure set cover all necessary aspects of the service and contractual requirements. Policies are based on best practice and were current. The document control system includes regular review of policies, citing references, approval, distribution and removal of obsolete documents.</p> <p>The directors described their processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. A risk management plan 2021-2022 is in place. Actual and potential risks are identified and documented.</p> <p>The operations manager has completed a level one health and safety certificate and is familiar with the Health and Safety at Work Act (2015) and its requirements. This person manages the hazard register, conducts environmental inspections, provides education and mentoring about safe lifting/manual handling and inducts all new staff to the health and safety systems in place. There have been no staff injuries requiring notification the previous audit.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Staff document adverse and near miss events on accident/incident forms. A sample of forms from 2020-2021 were consistent in clearly describing and detailing the incident and recording who had been notified. Each unwitnessed fall event had attached records of post fall neurological observations. The FM/clinical manager reviews all incidents, investigates where necessary and documents preventative actions which are followed-up. The FM/clinical manager demonstrated understanding about essential notification reporting requirements, including for pressure injuries. Notifications to the Ministry of Health since the previous audit have been for the change in FM/clinical manager and request for dispensation for a hospital level care resident. There have been no significant events requiring notification, and no police or coroners investigations since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Staff management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs) where required. Copies of practising certificates for the registered health practitioners providing services at Seaview Home are on file. A sample of staff records sampled confirmed the organisation's policies are being consistently implemented and records are maintained. Internal audits of personnel records ensure compliance with policy and employment legislation.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review after a three-month period and then annually.</p> <p>Continuing education is planned on an annual basis and occurs each month. These include mandatory training requirements such as fire drills, first aid and medicines competency for those who administer medicines and other education to meet the requirements of the provider's agreement with the DHB. A majority of carers have educational achievements related to care of older people. Of the eight care staff employed, four have achieved level four of the national certificate in health and wellness, two are at level three and two at level two. The staff records sampled demonstrated attendance at ongoing training and completion of annual performance appraisals.</p> <p>The two registered nurses are trained and maintaining their annual competency requirements to undertake interRAI assessments.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week.</p> <p>Observations and review of a two-week roster cycle confirmed more than adequate staff cover has been provided, with staff replaced in any unplanned absence. All staff have a current first aid certificate. The director, managers and care staff interviewed stated that staffing levels are adjusted to meet the changing needs of residents. There is an afterhours on call roster shared by the FM/clinical manger and the other RN, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. The residents and family interviewed supported this.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>Residents' clinical records are in hard copy and the medication charts are managed electronically. Residents' information, including progress notes, are entered into the resident's clinical records in an accurate and timely manner. The name and designation of the person making the entry is identifiable. Residents' progress notes are completed every shift, detailing resident's response to service provision. The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals.</p> <p>There are policies and procedures in place to ensure the privacy and confidentiality of resident information. Staff interviews confirmed an awareness of their obligations to maintain the confidentiality of resident information. Resident care and support information can be accessed in a timely manner and is protected from unauthorised access. There is electronic password protection and any hard copy information is securely stored when not in use. Documentation containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Needs assessment and service coordination (NASC) assessments are completed for resident's entry to the service. The service communicates with needs assessors and other appropriate agencies prior to the resident's admission regarding the resident's level of care requirements.</p> <p>There is an information pack provided to residents and their families prior to admission. Review of residents' files confirmed entry to service processes are implemented, ensuring compliance with entry criteria.</p> <p>Residents and family members interviewed stated they were satisfied with the admission process which was completed in a timely manner. Records evidenced residents' demographic detail;</p>

		assessments; and signed admission agreements in accordance with contractual requirements.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.</p> <p>Interviews with management and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers. A transfer form accompanies residents when they are moved to another service or facility.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. Medications are stored securely in accordance with requirements. Weekly checks of medications and six monthly stocktakes are conducted in line with policy and legislation</p> <p>A safe system for medicine management using an electronic system was observed on the days of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were completed. Resident allergies and sensitivities were documented on the electronic medication chart and in the residents' clinical records.</p> <p>The service uses pharmacy pre-packed medicines that are checked by the registered nurse on delivery to the facility. The residents' specific medications, such as short course medicines, sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. There are standing orders, such as Panadol and lactulose, used at the facility and these are reviewed and signed annually by the GP. The manager/ clinical manager discussed the process of using standing orders and this was compliant with standards. The registered nurse oversees the use of all as required medicines. Documentation regarding the effectiveness of as required medications administered is recorded in the resident's progress notes.</p> <p>The electronic medication records sampled included the residents' photo identification.</p> <p>Review of the medication fridge evidenced that the service does not store or hold vaccines and interview with management confirmed this. The facility purchased a new medicine fridge on audit day and this was to be used and monitored for temperature as per medication guides. There were no medicines requiring refrigeration on audit days.</p> <p>Current medication competencies were evident in staff files sampled. There were no residents self-administering medication on the days of the audit.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals are prepared on site. The summer menu was in use on the days of audit. The menu has been reviewed by a dietitian. The rest home has a current food control plan. All kitchen staff have relevant food hygiene and infection control education.</p> <p>A nutritional assessment is undertaken for each resident on admission to identify the residents' dietary requirements and preferences. The dietary profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the kitchen manager confirmed awareness of the dietary needs, likes and dislikes of residents. These are accommodated in daily meal planning.</p> <p>Residents were seen to be given enough time to eat their meal and likes and dislikes were being accommodated. Residents and families stated that they were satisfied with the meals provided.</p> <p>The kitchen manager is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored in fridges, a walk -in freezer and pantry, labelled and dated. Temperatures of fridges and the freezer are monitored and recorded daily, as is the temperature of food served to residents. Dry food supplies are stored in the pantry and rotation of stock occurs. There is a cleaning schedule in place and this was sighted.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service has a process in place if resident's access is declined. When residents are declined access the residents and their family/whānau, the referring agency and GP are informed of the decline to entry. The resident would be declined entry if not within the scope of the service or if a bed was not available.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The initial nursing assessments are completed on the resident's admission to the facility. The resident's assessments reflect data from a range of sources, including: the resident; family/whānau; the GP, interRAI and specialists.</p> <p>The initial care plan guides care for the first three weeks following the resident's admission. The registered nurse (RN) or the facility manager complete the interRAI assessment within the required timeframes. The LTCP is based on the interRAI assessment outcomes and the initial nursing assessments. All residents had a current interRAI assessment completed by one of the two interRAI assessors on site.</p>

		Residents and family members confirmed involvement with the assessment process.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Long-term care plans are developed from information gathered during the first three weeks following admission and from the interRAI assessment. All residents' files sampled had individualised long-term care plans with goals and interventions to meet the needs of the residents. Care plans demonstrate service integration with clinical records, activity notes and medical and allied health professionals' notes and letters.</p> <p>Short term care plans were evident in resident files and addressed short term concerns, for example, infections.</p> <p>Interviews with residents confirmed that the care provided met their needs. There was documented evidence that the residents and the EPOA / whanau had been involved in care planning.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Review of residents' care plans demonstrated detailed interventions based on assessed needs, desired outcomes, and resident's goals. The GP documentation and records reviewed were current.</p> <p>Staff confirmed they are familiar with the needs of all residents and that they have access to the supplies, equipment and products they require to meet those needs. There is evidence of sufficient wound care products. There was one wound being treated on audit day.</p> <p>Monthly observations such as resident's weight and vital signs are completed, documented and were up to date. Nursing progress notes are recorded and maintained. Family communication is recorded in the residents' records. Interviews with residents and families confirmed that care and treatment met residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The residents' activities programme is implemented by an activity coordinator (AC). The AC has been in this role for three weeks and prior to this had been a care staff member for five years. Activities for the residents are provided five days a week. Activities at the weekend are resident driven and a range of resources are available for residents to access.</p> <p>The activities programme is displayed. The activities programme provides variety in the content and includes a range of different activities.</p> <p>The residents' activities assessments are completed by the AC, in conjunction with the admitting</p>

		<p>registered nurse. Information on residents' interests, family and previous occupations is gathered during the interview with the resident and/or their family. The residents' activity needs are reviewed six monthly at the same time the care plans are reviewed.</p> <p>The residents and their families reported satisfaction with the activities provided. Over the course of the audit residents were observed engaging and enjoying a variety of activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<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 or the manager/clinical manager.</p> <p>Long term care plans are evaluated every six months in conjunction with the interRAI re-assessments or if there is a change in the resident's condition. Evaluations are documented by the registered nurse and include discussion with the resident, family, activities coordinator and the GP. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>The service develops short-term care plans for the management of short-term acute problems. Short term care plans are reviewed and signed off when the problem is resolved.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>The service facilitates access to other medical and non-medical services. Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on residents' files. The residents' files confirmed family/whānau are kept informed of the referral process and this was also confirmed at family interviews.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and provide training for staff on new chemicals. All staff who handle chemicals have attended chemical training. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur. There is provision and availability of protective clothing and equipment and staff were observed using this.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>There is a current building warrant of fitness which expires on 01 July 2022.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. Tasks scheduled in the building maintenance programme are carried out at regular intervals. The testing and tagging of electrical equipment and calibration of bio medical equipment occurred in November 2021 as confirmed in documentation reviewed, visual inspection and interview with the operations manager. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted. Any newly identified hazards are documented as are the actions taken to remove/mitigate these. External areas are safely maintained and are appropriate to the resident group and setting.</p> <p>Residents and staff confirmed they know the processes they should follow if any repairs or maintenance is required. They said requests are appropriately actioned and that they are happy with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There is an adequate number of accessible bathroom and toilet amenities which are located in each wing of the facility and are in close proximity to residents' bedrooms. All bedrooms have a washbasin with hot and cold running water. Hot water temperature is regulated by tempering valves and monitoring of the temperatures at the tap is carried out monthly. The temperature records sighted show hot water is delivered within a safe range of temperatures. Residents interviewed were very happy with the provision, cleanliness of, and access to ablution areas. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. One bedroom is shared by a couple, all others are single occupation. Rooms are personalised with furnishings, photos and other personal items displayed. Each room is unique in its size and shape and can easily accommodate a bed, seating and other furniture. There are additional rooms and spaces for storage of mobility aids, wheelchairs and mobility scooters. Family and residents expressed satisfaction with their bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For</p>	FA	<p>This is a small rest home with a spacious and welcoming communal lounge and a separate dining room for residents situated centrally and within easy walking distance from residents' rooms. The</p>

<p>Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>lounge is used for activities and has varied seating configurations if someone does not want to participate in the programme. There is a small library and telephone space. All residents can easily access their rooms for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>A cleaner is employed for 4.5 hours per week otherwise all the care staff provide cleaning and the laundry and services. Staff interviewed about laundry demonstrated good knowledge of laundry processes, dirty/clean flow and handling of soiled linen.</p> <p>Residents interviewed reported the laundry is managed well and that their clothes are returned in a timely manner. The machines and equipment provided are fit for purpose. Staff change each resident's bed linen once a week and/or as required and stated there is sufficient time allocated for completing daily/weekly tasks. All staff have attended training in the safe handling of the chemicals on site and in health and safety matters, as confirmed by review of personnel files and interviews with staff including the cleaner. Bulk chemicals are stored in a lockable room when not in use and are decanted into clearly labelled containers.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme. All areas of the facility were clean and tidy on audit days. The residents and family members interviewed were happy with the cleanliness of their rooms and other areas in the home.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are current and are known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. These meet the DHB contract requirement for a health emergency plan.</p> <p>A fire evacuation plan has been approved by the New Zealand Fire Service. Trial evacuations take place every six months and a copy of findings from these drills is sent to the local fire service. The most recent drill occurred on 29 November 2021. The time taken for evacuation is recorded and there have been no issues or risks identified. The most vulnerable or mobility impaired residents are listed on the fire board and are assisted first. The new staff orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, torches, mobile phones and gas BBQ's were sighted. A sufficient supply of water for 28 residents for three days is stored on site, which meets the Ministry of Civil Defence and Emergency Management recommendations for the region. Emergency lighting is regularly tested.</p>

		<p>The call bell system was functional on audit days and staff were observed to attend to these in a timely manner. Residents and families said they were happy with staff responses to call bells at all times of the day and night.</p> <p>Staff secure the external doors and windows at a predetermined time each night for security purposes.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Each bedroom had sufficient natural light and opening external windows. Heating is provided by electric 'night stores' in communal areas and individually temperature-controlled panel heaters in residents' rooms. Areas were well ventilated throughout the audit. Interviews with residents and families confirmed the home is maintained at a comfortable temperature year-round. There is a smoke free policy.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Seaview Rest Home provides an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection prevention and control programme. The facility manager is the infection control nurse (ICN) and has access to external specialist advice from the DHB infection control specialists, and microbiologists when required. A documented position description for the ICN, including roles and responsibilities, is in place.</p> <p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is reviewed annually. Staff are made aware of new infections through daily handovers on each shift, progress notes and clinical records. There are processes in place to isolate infectious residents when required. Hand sanitisers and gels are available for staff, residents, and visitors to use.</p> <p>There are documented policies and processes relating to pandemic planning. Interview with the manager/ clinical manager confirmed the facility has up to date information from MOH in relation to pandemic preparation.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and</p>	FA	<p>The ICN is responsible for implementing the infection control programme. The ICN stated that there are adequate human, physical, and information resources to implement the programme. The infection control reports are discussed at the facility's meetings. The ICN has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff demonstrated an understanding of the infection prevention and control programme. Infection</p>

meet the needs of the organisation.		prevention and control resources were available should a resident infection or outbreak occur.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions.</p> <p>The infection prevention and control policies and procedures include the Covid-19 protection framework and up to date information relating to the pandemic.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The ICN has completed training for the role through online training through the Ministry of Health (MOH) and the DHB.</p> <p>Staff education on infection prevention and control is provided by the ICN. All staff attend infection prevention and control training. Records of attendance are maintained. Staff interviewed confirmed their understanding of how to implement infection prevention and control activities into their practice. Covid-19 information is available to all visitors to the facility. Ministry of Health information was available on site.</p> <p>Education for residents occurs informally on a one-to-one basis. This was confirmed during staff interviews.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes the requirements for infection surveillance and includes the process for internal monitoring. Internal infection prevention and control (IPC) audits are completed. Monthly surveillance data is collated and analysed to identify any trends and any required actions. This data is reported at staff meetings. Short term care plans are developed for infections and reviewed and signed off when the infection resolves. Interview with the ICN confirmed there has been no outbreak since the previous audit.</p>
Standard 2.1.1: Restraint minimisation	FA	Interview with the clinical manager/restraint coordinator confirmed that the Seaview Home

<p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>restraint philosophy and practice is to maintain a restraint free environment. There have never been any restraints used. One resident had a bed lever in place to assist them with positioning in bed, which was seldom used according to the resident interviewed. The resident file confirmed this was voluntary and had been consented and agreed to by the resident.</p> <p>The restraint policy describes processes for assessment, consent and monitoring that would meet this standard in the event that a restraint intervention was required. It contains definitions that are congruent with this standard and describes methods for avoiding or minimising the use of restraint. Policy designates a restraint coordinator, and clearly describes the processes for evaluation, review and ongoing staff education.</p> <p>Review of a sample of staff files and training documents confirmed that staff were engaging with education related to restraint minimisation. This included managing challenging behaviour, use of de-escalation techniques and preventing the use of restraint. There is also an emergency restraint policy which authorises an RN to initiate an emergency restraint before a GP assessment.</p>
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Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer 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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display

End of the report.