

# Coastal View Limited - Coastal View Limited

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## 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:

<b>Legal entity:</b>	Coastal View Limited
<b>Premises audited:</b>	Coastal View Limited
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 29 June 2023    End date: 30 June 2023
<b>Proposed changes to current services (if any):</b>	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	75

# Executive summary of the audit

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## 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

Coastal View provides hospital (geriatric and medical), rest home level and dementia level of care for up to 83 residents. There were 75 residents during the audit.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora New Zealand – Nelson Marlborough. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, general practitioner, and management.

An experienced and appropriately qualified facility nurse manager has been in the position for two and a half years. They are supported by a clinical nurse manager who has previous experience in aged care, and a team of experienced staff. Residents and family/whānau interviewed spoke positively about the service provided.

The service opened their purpose built 20 bed dementia unit on 11 January 2023.

There were four findings at the certification audit related to the care documentation and roster requirements. The previous partial provisional audit addressed the care documentation findings. The two findings in relation to the environment and code of compliance identified at the partial provisional audit, has been addressed.

This surveillance audit identified ongoing improvements are identified around roster requirements.

## 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.

The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. Governance and senior management are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. A Pacific health plan is documented.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## Hunga mahi me te hanganga | Workforce and structure

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

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The business plan is supported by quality and risk management processes that take a risk-based approach. Internal audits are documented. Systems are in place for monitoring the services and regular reports are provided to the three directors. Services are planned, coordinated and are appropriate to the needs of the residents. The business plan describes annual goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori. Quality data is collated and benchmarked.

Residents receive appropriate services from suitably qualified staff. Cultural safety is embedded within the documented quality programme and staff training. Human resources are managed in accordance with good employment practice. An orientation programme is coordinated and planned for new staff. An education and training plan is implemented. Policies and risk management plans are implemented to ensure safe measures related to roster cover.

## 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.
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The registered nurses are responsible for each stage of service provision. The care plans reviewed evidenced assessment, planning and review of 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.

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. Self-administration of medication is supported and facilitated through a documented process.

An activities programme is implemented that meets the needs of the residents. Opportunities are created to facilitate te ao Māori. Residents are supported to maintain links with the community.

Residents' food preferences, dietary and cultural requirements are identified at admission and all meals are cooked off site. Staff have a good understanding of cultural considerations in relation to food services.

Transfers and discharges occur in a coordinated manner to provide continuity of care.

## **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.
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The building holds a current code of compliance. There is a preventative maintenance plan. Electrical equipment has been regularly tested for compliance. Hot water temperatures have been tested at regular intervals. There is an approved evacuation scheme and regular fire drills.

Security measures are in place to ensure the safety of residents and staff. The dementia unit is secure.

## **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.
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A pandemic plan and outbreak management plan is in place. There are sufficient infection prevention resources, including personal protective equipment available, and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Three outbreaks have been documented and reported since the previous audit and all were well managed.

## 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 facility had one resident using restraint. There is a documented commitment at governance level to maintain a restraint-free environment. Restraint policies are implemented and include consent, assessment, care plan, monitoring and evaluation of restraint use. The service implements de-escalation techniques and alternative interventions.

## 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	1	0	0
Criteria	0	59	0	0	1	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

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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 aim of Coastal View is to build a workforce that can confidently and competently apply tikanga Māori to enable them to support tāngata whenua residents and their whānau; to incorporate tikanga into daily practice; to ensure policies and procedures meet Ngā Paerewa Health and Disability Services Standard 2021; and to assist in health equity for all. The facility nurse manager stated that they support increasing Māori capacity by employing more Māori staff members when they apply for employment opportunities. Te reo Māori is included in all new position advertisements. At the time of the audit, there were staff members who identify as Māori. Māori staff interviewed confirm they feel supported by the organisation and the organisation’s commitment to improve labour market outcomes for Māori.</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</p>	FA	<p>There is a Pacific health plan (Mahere Hauora Pasifika) that follows the guidance provided in the Ola Manuia: Health and Wellbeing</p>

<p>enjoy good health and wellbeing.  Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.  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>Action Plan 2020-2025. The facility nurse manager has identified a Pacific facility advocate that holds Pasifika affiliations based in Nelson Marlborough. These individual liaisons are invited to assist in developing individual care plans for Pacific residents, to improve wellbeing outcomes.</p>
<p>Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others.  Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).  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>Residents, their enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. Staff have completed cultural training which includes Māori worldview, tikanga, understanding institutional racism and health equity. Māori mana motuhake is recognised for residents residing in the facility as far as possible, by involving residents in care planning and supporting residents to make choices around all aspects of their lives, as evidenced in care plans and supported by the Māori health plan.</p> <p>Interviews with staff, including five healthcare assistants (HCAs), three registered nurses (including two-unit coordinators), two activities coordinators, one maintenance person and two managers (facility nurse manager [FNM] and clinical nurse manager [CNM]) stated that the service's care philosophy is resident and family/whānau centred, as evidenced in the care plans.</p>
<p>Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect.  Te Tiriti: Service providers commit to Māori mana motuhake.  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>Coastal View annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in 2023 to support the provision of culturally inclusive care. The organisation's orientation booklet has a questionnaire where the staff member is required to read and understand the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</p> <p>The service has acknowledged tikanga practices in the policies and</p>

		<p>procedures reviewed and in the Māori care planning process. Policies and procedures are updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken.</p> <p>Four residents (two hospital residents and two rest home resident), and seven family/whānau (four from dementia and three hospital), confirmed their rights are respected and they have opportunities to participate 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. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. Te Whare Tapa Whā is recognised and implemented with the aim to improve outcomes for Māori residents and tāngata whaikaha. Specific cultural values and beliefs are documented in the resident's cultural assessment tool and care plans and this is the foundation of delivery of care`.</p> <p>An abuse and neglect policy is being implemented. All staff are held responsible for creating a positive, inclusive and a safe working environment, as stated in staff interviews. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy, sharing of information, and the house rules.</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. 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. 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</p>	FA	<p>The informed consent policy links to tikanga guidelines. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussion with residents and family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Cultural awareness training includes best tikanga guidelines.</p>

<p>exercise independence, choice, and control.</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 provided to residents and families/whānau during the resident's entry to the service. A complaints management policy includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, had been addressed promptly. The facility nurse manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is being maintained. There were fourteen complaints lodged since the last audit. There were eight complaints in 2022 and six for 2023. No trends or patterns have been identified. The clinical operations manager is involved in management of higher risk complaints, as reviewed in relation to three complaints.</p> <p>All but one complaint is documented as resolved to the satisfaction of the complainants. One complaint remains open at facility level and relates to a complaint that was referred from the Health and Disability Commissioner (HDC) to the National Advocacy Services. An email in December 2022 received from HDC confirmed that the complaint is closed off; however, the facility has not received a formal letter in relation to the outcome.</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>FA</p>	<p>Coastal View is a purpose-built facility in Nelson. The facility initially opened the main care centre in April 2021 and the dementia unit in January 2023. 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. There were two couples in the larger apartments. The secure dementia (Te Ara House) unit has 20 beds.</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>The total bed numbers at Coastal View care centre are 83. At the time of the audit, there were 75 beds occupied: 31 residents at rest home level, including one young person with a disability (YPD) on respite care; 26 residents at hospital level of care, including three young persons with a disability (YPD), one on long term support chronic health services contract (LTS-CHC) and one on respite care; and 18 residents (including four on respite care) in the secure dementia unit. The remaining residents were under the age-related care contract.</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 four 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 monthly quality meetings.</p> <p>The Coastal View annual business plan (2023) 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 for Māori and tāngata whaikaha. 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</p>
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		<p>health outcomes for residents. The activities team support residents to maintain links with the community and facilitate opportunities to participate in te ao Māori.</p> <p>The management team have completed over eight hours annually of training in relation to managing aged care services. On the day of the audits, the facility nurse manager of Alpine View was assisting with management activities at Coastal View, as the current facility nurse manager prepared to go on planned leave. The clinical nurse manager was not available on the first day of the audit.</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>Coastal View has a documented quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits, through the collection of clinical indicator data and benchmarking. Monthly meetings are scheduled and include staff, quality improvement, health and safety, and infection control meetings. In addition, there is regular RN review meetings where quality data are discussed and opportunities to minimise risk are identified.</p> <p>When meetings occur, there is a comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Meetings occurred as scheduled for 2022 and the schedule for 2023 is being implemented.</p> <p>The internal audit schedule has been implemented for 2022 and in place for 2023. Corrective actions are documented where indicated to address service improvements, with evidence of progress and closure when achieved. Quality data and trends in data are posted on a quality noticeboard. A quality improvement register is maintained that keeps record of quality initiatives. Recent quality initiatives documented relates to an oral care project; a monthly family/whānau support group; improvement on content of training topics; and progress on the projects is documented.</p>

	<p>The October 2022 resident and family/whānau satisfaction survey has been completed and indicates that residents have reported satisfaction with the service provided. Results of the survey have been collated and analysed, with corrective actions implemented for the areas below expectations. Survey results were communicated to staff, residents and family/whānau (meeting minutes sighted).</p> <p>Tāngata whaikaha have meaningful representation through bimonthly resident meetings and an annual satisfaction survey. The service benchmarks all their quality data and presents and discuss the data at meetings. The management team review the results of quality data, benchmarking, and feedback from residents and family/whānau to identify barriers to care, to improve outcomes for all residents and to provide critical analysis of organisational processes. The management team have an open and transparent decision management process that includes regular staff and family/whānau residents' meetings.</p> <p>Cultural safety is embedded within the documented quality programme and include staff training to ensure staff are equipped to provide high quality care for Māori.</p> <p>A risk management plan is in place. Health and safety meetings occurred as scheduled. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. The hazard register is current. Staff including agency staff and contractors are orientated to the facility's health and safety programme.</p> <p>Report forms are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Data is collated, trends are identified, and residents of concern are discussed at handover, clinical review meetings and quality improvement meetings.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Five Section 31 notifications have been completed to notify HealthCERT since the last audit and related to two pressure injuries, planned power outage, and two missing residents (not</p>
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		<p>related to the dementia unit).</p> <p>There has been two Covid-19 outbreaks (October 2022 and June 2023) and one scabies outbreak in May 2023 reported to Public Health.</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>PA Moderate</p>	<p>During the absence of the facility nurse manager, the clinical nurse manager is in charge of operations. There are good working relationships between facilities.</p> <p>The facility nurse manager and nurse manager/RN are on-site Monday – Friday. There is a full-time RN unit coordinator in the dementia unit and a full-time unit coordinator for the dual-purpose care centre. Both working Monday to Fridays. After hours on call is provided by the four senior team members.</p> <p>There is easy access from the care centre to the dementia unit; all on the same level.</p> <p>There is registered nurse cover 24/7 in the dual-purpose care facility. Over weekends and at night, the HCAs in the dementia unit will be assisted by the RN in the dual-purpose unit when needed. There are medication competent HCAs on each shift in the dual-purpose unit and dementia unit. A person with a current first aid certificate is rostered for each shift.</p> <p>The roster is developed by the facility nurse manager and taking in consideration staff skills, qualifications, and occupancy. There is a rostering and staff allocation policy that includes an acuity methodology rationale that ensures safe services. This is an improvement on the previous certification audit. However, the previous certification audit shortfall (NZS HDSS:2008 # 1.2.8.1) related to staffing continues to be an area requiring improvement. There continues to be issues around being able to cover HCAs short notice absences.</p> <p>The RN on shift can request for more staff as acuity of residents' change; interview with the RNs confirm that this is difficult due to shortages of the HCA workforce, but they stated they do work on the</p>

	<p>floor to help with the workload.</p> <p>There are separate housekeeping staff who are responsible for cleaning and laundry services, seven days a week.</p> <p>Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews and resident and family/whānau meetings. Interviews with residents and family/whānau confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to.</p> <p>An education policy is documented. There is an annual education and training schedule implemented for 2022 and being implemented for 2023. The education and training schedule lists compulsory training, which includes cultural awareness training. All staff completed cultural safety training. Monthly training topics are delivered through guest speakers, face-to face training and online quizzes.</p> <p>Staff participated in learning opportunities and shared information that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of the Treaty of Waitangi and cultural practices relating to Māori. Staff interviewed describe how they are supported to learn te reo Māori.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-three assistants are employed. Thirty-five healthcare assistants have achieved a level three NZQA qualification or higher. There is support from an assessor. Twelve healthcare assistants are allocated to the dementia unit; four have completed the required dementia unit standards; four are enrolled and on track to complete the dementia unit standards within the 18-month timeframe as specified in the ARRC contract; and four newly employed HCAs commenced within the last three months. Most of the HCAs allocated to the dementia unit are level 4 overseas qualified RNs.</p> <p>All staff are required to complete competency assessments as part of their orientation. Competency assessments include (but are not limited to) restraint; moving and handling; hand hygiene; and donning and doffing of personal protective clothing. A selection of healthcare</p>
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		<p>assistants completed medication administration competencies. A record of completion is maintained on their file. Additional RN specific competencies are listed and scheduled annually to include subcutaneous fluids, syringe driver and interRAI assessment competency. Four of nine RNs are interRAI trained; three are enrolled to complete interRAI.</p> <p>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>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 clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</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. Five staff files reviewed (two-unit coordinators, three HCAs) included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. There was evidence of completed orientation documentation on file.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. The service demonstrates that the orientation programmes support RNs and healthcare assistants to provide a clinically and culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process is adequate (when the roster is fully staffed) to prepare new staff for their role (link 2.3.1). Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Information held about staff is kept secure and confidential in an electronic database and file system. Ethnicity and nationality data is</p>

		identified during the employment application stage.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The clinical nurse manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals. The analysis of ethnicity data is documented in the monthly facility nurse manager report to the clinical operations manager. The new resident enquiry form is completed for all enquiries and the facility collects ethnicity data at the time of admission and is working on collating ethnicity decline data.</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. The service currently engages with their own Māori staff, Māori whānau and has 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>	FA	<p>Five resident files were reviewed and included two hospital (including one on YPD and one on LTS-CHC contract), one rest home resident, and two residents in the dementia care unit (one on respite care).</p> <p>Registered nurses (RN) 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 the electronic progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in resident's care plans. 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. Specific resident focussed goals are identified.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. Assessments included activities of daily living (ADL) behaviour; social and cultural; mobility; continence; and communication. All initial assessments and</p>

	<p>care plans were signed and dated. InterRAI assessments (where required) were completed within the stated timeframes of the contract and care plans had been evaluated within the required six-month timeframe. Evaluations stated progress against the set goals. Care plans had been updated when there were changes in health condition and identified needs. The long-term care plan is holistic and aligns with the model of care. There is specific cultural assessment as part of the social and cultural plan.</p> <p>Challenging behaviour is assessed when this occurs. There is a 24-hour behaviour care plan for residents in the dementia unit that captures behaviours, normal routine, hobbies, and de-escalation strategies at certain times of the day.</p> <p>The YPD and LTS-CHC resident had interRAI assessments completed. The initial care plan, assessments and long-term care plan were completed and documented support required to maintain physical and medical needs; maintaining of community and family links; assistance with communication; and involvement in managing own daily routine. The resident on respite had an initial care plan completed within 24 hours of admission.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. There are GP visits weekly and more often when required. A GP practice have an after hour on-call service. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for six hours a week and will visit more if requested to do so and supported by a physio assistant (employee). A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, mental health services, and wound care specialist nurse are available as required.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily on an</p>
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		<p>electronic system by healthcare assistants and RNs. The RN further adds to the progress notes if there are any incidents, GP visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, an RN initiates a review with an GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There were fourteen residents with wounds currently treated, including chronic lower leg ulcers, one chronic wound and skin tears. An electronic wound register is maintained and there is one stage II pressure injury documented.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. There is also access to a continence specialist as required. 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; pain; behaviour; blood sugar levels; intentional rounding; restraint monitoring; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries, according to the facility policy.</p> <p>Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are</p>	<p>FA</p>	<p>There is a range of activities available for residents, including for YPD and LTS-CHC residents. The residents in the dementia unit have their own activities programme seven days a week. Community visitors include regular entertainers, pet therapy services and church services. Important days such as Matariki, Waitangi, and ANZAC day are celebrated, with appropriate resources available. Residents go regularly out in the community through mystery bus tours or planned destinations. Residents and family/whānau interviewed spoke</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>positively of the activity programme, with feedback and suggestions for activities made via resident and family/whānau meetings and reviews. The activities coordinators provide opportunities for Māori to participate in te ao Māori.</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>Medication management- Whakahaere Rongoā is available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent HCAs) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. Regular medication and 'as required' medications are pharmacy packed. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored. The medication fridges and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications, including the bulk supply order, are checked weekly, and all eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There was one rest home resident partially self-medicating (inhalers); the appropriate assessment and review was on file. Medication competent HCA or RN sign when the medication has been administered. No inhalers are kept in the resident rooms. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and relatives are updated around medication changes, including the reason for changing medications and side effects; this is</p>

		documented in the progress notes. The registered nurses and clinical nurse manager described a process to work in partnership with Māori 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 menu is distributed to the residents weekly, allowing a choice of meals. The meals are cooked on site. The kitchen manager consults directly with residents to gain feedback of the food services and adjusts the menu if any special requests are required. The menu reviewed evidence, as part of cultural celebrations such as Matariki, there is choice of Māori foods. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, dislikes and any cultural considerations. Food safety training completed by kitchen assistants includes cultural concepts such as tapu and noa. The menu options can include culturally specific to te ao Māori, if requested by residents. The HCAs interviewed understood basic Māori practices in line with tapu and noa.
<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. There is open communication evidenced in the progress notes of family/whānau being kept up to date with the referral process, and reason for transition, as confirmed by documentation and interviews.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe</p>	FA	The buildings, plant, and equipment are fit for use and comply with legislation relevant to the health and disability services being

<p>and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>provided. The current code of compliance was 15 December 2023. The previous shortfall (4.1.1) has been addressed.</p> <p>All equipment has been checked for electrical compliance and calibrated annually as scheduled. Hot water temperatures are tested regularly and recorded within acceptable range. Essential services are on call 24 hours a day. The environment, art and decor is inclusive of peoples' cultures and supports cultural practices.</p> <p>The new building reflects the aspirations and identity of Māori; there are currently no extension or refurbishments planned. The following has been completed prior to the occupancy of the dementia unit: landscaping; seating and shade is available; the fence is completed; the dementia unit is accessible from Liger wing; and all outdoor lights were installed. There is flowing soap, hand gel dispensers and hand towels available. The previous findings (4.1.2) related to the environment has been addressed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan has been amended and dated 9 November 2022, and has been approved by the New Zealand Fire Service The previous shortfall (4.2.1) has been addressed. A fire evacuation drill is repeated six-monthly, in accordance with the facility's building warrant of fitness (last 29 March 2023 and 3 May 2023). On the second day of the audit, a resident in the dementia unit broke the emergency fire call point; the fire evacuation plan was successful, orderly and it was observed that the secure lock system was disarmed as it should, in case of a fire evacuation. The New Zealand Fire Services attended to the call.</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 and secure perimeter fence.</p> <p>There is an intercom system at the main entrance and is connected to the nurses' station. There is a closed-circuit television within the communal areas, outdoors and hallways.</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>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and resources throughout the facility in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</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. 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>	FA	<p>Surveillance of healthcare associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with all staff. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced. Residents and family/whānau interviews stated they are informed of any progress on infections, prescribed medication and treatment provided. Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends, monthly, quarterly, and annually and is included in benchmarking. Infection control surveillance is discussed at staff meetings and minutes and graphs are displayed for staff.</p> <p>There has been two COVID-19 outbreaks (October 2022 and June 2023) and one scabies outbreak in May 2023 reported to Public Health. Staff, residents and family/whānau reported that these were</p>

		all well managed and the implementation of the outbreak plan was successful.
<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 providing guidance on the safe use of restraints. The clinical nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint elimination, as stated in the business plan and restraint policy. They are conversant with restraint policies and procedures. There is a restraint register and one hospital level resident is on restraint (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 records of the resident requiring restraint 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.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The roster was reviewed for the dual-purpose unit and the dementia unit. There were appropriate numbers of RNs to cover both rosters. The clinical nurse manager interviewed stated that the time of roster development all shifts are covered; however, when HCAs are absent on short unplanned notice, shifts cannot always be backfilled. Interview with staff in the dual-purpose care centre confirmed that when shifts cannot be backfilled, the number of HCAs on the floor in the dual-purpose care centre is insufficient to provide appropriate safe oversight at mealtimes, as numerous residents need assistance and supervision with meals at the same time. On the first day of the audit, there were two staff absent that could not be replaced, and through interviews it was confirmed to be a regular occurrence when</p>	<p>The HCA workforce numbers are insufficient to provide roster coverage to fill short notice absences; to provide appropriate support for new staff during orientation periods; and rapid changes in acuity of residents, as evidence through the documentation review and interviews with staff and families/whānau.</p>	<p>Ensure there are sufficient numbers of staff, including casual staff, to ensure the roster is fully covered.</p> <p>60 days</p>

		<p>staff phoned in sick.</p> <p>Staff confirmed that they do work double shifts or an extra day when required but they already working more than their normal hours. Coastal View can use agency staff; however, RNs interviewed stated the agency cannot always provide staff when needed. There are three casual HCAs.</p> <p>Staff also reported that when shifts cannot be filled, it also has an impact on the quality of orientation of new staff.</p> <p>Interviews with residents and family/whānau stated they are aware of the staff shortage on specific days and are informed; however, they stated they have not identified that it had a negative impact on their relative's personal care and grooming.</p> <p>Call bell reports reviewed (for the week prior to the audit and the week of Easter weekend 3-10 April 2023) evidence numerous call bell duration time over 15 minutes. The complaints reviewed did not identify a pattern related to the timeliness of staff response to call bells.</p> <p>There are numerous risk mitigation strategies documented at national and site level including: corrective action plans to address staff shortages; workload allocation initiatives; recruitment and retention strategies; staff incentives; and rostering initiatives, including sharing staff with their Christchurch facilities.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.