

Harbour View Rest Home (2005) Limited - Harbour View Rest Home

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:	Harbour View Rest Home (2005) Limited	
Premises audited:	Harbour View Rest Home	
Services audited:	Rest home care (excluding dementia care); Dementia care	
Dates of audit:	Start date: 19 October 2022	End date: 19 October 2022
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:	37	



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.

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

Key to the indicators

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

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

General overview of the audit

Harbour View Rest Home is certified to provide rest home and dementia level care for up to 45 residents. On the day of audit there were 37 residents.

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

The facility manager is appropriately qualified and experienced and is supported by registered nurses. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified no shortfalls, and the service meets the intent of the Standard.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Pacific health plan is being developed. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

The facility manager and registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

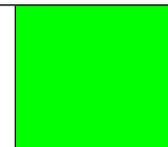
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan, and the menu has regular dietitian input and oversight. There are nutritious snacks available 24 hours per day.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



Subsections applicable to this service fully attained.

There is a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated.

There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and first aid is rostered on every duty.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to PPE supplies. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There have been two outbreaks since the previous audit.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is a registered nurse. Restraint-free environment is included as part of the orientation and training plan. The policy considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only using an approved restraint as a last resort. The facility is restraint free.

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	21	0	0	0	0	0
Criteria	0	55	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)
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 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The general manager confirmed that the service supports a Māori workforce. There are staff employed identifying as Māori (or having whānau connections) at the time of the audit. The recruitment policy supports employing a diverse workforce.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	Not Applicable	<p>The service plans to partner with a Pacific organisation or leader who identifies as Pasifika to provide guidance and consultation as the Pacific health plan is developed and implemented. At the time of the audit, there were staff who identified as Pasifika at Harbour View. There were no residents identifying as Pasifika at the time of the audit. The service has resource information based on Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025 for</p>

<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>potential Pasifika residents.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The staff interviewed describe how they recognise Māori mana motuhake. Staff receive training at orientation and as part of the annual training programme on the Code of Rights. Staff were observed to treat the residents with respect and are supported to be as independent as possible, as sighted in care plans reviewed.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Signage in te reo Māori is in place in various locations throughout the facility. New words in te reo Māori are taught to the staff and residents via signage around facility. Te reo Māori is encouraged by those staff who are able to speak/understand this language.</p> <p>The staff noticeboards contain information on Māori tikanga practice. Interviews with ten staff (four HCA's, two registered nurses, one activities coordinator, one cook, one maintenance staff and one cleaner), confirmed their understanding of Tikanga best practice in relation to their role, with examples provided. This training is also included in the orientation programme and is supported by a competency questionnaire.</p> <p>All staff complete annual cultural competencies and specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>environment.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents. At the time of the audit, there were residents who identified as Māori. A Māori health care plan has been developed for each Māori resident.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Staff interviewed had good knowledge of practicing tikanga in relation to consent. Consent forms sighted were signed appropriately and there was evidence of family/whānau input to decision making in the resident files. This was confirmed during interviews with relatives and residents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written on a complaint register.</p> <p>There have been four complaints in 2022 year to date, six in 2021, and no complaints lodged in 2020 since the previous (certification) audit. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>A complaint has been lodged with the Health and Disability Commission at the beginning of the year. The service has complied with all requests for information and is awaiting further</p>

		<p>communication. Corrective actions have been implemented and there were no identified issues in respect of this complaint.</p> <p>Discussions with rest home level residents and relatives confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, and there is an independent resident advocate available.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Harbour View Rest Home is privately owned and operated and located in Oamaru. The service is certified to provide rest home and dementia specific care to up to 45 residents. There are 27 dedicated rest home beds and 18 dementia beds, including one room certified for both rest home and dementia level care. On the day of the audit, there were 15 residents in the dementia unit, and 22 rest home residents. All residents were funded under the age-related residential services agreement (ARRC).</p> <p>The owner/director and two others are the governing body for Harbour View Rest Home. The service is managed by a facility manager (registered nurse) who has been in the role for nine months. The facility manager is supported by the previous facility manager (one of the owners) who visits weekly and is always available by phone. The facility manager is also supported by registered nurses and experienced staff.</p> <p>Harbour View's mission statement and business plan reflect a resident/family-centred approach to all services, with a focus on maintaining independence. There is a 2022 quality plan that outlines objectives for the period. Objectives are signed off when fully attained. The quality and risk management programme is reviewed annually, and goals link to the organisation's 2021 – 2023 business plan.</p> <p>The facility manager has maintained at least eight hours annually of professional development activities related to managing a rest home. This includes a New Zealand Aged Care Association training day, which included aspects of Te Whare Tapa Whā and te ao Māori. The</p>

		<p>directors are planning to undertake relevant cultural training.</p> <p>The directors collaborate with mana whenua in business planning and service development to improve outcomes, identify and minimise barriers, achieve equity, and improve outcomes for all residents, including those with disabilities and who identify as Māori. The service has good working relationships with a wide range of specialist services through Te Whatu Ora. Appropriate and timely referrals to specialist services was evidenced in resident files reviewed.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service has an established quality and risk management programme provided by an external consultant. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected, analysed, benchmarked, and cascaded for discussion in staff meetings.</p> <p>Staff meetings also provide an avenue for discussions in relation to quality data, health and safety, and infection control/pandemic strategies. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved.</p> <p>A satisfaction survey for 2022 was delayed due to Covid and was distributed August and September 2022. Responses returned to date evidence a high level of resident and relative satisfaction. Areas for improvement were identified and added as agenda items to staff meetings.</p> <p>A health and safety review is completed annually and included a comprehensive review of the hazard register. The internal audit register confirms environmental audits are completed six-monthly as scheduled and any identified corrective actions are implemented.</p> <p>The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori.</p>

		<p>A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard.</p> <p>Each incident/accident is documented in an electronic resident management system. Twelve accident/incident forms reviewed evidenced that the forms are completed in full and are signed off by the facility manager. Actions identified to prevent a reoccurrence are documented and implemented on the electronic form. There is a policy and procedure for recording neurological observations which is closely followed.</p> <p>Discussions with the facility manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two outbreaks documented since the last audit (Covid in April 2022 and a respiratory outbreak). These were appropriately notified, managed and staff debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The facility manager, registered nurses, a selection of HCAs and activities staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available HCAs, nurses, and casual staff. Out of hours on-call cover is provided by the facility manager. The senior registered nurse performs the facility manager's role in her absence. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</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. Cultural awareness training took place in April 2022, including the provision of safe cultural care and the Treaty of Waitangi. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on</p>

		<p>Māori health outcomes and disparities, and health equity. Health and safety in the workplace is covered through training and competencies; including: manual handling; handwashing; hoist training; chemical safety; emergency management including (six-monthly) fire drills; and personal protective equipment training. All care staff are encouraged to also attend external training, webinars and zoom training where available.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-two HCAs are employed. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Nine HCAs have achieved a level 4 NZQA qualification, three have level 3, seven are level 2 and are currently working on completing level 3 qualifications. All nine healthcare assistants who routinely work in the dementia unit have achieved the dementia unit standards.</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for: restraint; hand hygiene; correct use of personal protective equipment; medication administration (if medication competent); and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include an interRAI assessment competency. Three RNs (including the facility manager) are interRAI trained. All staff attend relevant staff meetings when possible.</p> <p>Resident/family meetings are held monthly and provide opportunities to discuss results from satisfaction surveys, corrective actions being implemented and sharing of health information, in addition to private discussions regarding resident care.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review. A recruitment process is being implemented which includes interviews, reference checking, signed</p>

<p>people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>employment contracts, police checking and orientation programmes. All staff files reviewed had completed orientation documented on file. 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>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme includes information on providing a culturally safe environment for Māori.</p> <p>A register of practising certificates is maintained for all health professionals.</p> <p>A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. An orientation programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is not always identified; however, management advised this is in place for new employees.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy and decline to entry policy and procedure guide staff around admission and declining processes. The facility manager and RNs keep records of how many prospective residents and families have viewed the facility, admissions and declined referrals. These records capture ethnicity.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents and staff members identifying as Māori. The service with the assistance of the activities staff, is engaging with local kaumātua to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</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>Six resident files were reviewed (three dementia level, and three rest home level care). The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes. Barriers that prevent whānau or tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses a nursing assessment and an initial support plan completed within 24 hours of admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. Residents in the dementia unit have 24-hour activities care plans documented.</p> <p>Long-term care plans were completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all residents. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Written evaluations reviewed, identified if the resident goals had been met or unmet. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP records their medical notes in the integrated resident file.</p> <p>All residents were assessed by the general practitioner (GP) within five working days of admission. The service contracts with the local medical centre and a GP visits three-weekly for routine visits and as required for acute needs. The GP service also provides out of hours cover. The GP interviewed stated that the care being provided by staff was good, and that staff contact the medical centre with resident concerns in a timely manner. Specialist referrals are initiated as needed. Allied health interventions were documented</p>

		<p>and integrated into care plans. The service has a physiotherapist available as required and a podiatrist visits regularly. There is specialist allied health services available such as the wound care specialist nurse through Te Whatu Ora.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was observed on the day of audit and found to be comprehensive in nature. Progress notes were written on every shift and as necessary by HCAs and RNs. The RN reviews each resident at least weekly or if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their family/whānau were being met. When a resident's condition alters, an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed. Wound dressings were being changed appropriately and a wound register is maintained. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	<p>FA</p>	<p>The activities calendar for both areas include celebratory events such as Matariki and the Queen's Birthday, with appropriate resources available. The activities coordinator identifies as Māori and is enthusiastic to include te ao Māori in the programme and uses Māori language in signage around the facility. The lifting of</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>Covid restrictions has meant there are more local entertainers visiting.</p> <p>Residents and family/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities to the activities coordinator.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The policies available for safe medicine management meet legislative requirements. All clinical staff (RNs and medication competent HCAs) who administer medications have been assessed annually for competency. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration.</p> <p>The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Incident reports are completed for any medication discrepancies, and medication errors.</p> <p>Medications were appropriately stored in the two facility medication rooms and locked trolleys. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies for residents have been reviewed and prescribed by the GP.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each drug chart has photo identification and allergy status identified. Standing orders are not in use. There were no residents self-administering medications; however, there is a documented process and safe storage available if residents wish to self-administer.</p> <p>There was documented evidence in the clinical files that residents</p>

		and relatives are updated around medication changes, including the reason for changing medications and side effects. The RNs and facility manager described working in partnership with all residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	The service adopts a holistic approach to menu development that ensures nutritional value, and respects and supports cultural beliefs, values, and protocols around food. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks and finger foods are available for the residents at any time of the day or night.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care, as sighted in resident files.
<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-</p>	FA	The buildings, plant, and equipment are fit for purpose at Harbour View, and comply with legislation relevant to the health and disability services being provided. All equipment has been tagged, tested, and calibrated annually as scheduled. Hot water temperatures are checked on a regular basis and were within acceptable ranges. Emergency trades including the plumber and electrician are

<p>centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>available as required. The current building warrant of fitness expires 1 May 2023. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no plans to expand or alter the building. The facility manager and owner interviewed were aware of their obligations to consider how designs and the environment reflects the aspirations and identity of Māori.</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. 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>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are repeated six-monthly in accordance with the facility's building warrant of fitness. The building is secure after hours, and staff complete security checks at night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and ample supplies of personal protective equipment. A pandemic plan is also documented.</p> <p>The service is working towards incorporating te reo information around infection control for Māori residents. Staff members who identify as Māori advise around culturally safe practices, acknowledging the spirit of Te Tiriti.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including</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>organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at clinical and quality/staff meetings. Meeting minutes and graphs are displayed for staff. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been two outbreaks since the previous audit, (RSV in Aug 2021 and Covid April 2022). During the Covid outbreak, the facility followed their pandemic plan. All areas were kept separate, and staff were cohorted where possible. Staff wore personal protective equipment and residents and staff had rapid antigen (RAT) tests daily. Families were kept informed by phone or email. Visiting was restricted. Both outbreaks were appropriately managed and notified.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The service and owners are committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility manager or the RN will work in partnership with Māori, to promote and ensure services are mana enhancing. Any incidents of behaviours that challenge are reported to</p> <p>The designated restraint coordinator is a registered nurse. There were no residents listed on the restraint register as using a restraint. The service remains restraint-free.</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.

No data to display

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.