

# Coastal View Limited - Coastal View Limited

---

## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, 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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

**Legal entity:** Coastal View Limited

**Premises audited:** Coastal View Limited

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 7 December 2022 End date: 7 December 2022

**Proposed changes to current services (if any):** This partial provisional audit was completed in respect of adding dementia level care to their current certification. The service has built a new secure 20 bed dementia wing Te Ara House. The total bed numbers at Coastal View will be 83.

**Total beds occupied across all premises included in the audit on the first day of the audit: 60**



# 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 tatou 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.

## General overview of the audit

Coastal View is a purpose-built facility in Nelson. The facility is across one level and currently includes a total of 59 dual-purpose (hospital and rest home) rooms.

The purpose of this partial provisional audit was to assess the preparedness of the service to provide dementia level of care. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing dementia level of care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new wing.

The newly built 20 bed dementia unit has been verified as suitable to provide dementia level of care. The total bed numbers at Coastal View will be 84. The service is planning to open the dementia unit on 10 January 2023.

Coastal View Limited operates under Qestral Corporation Limited as a subsidiary company. The service is governed by a Board of Directors who have experience in owning and building aged care facilities and villages. Coastal View Village has set a number of quality goals around the opening of the facility and these also link to the organisation's business plan.

There is an experienced management team. The clinical nurse manager will oversee the clinical operations of the dementia unit and will be supported by an experienced registered nurse.

The three shortfalls identified at the previous certification audit in Part 3 Service delivery (HDSS:2008) have been addressed.

## **Ō tatou motika | Our rights**

Not applicable.

## **Hunga mahi me te hanganga | Workforce and structure**

The business plan includes a mission statement, values, and operational objectives. There is a current quality plan and transition plan around the increase in bed numbers. The clinical nurse manager oversees the service in the absence of the facility nurse manager.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. An annual education schedule is being implemented and includes all required topics. Healthcare assistants are supported to complete the required dementia unit standards. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted to support acuity level.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Relevant assessments are completed to identify and manage medical risks. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The service utilises an electronic medication system. There is a secure nurse's station. Registered nurses and senior healthcare assistants responsible for administration of medicines complete education and medication competencies.

A diversional therapist will oversee the activities in the dementia unit. The programme will be across seven days and include community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences.

All meals and baking are prepared and cooked on site. Food is to be transported in hot boxes from the main kitchen to the dementia unit kitchenette. Residents' food preferences and dietary requirements are identified at admission. Special dietary requirements and dislikes are accommodated. Snacks are available 24/7. The service has a current food control plan.

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

There is a full-time maintenance person. Emergency systems are in place in the event of a fire or natural disaster. There is always a staff member on duty with a current first aid certificate. There is a fire evacuation scheme.

All new equipment has been ordered for the dementia unit. The dementia unit is connected to the care centre by a covered external walkway. There is a visitor entrance into a secure foyer with keypad entrance. The dementia unit has a centrally located lounge/dining room with kitchenette. The communal area is spacious and allows for groups or individual activities. There are two wings off the communal area, one with six and one with fourteen bedrooms. Rooms have ensuites.

There is a large garden area off the lounges with paths. All resident rooms have sliding doors leading out onto either a path that leads around to the garden area, or sliding doors that open directly to the garden area.

There is a nurse call bell system available in each resident room that links to staff phones. The dementia unit is secure with a double door foyer entrance. There is underfloor and central heating and heat pumps throughout the unit.

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

The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The infection control coordinator (IC) is the clinical nurse manager with a defined job description that outlines the role and responsibilities. The infection control team which includes representatives from each area of the service meet three-monthly. The IC programme is appropriate for the size and complexity of the service.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. There are communication pathways to address significant infection and antimicrobial events.

Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There had been one Covid-19 outbreak in the care centre; these were appropriately reported and effectively managed.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner.

Laundry is done on site. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

There is commitment from governance to work towards a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. There is one resident in the care centre using restraint. Restraint is considered the last resort only after all other options and alternatives were explored.

## 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	13	0	2	0	0	0
Criteria	0	92	0	3	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Coastal View is a purpose-built facility in Nelson. The facility initially opened on 30 April 2021. The facility is across one level and includes a total of 59 dual-purpose (hospital and rest home) rooms. One wing of 14 larger apartment rooms is certified as double rooms for couples; however, the service only ever intends to have a total of four couples across these rooms. The total bed numbers at Coastal View care centre are 63.</p> <p>At the time of the audit there were 60 beds occupied: 39 residents at rest home level, including five on respite care, and one young person with a disability (YPD); and 21 residents at hospital level of care, including one young person with a disability (YPD) and one on long term support chronic health services contract (LTS-CHC). The remaining residents were under the age-related care contract.</p> <p>This partial provisional audit was completed in respect of verifying a new purpose build 20-bed secure dementia (Te Ara House). This audit was completed with an on-site tour of the environment, review of documentation and interview with the facility nurse manager and clinical operations manager. This audit verified Te Ara House as suitable to</p>

	<p>provide dementia level care. The total bed numbers will increase across the service to 83.</p> <p>The Governance Board consists of seven Board members, three who are on the executive management team. One Board member identifies as Māori. All Board members have experience in owning and building aged care facilities and villages. They have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. The Board meets two-monthly. A weekly and monthly reporting structure informs the senior management team and Board.</p> <p>The senior management team (chief operating officer, clinical operations manager, project manager, technology development manager and chief financial officer) are responsible for the overall leadership of the organisation. The clinical operations manager who is a registered nurse, holds overall responsibility for clinical governance. The three facility nurse managers across the organisation report to the clinical operations manager. There is a documented quality and risk management plan that is implemented and monitored through the monthly quality meetings.</p> <p>The Coastal View annual business plan (2022) has clearly identified their mission, services, and values which link to the strategic direction of Qestral Ltd. Identified goals are regularly reviewed with outcomes reported. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Coastal View are holistic in nature, inclusive of cultural identity, and respect connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activities team support residents to maintain links with the community.</p> <p>The facility nurse manager (registered nurse) has been employed with the company since January 2021. She has a background in management of aged care and other healthcare facilities.</p> <p>A clinical nurse manager has been in her role since February 2021. A full-time registered nurse has been employed for the dementia unit and has aged care experience, including working in a dementia unit.</p>
--	--

		The management team have completed over eight hours annually of training in relation to managing a hospital and rest home.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The clinical nurse manager takes on the managers role in the temporary absence of the facility nurse manager. Induction/training around the dementia unit is scheduled for the week of 4 January 2023. All HCAs completed a fire drill training pertaining to the care centre, but yet to include the dementia unit. This is scheduled for 11 January 2023.</p> <p>There is a staffing policy that describes rostering and safe staffing ratios. The roster provides sufficient and appropriate coverage for the initial stage of occupancy. The registered nurses and diversional therapist hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The service has enough employed staff to cover the initial roster of the dementia unit. The facility manager advised they will be interviewing for more staff as they progress with occupancy.</p> <p>The 10 HCAs employed for the dementia unit have either completed the dementia standards or are enrolled to complete. All ten HCAs allocated to the dementia unit's roster completed cultural training as part of their original induction to the care centre.</p> <p>The facility nurse manager and clinical nurse manager work full time (Monday to Friday). On-call cover is shared between them. There are nine RNs employed across the service and eight are interRAI trained. The service has employed a RN to oversee the dementia unit Monday to Fridays. The RN has previously worked in dementia units and is interRAI trained.</p> <p>The draft roster evidence a senior medication competent HCA on morning, afternoon and night shift supported by an additional two HCAs in the morning and one on afternoon shift. The RN from the care centre will oversee the dementia unit during weekends and all afternoon and night shifts.</p> <p>The service is planning on activities across seven days.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training and a Māori cultural competency.</p>

		<p>External training opportunities for care staff include training through Te Whatu Ora, and hospice. Registered nurse specific training includes training through the University of Tasmania (understanding dementia, preventing dementia, understanding brain injuries), bariatric care and pressure injury prevention and management.</p> <p>The healthcare assistants are encouraged to undertake aged care education (Careerforce). Currently there are 14 healthcare assistants with level 4 NZQA and 13 with level 3 NZQA. There is support from an assessor.</p> <p>There is a competency assessment policy. The learning platform and expertise of Māori staff creates opportunities for that workforce to learn about and address inequities.</p> <p>Staff completed competency assessments as part of their orientation (eg, fire safety; hand hygiene; falls prevention; aging process; communication; personal cares; restraint; challenging behaviours; infection control; personal protective equipment; manual handling; and health and safety). Additional RN competencies cover medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, and wound management. A selection of healthcare assistants completed medication administration competencies.</p> <p>Signage supporting the employee assistance programme (EAP) is posted in the staffroom. All staff complete code of conduct training to ensure a positive supportive workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. A register of completed staff orientations, three-month reviews and annual appraisals were sighted. Current practising certificates are maintained.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained. There is an appraisal policy. All staff had a three-month appraisal completed following induction.</p>

<p>clinically and culturally safe, respectful, quality care and services.</p>		<p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A week's orientation has been planned for staff in the dementia unit on 4 January 2023, prior to admitting residents. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>There is a personnel file policy. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment application stage. The service has commenced gathering the data and reporting at a governance level.</p> <p>The service has implemented policies related to a debriefing process following incidents. There are staff wellbeing support programmes in place.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses (RN) are responsible for conducting all assessments and for the development of care plans.</p> <p>Five files were reviewed and include three hospital level residents and two rest home. File reviews were limited to care documentation only and include assessments, interventions, and monitoring of care requirements. All residents have admission assessment information collected and an interim plan completed at time of admission. Assessments include: activities of daily living (ADL); behaviour; social and cultural; mobility; continence; and communication. There is an interRAI schedule available.</p> <p>InterRAI assessments and other assessment's risk scores and triggers are addressed in the care plans. Risks are reassessed to reflect changes in resident condition. Challenging behaviour is assessed when this occurs. There is specific cultural assessment as part of the social and cultural plan. There were residents that identified as Māori at the time of the audit. A cultural plan reviewed evidence comprehensive values and beliefs that needs to be considered. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. Care plans are holistic in nature and capturing Māori wellbeing.</p> <p>Long-term care plans documented support required to maintain physical</p>

		<p>and medical needs including medication requirements. The long-term care plan includes sections on: mobility; hygiene including oral health; continence; dietary needs; sleep; cardio-respiratory conditions; communication; medication; skin care and pressure injury prevention; mood and behaviours; social and cultural; intimacy and sexuality; and pain.</p> <p>The care plan aligns with the service’s model of person-centred care that support independence and autonomy over their own care. Residents and whānau are involved in decision making and is supported in determining their own goals and outcomes.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a contracted physiotherapist, dietitian, and podiatrist. Speech and language therapist, occupational health therapist, continence advisor and wound care specialist nurse are available on request and as required.</p> <p>There were no residents with pressure injuries. Pressure injury assessments are completed. Residents pressure injury risks are addressed in the care plan with strategies to prevent pressure injuries. Equipment needs including alternating air mattress, limb protectors and roho cushions are addressed. Repositioning charts are completed within the timeframes and frequencies stated in the care plan.</p> <p>Monitoring charts included (but not limited to) weights, observations including vital signs, weight, turning schedules and fluid balance recordings. Monitoring charts were implemented according to the care plan interventions. The electronic wound care plan documents the wound management plan, and evaluations are documented with supporting photographs. A sample of three wound charts evidence assessments of the wound, including measurements, wound bed, and surrounding skin.</p> <p>Previous findings in relation to care planning documentation (NZ 8134:2008 criteria 1.3.4.2; 1.3.5.2 and 1.3.6.1) have been addressed.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>There are two members recruited for the activities support team, one is a qualified diversional therapist (DT), and one has a master’s in art therapy. The proposed roster and sample calendar provided for activities Monday</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>to Sundays to 4.30 pm. They provide an activity programme across all care levels. All hold current first aid certificates. The facility nurse manager advised plenty of resources being procured and will be available to deliver the activities.</p> <p>The programme is planned monthly, and an example of the calendar includes themed cultural events, International Peace Day, International cat day, world indigenous day, world gratitude day, prostate awareness, and daffodil day. The facility manager advised a monthly calendar and monthly newsletter will also be emailed to family.</p> <p>A copy of the programme which has the daily activities will be displayed and includes individual and group activities. Activities will also be designed around daily routines which may include chores and baking. Example of planned activities will meet the cognitive, physical, intellectual, and emotional needs of the residents with dementia. The sample of the activities programme include entertainers, church services and van outings.</p> <p>The service will facilitate opportunities to participate in te reo Māori through the use of Māori language on planners, on doors of key areas, and participation in Māori language week and Matariki. Māori phrases are incorporated into the activity's planner, and culturally focused activities are planned for. There are links with local schools.</p> <p>There is documentation policy related to activities that include a social and cultural profile to be completed within 24 hours of admission and include the resident's past hobbies and present interests, likes and dislikes, career, and family connections. A social and cultural plan will be developed within 21 days and to be reviewed six-monthly. A resident attendance list will be maintained for activities, entertainment, and outings.</p> <p>There is an opportunity to provide feedback on activities at the meetings and through annual surveys. Care centre resident satisfaction survey evidence overall satisfaction with the activities provided. The last survey was completed October 2022.</p>
<p>Subsection 3.4: My medication</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management.</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>Medication in the dementia unit will be secured in a locked trolley in the secure nurse's station. The dementia unit staff who will administer medications (registered nurse, and medication competent healthcare assistants) have been assessed for competency and have attended medication education around medimap. Registered nurses at Coastal View have completed syringe driver training. The facility nurse manager advised that all medication blister packs will be checked on delivery against the electronic medication charts as per their current process. There will be no resident's self-administering medication in the dementia unit. There are no standing orders. Medication errors are collated as part of the quality and risk management programme.</p> <p>There is a medication fridge in the nurse's station and temperatures of the fridge and the room will be monitored daily. The room is temperature controlled.</p> <p>There is a general practitioner (GP) that will provide medical services to residents (as per the current arrangement in the care centre). The general practitioner will visit according to the contract arrangement to complete three-monthly reviews, for new admissions and sees all residents of concern. Medication will be supplied by Collingwood Pharmacy as per the care centre. Residents and relatives will be informed about changing medications and their side effects. All over the counter vitamins, supplements or alternative therapies will be reviewed, and prescribed by the GP.</p> <p>The clinical nurse manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place.</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</p>	<p>FA</p>	<p>All meals and baking are prepared and cooked on site by qualified chef/cook. All food service staff that are involved in cooking have completed food safety training. The Food Control Plan expires 6 December 2022 and was re-audited on 26 November 2022 with no corrective actions required. The four-weekly menu has been approved and reviewed by a registered dietitian on 18 November 2022.</p> <p>The food services are overseen by a chef and there are two kitchen hands on a morning shift and afternoon shift. All completed a variety of</p>

<p>and wellbeing.</p>		<p>food safety training. The main kitchen is in the care centre.</p> <p>The chef receives resident dietary profiles and is notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes.</p> <p>Food is probed for temperature and transferred to the hot box and will be transferred to the dementia unit kitchenette for serving. All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. The internal audit schedule includes food service audit.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Snacks will be available 24/7 in the dementia unit with daily plated sandwiches to be kept in the dementia unit fridge. Breakfast will be made in the dementia unit kitchenette. All appliances in the dementia unit such as boiling water system have safety locks.</p> <p>Family will be provided with opportunities to provide feedback on the meal service through family meetings and annual surveys.</p> <p>The chef is involved in the activities theme months particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme and supporting residents to have culturally appropriate meals. The chef can cater for cultural needs specific to te ao Māori.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</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</p>	<p>PA Low</p>	<p>There is a full-time maintenance person. Reactive and preventative maintenance is in place. The planned maintenance schedule includes (but not limited to) resident's equipment checks, calibrations of weigh scales and clinical equipment, and testing and tagging of electrical equipment. Hot water tests have been tested in the dementia unit and are below 45 degrees Celsius. Essential contractors/tradespeople are available 24 hours as required. A Certificate for Public Use is yet to be obtained.</p> <p>Spaces within the unit can accommodate family, cultural and religious</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>rituals, including visits by extended family.</p> <p>All new equipment has been ordered for the dementia unit. This includes (but not limited to): CD safe; medication trolley; wound dressing trolley; chair scales; other trolleys; medical equipment (BP, thermometer etc); linen; and kitchen items. Window furnishings are completed. Furniture and linen purchased had arrived and is to be placed and arranged. Hospital beds arrive 12 December.</p> <p>The dementia unit is connected to the care centre by a covered external walkway. The pathway between the care centre and the dementia unit is in the process of being completed. There is a visitor entrance into a secure foyer with keypad entrance. The dementia unit has a centrally located lounge/dining room with kitchenette. The dining room allow for a domestic type dining experience. The communal area is spacious and allows for groups or individual activities. There is a spacious sunroom located at the end of one wing overlooking the gardens and safe access to pathways and outdoors. The dining area is lino, and the lounge area is carpeted.</p> <p>There are two wings off the main communal area, one with six and one with fourteen bedrooms. All bedrooms are of similar footprint with a full ensuite. There are no long corridors.</p> <p>Residents' rooms in the dementia units are spacious, door openings are wide and allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents can personalise their rooms and the rooms are large enough for family and friends to socialise with the resident. Coloured doors are used to assist residents to find their rooms. Central heating within the rooms is available and can be individually set within the room. Rooms have big windows that allow for ample light and ventilation.</p> <p>All rooms have a slider door with safe access to a timber deck. All doors leading to the outside are connected to the alarm system. The facility manager advised that there are seven bedrooms, due to location and view, that may have an occupational right agreement (ORA) attached to it.</p> <p>The hallways and rooms are carpeted. Each resident room has a spacious ensuite with shower. Flooring in the shower is suitable, easy to clean and non-slip. All ensuites throughout the dementia unit allows for the use of mobility equipment. Ensuites have handrails, underfloor heating, are dementia friendly with sensor motion lights, coloured toilet</p>
--	---

		<p>seats, and taps in traditional appearance (separate hot and cold taps).</p> <p>There is a visitor toilet in the foyer area outside the secure unit. A disability accessible toilet is located off the main communal area. Flowing soap, hand gel dispensers and paper towels were not yet installed in all areas.</p> <p>There is a secure nurse's station combined with medication storage. The temperature in the room can be manually adjusted.</p> <p>The view from the nurses' station continues to allow supervision of residents in the lounge when staff are in the nurse's station. The corridors are wide and promote safe mobility with the use of mobility aids. There is increased lighting in hallways and communal areas. There is safe access to all communal areas.</p> <p>There is a large secure garden area accessible from the lounge/dining room and off the lounge with paths. Seating and shade are still to be provided. Landscaping is in the process of being completed. External pathway lights are in the process of being installed. Where the high fence had been completed there is shrubbery to deter. All fencing is in the process of being installed and on the day of the audit a third of the perimeter was completed.</p> <p>All resident rooms have sliding doors leading out onto either a path that leads around to the garden area or sliding doors that open directly to the garden area. There is safe access to gardens. Philosophy of care allows for reasonable, supported risk-taking.</p> <p>There are other meeting rooms available for whānau/family meetings.</p> <p>There are centralised heating and ventilation system throughout the facility and can be individually set for certain areas.</p> <p>There is plenty space for medical equipment, continence products and PPE storage with shelving.</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>PA Low</p>	<p>The disaster management policy (includes the pandemic plan) outlines the specific emergency response and evacuation requirements for each site as well as the duties/responsibilities of staff in the event of an emergency. The emergency management procedure guides staff to</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>complete a safe and timely evacuation of the facility in case of an emergency. The emergency management of information technology policy ensures operational continuity in the case of an IT failure.</p> <p>A fire evacuation plan has been amended and dated 9 November 2022, and had been lodged for approval with the New Zealand Fire Service. All staff allocated to the dementia unit had a recent fire drill attended related to the care centre; however, a further fire evacuation drill is planned for 11 January 2023 to cover the dementia unit. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are emergency folders with specific information held in the nurse's station and civil defence supplies stored in a centrally located cupboard.</p> <p>All supplies including food stores are checked monthly. In the event of a power outage there is a back-up generator and gas cooking. There are adequate supplies in the event of a civil defence emergency including a 10,000 litre water tanks. Emergency management is included in the draft staff orientation document and will be ongoing as part of the education plan. Ten HCAs allocated to the dementia unit also completed orientation to the care centre which covered health and safety and emergency procedures (clinical and non-clinical). A minimum of one person trained in first aid is available at all times. All RNs have current first aid certificates. First aid kits are set up and will be available at the nurses' station.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. The call bell system is operational and connected. Sensor mats can be connected to the call bell and the nurse call system provides for a staff assist button. The system software can be monitored. The system includes an electronic beam management technology which will be used to alert staff on the movements of residents in their rooms who are at high risk of falling. Alerts will be sent electronically to staff for those high-risk residents who are attempting to get out of bed unsupervised. Once the resident gets out of bed at night, the ensuite light automatically comes on. All call bells in the dementia unit are functional.</p> <p>The building is secure after hours. All external doors can electronically be locked from the nurse's station. The dementia unit is secure with a double door foyer entrance. All keypads are functional.</p>
---	--

		There is an intercom system at the main entrance and is connected to the nurses' station. The CCTV within the communal areas, outdoors and hallways is functional.
<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>	FA	<p>The clinical nurse manager undertakes the role of infection control coordinator (IC) to oversee infection control and antimicrobial use across the service for the last 18 months. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The organisation's clinical operations manager approves the infection control programme. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually.</p> <p>There are policies and procedures in place to manage significant IPC and AMS events. Significant issues related to antimicrobial use of infections will be escalated through an effective communication pathway to the governance team.</p> <p>There is an infection control committee that meets bi-monthly. Infection rates related to the residents in the dementia unit will be presented and discussed at quality, clinical and staff meetings. These will be presented to the facility nurse manager.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local Te Whatu Ora Health. Any significant events will be managed using a collaborative approach and involve the infection control coordinator (IC), the senior management team, the GP, and the Public Health team.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p>	FA	<p>The designated infection control coordinator (IC) has been in the role since the opening of the care centre and is supported by the clinical operations manager. The IC coordinator will oversee the infection control programme in the dementia unit. There was a Covid-19 lockdown in the care facility in November 2022.</p> <p>The service implemented a Covid-19 response plan, used resources to</p>

<p>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>successfully manager lockdown, screening of residents, transfers into the facility and positive tests. The response plan is suitable to be extended to the dementia unit. This includes a process where staff will not be allowed to use the staffroom in the care centre in case of an outbreak; a process to separate staff and residents from the care facility; and set up space for PPE.</p> <p>The infection control coordinator has completed IPC training at Open Polytechnic and attended an IPC conference. There is good external support from the GP, laboratory, microbiologist, and gerontology nurse.</p> <p>There are outbreak kits readily available and set up for the dementia unit and personal protective equipment is stored in the storeroom next to the nurses' station. There are supplies of extra PPE equipment as required. The IC has input into the procurement of good quality PPE, medical and wound care products. Consumables will be checked for expiry dates as part of the internal audit system.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control committee and training and education of staff. Policies and procedures are reviewed annually by Qestral head office in consultation with infection control coordinators. Policies are available to staff on the electronic library.</p> <p>Policies include aseptic techniques through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities; however, at the time of the audit the flowing soap, paper towels and hand sanitisers were not yet fully installed in all the areas (link 4.1.2).</p> <p>There are policies and procedures in place around reusable and single use equipment. There is a process documented to ensure shared equipment is appropriately disinfected between use. The service IPC policies acknowledge the importance of providing information around infection control for Māori residents in te reo and encourage culturally safe practices. Handwashing and sneeze etiquette posters can be accessed in te reo.</p> <p>Infection control practices include laundry and cleaning practices that reflect Māori participation when required. The service included the</p>
---	---

		<p>checking that appropriate cleaning processes occur through cleaning, environmental and maintenance of equipment audits. Two cleaners that are currently employed are allocated to the dementia unit. Both received training in cleaning protocols and procedures and safe chemical use.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of the new staff orientation and included in the annual training plan. Competencies will be completed in the week of orientation and the proposed orientation includes PPE and handwashing competencies. Resident education will occur as part of the daily cares. Residents and families will be kept informed and updated on infection matters in emails, and newsletters.</p> <p>The IC coordinator and clinical operations manager had input into the new build and procurement of good quality consumables including PPE and wound dressing products.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use is currently evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes for rest home and hospital residents. This will also be completed for residents in the dementia unit.</p> <p>Bi-monthly infection control committee meetings are used as an avenue to discuss antibiotic prescribing. Prophylactic use of antibiotics is not considered to be appropriate. Judicious, careful, and rational use of monotherapy will be encouraged.</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>	FA	<p>There is an established surveillance programme that is an integral part of the infection control programme (ICP). The ICP is extended to include the dementia unit.</p> <p>Monthly infection data is collected for all infections based on signs,</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>symptoms, and definition of infection. Infections are entered into the electronic infection register. All infections are reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Qestral facilities. Infection control surveillance is discussed at the bi-monthly IPC committee meeting. There are various meetings where staff are informed of surveillance data.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>The service continues to receive email notifications and alerts from Te Whatu Ora for any community concerns.</p> <p>There has been one Covid outbreak in November 2022 in the care facility. The outbreaks were documented with evidence of comprehensive management, regular outbreak meetings and lessons learned debrief meetings. Daily update and debrief meeting occurred (sighted). The service completed a 'lessons learned' after each event to prevent, prepare for and respond to future infectious disease outbreaks.</p> <p>Visitors are requested to sign in through a screening process and health declaration at entry. There is an electronic sign in at the main entrance of the dementia unit. Ethnicity data is collected on the electronic 'surveillance form submissions' and analysed by Qestral. The data is used to inform future strategic planning and service delivery.</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>FA</p>	<p>The facility implements a waste and hazardous management policy that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of</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>general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available on all chemicals and accessible in relevant places in the facility including the laundry and cleaning storerooms. Waste management and infection control is a component of the annual mandatory training and included in the initial orientation programme for new staff.</p> <p>There is enough PPE and equipment available such as aprons, gloves, and masks. This will be stored within the medical equipment store near the nurses' station.</p> <p>The proposed draft roster evidence cleaning, and laundry services will be provided seven days a week in the dementia unit. There is a sluice combined with the laundry. A list of cleaning duties will be available. There a documented policy related to cleaning and laundry practices.</p> <p>Cleaning products are dispensed from an in-line system. There is a designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. Cleaning trolleys are being purchased and ready for delivery. There is a secure chemical storeroom next to the laundry. Waste bins are available for transport of hazardous waste and can be transported to and from the facility using a separate entrance next to the laundry.</p> <p>All laundry inclusive of resident's clothing is done on site. Linen will be laundered in the main laundry in the care home and the personal clothing will be laundered in the fully functional laundry in the dementia unit. A covered trolley will be used for the safe and hygienic transport of laundry items from the main laundry to the dementia unit.</p> <p>Visual inspection of the on-site laundry in the dementia unit has a clean/dirty process for the hygienic washing, drying, and handling of these items. There is a sluice cycle programmed in one washing machine. Residents' clothing will be labelled, and personals will be delivered from the laundry to their rooms using a basket trolley.</p> <p>The laundry in the care centre is fully operational seven days a week. There is clear demarcation for clean and dirty laundry flow.</p> <p>The effectiveness of the cleaning and laundry processes are monitored through the internal audit system with oversight from the IC. The internal</p>
---	--

		audits related to cleaning and laundry will be extended to include the dementia unit.
<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>	FA	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and aligns with Ngā Paerewa Standard 2021. The policy provides guidance on the safe use of restraints (updated May 2022). This policy includes guidance related to emergency restraint. The clinical nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility. A restraint approval committee meets three-monthly where restraints are discussed and include a process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used.</p> <p>The purpose of this policy is to ensure that services are provided in a way that recognises the specific needs of consumers and does not involve the use of restraint except in exceptional circumstances. At the time of the audit, there was one hospital resident with a bedrail.</p> <p>The reporting process to the Board includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the resident record includes restraint assessment, consent, monitoring, and evaluation.</p> <p>Restraint minimisation for all staff is included in orientation and scheduled annually. The training includes a competency assessment. Training around challenging behaviours and restraint was completed on orientation and in October 2022 and scheduled for the dementia unit orientation week 4 January 2023 for new staff.</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	The handover of the new wing to the owners is planned for 12 December 2022. The certificate of public use (CPU) is yet to be obtained.	The certificate of public use (CPU) is yet to be obtained.	<p>Ensure the CPU is obtained.</p> <p>Prior to occupancy day</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	The building is complete. There is access to the secure dementia unit via the carpark through the main entrance. There is access via a keypad. There is access from the care centre to the dementia unit via a covered walkway. The door from the care facility provides safe access to the pathways. Pathways	(i) Landscaping is in the process of being completed; (ii) Seating and shade is yet to be installed; (iii) The dementia unit is in the process of being fenced off; (iii) The pathway between the care centre and the dementia is in the process of being completed; (iv) The door that leads from the care centre to the dementia unit	<p>(i)Ensure landscaping is completed.</p> <p>(ii)Ensure seating and shade is provided.</p> <p>(iii)Ensure the</p>

		<p>surrounding the building are complete and provides for a safe continuous loop. Seating and shade are still to be installed.</p> <p>There is a timber deck surrounding the building. All rooms have access through slider doors to the timber deck. Some rooms are facing the internal gardens and some are facing outwards. Outdoor lights had been installed; however, lower pathway lights were yet to be installed.</p> <p>There are spacious gardens and some landscaping still need to be completed. The perimeter will be secured and fenced off. A third of the fencing had been completed.</p> <p>There are soap dispensers installed in some of the ensuites; however, not all ensuites, visitor toilets, disabled toilet, nurses' station, laundry and sluice room have flowing soap, paper towels and hand gel dispensers installed.</p>	<p>is not yet accessible; (v) External pathway lights are in the process of being installed; (vi) Flowing soap, hand gel dispensers and paper towels are not yet installed in all areas.</p>	<p>fence is completed to secure the perimeter.</p> <p>(iv)Ensure the dementia unit is accessible through the door at Liger wing.</p> <p>(v)Ensure all the outdoor lights are installed.</p> <p>(vi)Ensure flowing soap, hand gel dispensers and paper towels are accessible throughout the facility.</p> <p>Prior to occupancy day</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Low</p>	<p>There is a current approved fire evacuation plan for the care centre. A fire evacuation plan has been amended and dated 9 November 2022, and had been lodged for approval with the New Zealand Fire Service.</p>	<p>A fire evacuation plan has been amended and dated 9 November 2022, and had been lodged for approval with the New Zealand Fire Service.</p>	<p>Ensure the fire evacuation scheme is approved.</p> <p>60 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 of this audit.

No data to display
--------------------

End of the report.