

West Coast District Health Board

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 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:	West Coast District Health Board
Premises audited:	Buller Health Te Nikau Reefton Health
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Children's health services; Dementia care; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 4 April 2023 End date: 5 April 2023
Proposed changes to current services (if any):	The transfer of the seven bed inpatient services from the existing Buller Health Centre at 46B Cobden Street Westport to a newly built seven bed inpatient unit - Te Rau Kawakawa Buller Health at 46B Cobden

Street Westport. Te Whatu Ora Te Tai Poutini West Coast will cease to provide inpatient services from the old buildings at 46B Cobden Street Westport.

Total beds occupied across all premises included in the audit on the first day of the audit: 1

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

Buller Health provides health services to the people of Te Whatu Ora Te Tai Poutini West Coast, Westport, and the surrounding Buller area. The facility is scheduled to relocate services to a newly built seven bed inpatient unit on 8 May 2023

This partial provisional audit was undertaken to establish the level of preparedness to migrate service provision to Te Rau Kawakawa Buller Health. This audit was conducted against the relevant Health and Disability Service Standards. The audit process included a review of selected policies and procedures, human resource reports, transition plans, interviews with management and staff alongside the physical inspection of the Te Rau Kawakawa Buller Health building.

There were no areas for improvement identified at this audit.

Ō tatou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

The national strategic direction for the Te Whatu Ora Te Tai o Poutini West Coast is provided by the Te Whatu Ora governance framework. Strategic plans are in place that outline the direction, vision, and values for the organisation. Te Whatu Ora Te Tai o Poutini West Coast leadership is provided through an experienced and qualified General Manager and an Executive Leadership Team. Te Whatu Ora - Health New Zealand Waitaha Canterbury continues to provide support through the Transalpine Agreement activities which remain in situ at the time of the audit.

Quality and risk systems are in place with regular reporting through the developing Te Whatu Ora quality and risk framework.

The service demonstrates a commitment to improve the outcomes and equity for Māori and people with disabilities. Consumer participation is evidenced through the participation and engagement of the Consumer Council. The planning, establishment, and evaluation of services includes consumers. Clinical leadership is in place with clinical roles and responsibilities established to support the provision of treatment and care.

There is a transition plan in place to migrate services and patients to the new building. The plan includes significant detail to ensure the continuity of services required for any acute presentations and continued care for any inpatients during the migration phase. Staffing levels and skill mixes are identified and determined by the requirements of the services provided and these were confirmed onsite. Inpatient care is managed 24 hours a day by medical and nursing staff, health care assistants, allied health, and support staff. Medical and nursing rosters reviewed confirm planned clinical staff are allocated to manage acute presentations with on call requirements and inpatient care routinely and for the transition period.

Human resource policies and procedures are implemented, and orientation is provided to new staff. Practising certificates are validated annually. There is an annual training plan in place and staff complete mandatory training. Familiarisation, emergency, and

clinical equipment training for the new facility is completed for all staff and identified community services/groups. This includes all fire drill training.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is a medication management system in place which is appropriate to the size and scope of the service. Pharmacy support is provided through the Te Tai o Poutini Te Nikau pharmacy with regular and additional requests for medicines provided as required.

The food service is managed on site, and this will continue in the new building. Patients have input into the food/beverages/snacks and meals available. For patients receiving palliative support or specialised diets, personalised nutritional options are available onsite 24 hours/day and this will continue in Te Rau Kawakawa Buller Health. A quality system is in place to ensure the service meets the patients nutritional and cultural needs. Patient feedback informs the menu.

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

Observation confirmed the fit out of the facility includes new furniture, fixtures, and fittings. A small amount of clinical equipment will be moved at the time of migration and the transition plan clearly outlines how this will be achieved. Patient rooms visited had been completed and all surfaces, equipment and furniture are new. Patient ensuite and shared bathrooms are accessible and emergency call bells are in place.

There is current policy in place to ensure essential equipment, maintenance, and replacements are managed to maintain a safe and appropriate environment for patients, family/whānau, visitors, and staff.

Patients and family/whānau have access to communal areas and quiet spaces. There is provision for palliative services through a large single patient bedroom room with a family/whānau room nearby. All single rooms have an ensuite with a toilet, handbasin and shower. Shared patient rooms have sufficient communal showering and toilet facilities. Visitor toilets are available and include mobility access.

A security policy, system and processes are in place to ensure the protection and safety of patients, family/whānau visitors and staff.

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

The Buller Health Centre clinical manager provides guidance and support to staff for the infection prevention programme. The programme is appropriate to the size and complexity of the services provided. Oversight is provided through the infection control lead at Te Tai o Poutini Te Nikau, with regional support provided through the Te Whatu Ora - Health New Zealand Waitaha Canterbury infection prevention team. Information pertaining to infection control across all services is managed through the collation and reporting of data extracted from the infection prevention electronic management system. The Te Tai o Poutini Te Nikau infection prevention lead provides monthly Buller Health Centre data reports. This practice will continue in Te Rau Kawakawa Buller Health. Staff have access to policies, guidelines, and educational resources to support the services in all areas of infection prevention and antimicrobial stewardship.

Here taratahi | Restraint and seclusion

Not Audited