

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

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## Introduction

This report records the results of a Certification 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Harbour View Rest Home (2005) Limited
<b>Premises audited:</b>	Harbour View Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 8 October 2024 End date: 9 October 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	35



# 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 tātou 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 is certified to provide rest home and secure dementia levels of care for up to 45 residents. There were 35 residents on the days of audit.

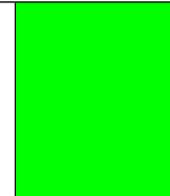
This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand- Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with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

The facility manager is also an owner/director. The clinical manager is responsible for clinical governance. Residents and family/whānau interviewed responded positively about the care and support, specifically highlighting the cleanliness and spaciousness of the facility.

This audit identified that the service meets the intent of Ngā Paerewa Standard and has been awarded a continuous improvement award for the provision of the activities programme.

## Ō tātou 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.

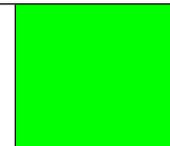
Residents and their family/whānau are informed of their rights according to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.

Harbour View has connections with local iwi and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. The informed consent process is well understood and implemented by staff. Complaint processes are equitable, with complaints promptly resolved in collaboration with family/whānau.

Residents or their enduring power of attorney can make informed choices for themselves.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

There is a documented business plan, mission, philosophy, and objectives. It has implemented quality and risk management systems, with internal audits and meetings occurring as scheduled. Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external

training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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.

Residents are assessed by the Needs Assessment and Coordination Service prior to entry as needing rest home or dementia care. Accurate information is available in an information pack and on the website. Prior to entry, residents and their family/whānau are able to visit the facility and meet with staff.

On the day of admission, the registered nurse undertakes a detailed and holistic assessment to identify residents' needs and preferences. From this, an initial care plan is developed. Within three weeks, a long-term care plan is developed in collaboration with the resident and their family/whānau. Medical care is provided by a contracted general practitioner who sees residents within one week of entry and three-monthly thereafter. A multidisciplinary approach is taken in evaluating care plans and residents and family/whānau have input into care plan evaluation. Clinical notes are fully integrated, with all members of the multidisciplinary team contributing.

Both group and individual activities are planned by an activities coordinator who identifies residents' interests and aspirations. Activities are aimed at enhancing physical strength and balance and mental and social wellbeing. Outings in the van are provided so residents continue to be part of the wider community.

Medication management is safe and complies with legislation. Staff are competency assessed on an annual basis. Changes in medications are discussed with residents and their family/whānau.

All meals and baking are cooked on site by a cook and assistant who have completed food safety training. The menu is reviewed by a registered dietitian and varies according to the season. The kitchen is well organised and clean. Nutritional supplements prescribed by a dietitian or general practitioner are available. Snacks are available 24/7.

Transfer and discharge are planned processes that are communicated to residents and family/whānau.

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

Includes two 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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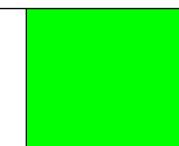
The building has a current warrant of fitness. The building and grounds are well maintained. Equipment is checked and maintained. There is an approved evacuation scheme. Security checks are done to ensure the building is secure at night. There is sufficient drinking water, food, and supplies in the event of a disaster. There is prioritised access for a generator from an external provider if the main supply is down.

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

Includes five 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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The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the directors, and integrated into the quality improvement system. There is a documented outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained. The clinical manager oversees infection surveillance, sharing infection control data with staff, and ensures that general practitioner and external consultant recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

## Here taratahi | Restraint and seclusion

Includes four 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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There is governance commitment to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility does not have residents currently using restraint. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff around management of challenging behaviour.

## 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	27	0	0	0	0	0
Criteria	1	167	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.

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>	<p>FA</p>	<p>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Harbour View Rest Home (hereafter Harbour View) has established connections with local iwi. The facility manager reported during interview that they can access cultural support and guidance from these established relationships with local maraes.</p> <p>The recruitment policy includes provision of an equitable recruitment process. The clinical manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. There were no staff or residents identifying as Māori at the time of the audit.</p> <p>Staff received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori. Interviews with nine staff (one registered nurse, four healthcare assistants, one activities coordinator, one maintenance person, one cleaner, one relief cook) confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services.</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> <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>FA</p>	<p>There is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. Engagement with Pacific communities is facilitated by Pacific staff members.</p> <p>Interviews with the clinical manager and the staff confirmed that they understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pasifika. There are equitable recruitment and education processes to recruit and upskill Pacific staff.</p> <p>At the time of the audit, there were no residents who identified as Pasifika.</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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available.</p> <p>Interviews with residents (five rest home level care and one younger person with a disability), and family/whānau (two dementia level care and two rest home) and staff confirmed that staff are respectful and considerate of residents' rights in line with the Code. The clinical manager confirmed the involvement of independent advocacy when required. Regular resident meetings provide a valuable platform for residents to voice their preferences regarding various aspects of the home, including food and activities. The meeting minutes evidenced residents' wishes are conveyed to management. Documented evidence shows that the service follows up on raised issues. The service actively supports and encourages family/whānau engagement and welcome visits.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss</p>

		<p>and clarify their rights.</p> <p>The clinical manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake, which was confirmed by staff interviewed.</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>Resident file reviews and interviews with staff, residents and family/whānau confirmed that Harbour View is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Residents affirmed that their personal priorities are supported, which was observed during the audit and reflected in individualised care plans.</p> <p>In interviews, staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work. Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language, and mana motuhake.</p> <p>Māori cultural days are celebrated and include Matariki and Māori language week. Staff received training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p> <p>Te reo Māori signage was visible throughout the facility, and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.</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>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff demonstrated a clear understanding of the service’s policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident, or family/whānau interviews, or in the reviewed documentation.</p> <p>Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. Residents interviewed reported that their property is respected, and professional boundaries are consistently maintained. The service follows a process of managing residents’ finances through invoicing. Residents maintain a comfort account to avoid handling cash.</p> <p>Internal audits of the Code of Rights and cultural values were conducted to ensure compliance. The results confirmed that residents' needs are being met, with audit reports showing full compliance in these areas. Additionally, the staff satisfaction survey revealed high levels of satisfaction with communication, a safe work environment, and the absence of a bullying culture. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented, ensuring wellbeing outcomes for Māori is achieved when in care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people</p>	<p>FA</p>	<p>Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective, and they felt listened to. They expressed the ability to raise concerns with staff and management and consistently felt heard and understood.</p> <p>Review of eleven adverse event forms confirmed that family/whānau were notified of any events or incidents. The contact</p>

<p>who use our services and effectively communicate with them about their choices.</p>		<p>details for family/whānau and the Enduring Power of Attorney (EPOA) were kept current, with a secondary contact noted when the EPOA was unavailable. A general practitioner (GP) interview confirmed timely communication and appropriate follow ups.</p> <p>A review of two-monthly residents' meeting minutes confirmed that residents can raise issues with staff and management. These concerns are followed up, and any issues are addressed promptly. Information is provided to residents and family/whānau on admission.</p> <p>The clinical manager described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Harbour View has access to interpreter services and cultural advisors/advocates when required.</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 documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Six resident files were reviewed (four rest home and two dementia level care) and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares are included and signed as part of the admission process. Specific consent has been signed by the resident or their EPOA for procedures such as influenza and Covid-19 vaccines, and other clinical consents. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' file and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity is on</p>

		<p>file.</p> <p>An advance directive policy is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau. Discussions with the healthcare assistants and registered nurse confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around the Code, including informed consent.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The registered nurse and clinical manager have a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.</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 facility manager and clinical manager interviewed stated they have a good understanding of including residents and family/whānau in decision making and maintains a complaints file containing all appropriate documentation.</p> <p>There have been no complaints since the previous audit. There is a process in place to manage complaints in accordance with guidelines set by the Health and Disability Commissioner (HDC), which the facility manager could describe. There were no complaints from external agencies since the previous audit; however, the HDC complaint (2021) reported on in the previous audit remains open.</p> <p>The welcome pack includes comprehensive information on the process for making a complaint. Interviews with residents and family/whānau confirmed they have been provided with information</p>

		<p>on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>The complaints process is equitable for Māori. The clinical manager and facility manager are aware of the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.</p>
<p><b>Subsection 2.1: Governance</b></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 holds contracts with Health New Zealand to provide rest home services, including secure dementia care. The service provides care for up to 45 residents. There are 27 beds in the rest home and 18 in the secure dementia unit, with one room dual purpose. It is located at the entrance to the dementia unit and can be opened to either the rest home wing or the dementia unit. On the days of the audit this room was vacant.</p> <p>On the days of audit, there were 35 residents in the facility, with 22 rest home residents and 13 residents in the secure dementia unit. This included two respite residents (one rest home and one dementia level care), one resident in the dementia unit on a long-term support- chronic health care (LTS-CHC) contract, and one younger person with a disability (YPD) in the rest home. All other residents were funded through the age-related residential care (ARRC) contract.</p> <p>Harbour View is privately owned between the facility manager and one other director. Harbour View has a 2024-25 business contingency plan that includes a mission, philosophy, and objectives of the service. The business plan are regularly reviewed against set goals. The facility manager and the clinical manager are knowledgeable around contractual and legislative requirements and completed cultural training.</p> <p>The owners have an understanding in Te Tiriti o Waitangi and health equity and supports meaningful inclusion of Māori and ensures the organisation's values and goals reflect the needs of Māori. Interviews with facility manager confirmed that they focus on</p>

		<p>improving outcomes for Māori and people with disabilities, ensuring equity in all aspects of the service works. Māori advice can be sought when required through an aged care industry consultant. Residents are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys and bi-monthly resident meetings.</p> <p>The clinical manager is an experienced registered nurse with over 30 years' experience in aged care and reports to the facility manager. The clinical manager works two days a week and supports and mentors the registered nurse. There are regular meetings with the facility manager related to day-to-day operational activities and reporting on the quality and risk management programme, including meetings; training; health and safety; infection prevention and control; staffing; internal audits; complaints (if any); cultural safety; and survey results. Auditors observed the facility manager actively interacting with residents and family/whānau, demonstrating her thorough understanding of the daily operations of the service.</p> <p>The facility manager is an experienced facility manager and owner and undertakes professional development activities related to managing an aged care facility. The clinical manager is responsible for clinical governance and has maintained at least eight hours annually of professional development activities related to managing an aged care facility, through attending regular aged residential care forums and online training.</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</p>	<p>FA</p>	<p>Harbour View has implemented a comprehensive quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. Policies and procedures are up to date. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. Resolved issues are signed off and discussed at staff meetings. Quality data on infections, restraint use or lack of it, incidents, and wounds is collected, analysed, and reviewed at staff meetings.</p>

<p>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>Data are compared to previous months and plans are developed to respond to any areas of concern. Resident and family/whānau satisfaction surveys are conducted annually, with the October 2023 and October 2024 results indicating high levels of satisfaction with the service. Policies and procedures are maintained in hard copy, and staff have confirmed they can access these documents as needed.</p> <p>Each incident/accident is documented in the resident management system. Eleven adverse event forms were reviewed and indicated the forms are completed in full and signed off by the registered nurse or clinical manager. Incident and accident data is collated monthly and reported in the monthly staff meetings.</p> <p>Health and safety meetings occur six-monthly, as well as reported and discussed as part of the integrated staff/quality meetings. Hazards are documented and addressed. Staff received education related to hazard management and health and safety at orientation and annually. The hazard and risk register was reviewed in 2024.</p> <p>Discussions with the clinical manager, administrator and facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. In 2023, a Section 31 report had been completed to notify HealthCERT of discrepancy in controlled drug register for liquid morphine. This was investigated with the pharmacist involved; it was found to have been a recording error. There has been one Covid-19 outbreak and one gastrointestinal infectious outbreak. These were appropriately notified, managed, reported to Public Health and staff were debriefed after the event to discuss lessons learned.</p> <p>There are established connections with local marae. The facility manager advised that there is access to local iwi to provide essential cultural support and guidance, ensuring culturally appropriate care.</p> <p>Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-</p>
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		<p>equipped to deliver high-quality healthcare for Māori. The complaint processes are equitable, and any complaints are promptly resolved in collaboration with the family/whānau, ensuring that all voices are heard and respected.</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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. Staff interviewed reported adequate staffing and support from the clinical manager and registered nurse. Residents and family/whānau interviewed did not raise staffing issues and confirmed that staff are attentive to resident's needs.</p> <p>There is at least one first aid trained staff member on duty 24/7. The clinical manager provides an on-call service, with the registered nurse available to attend on site if required. The facility manager is available for non-clinical issues after hours. The level 4 healthcare assistants work as team leaders and have received additional training and competencies to support their clinical decision making, with the support of the clinical manager. Most of the team leaders are internationally qualified nurses.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification, with 50% of healthcare assistants having achieved level 4, and 28% of healthcare assistants achieved level 3 and the remaining have Level 2. All 18 healthcare assistants have completed the required dementia unit standards and work across both rest home and dementia wings.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. Staff knowledge was checked through quizzes and competency assessments. All staff are required to complete competency assessments as part of their orientation. Staff who administer medication complete annual medicine competency and a record of completion is maintained.</p>

		<p>Staff training records showed that they completed training related to Māori health outcomes and disparities, and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing, with staff having access to online modules.</p> <p>The clinical manager and registered nurse are trained and competent in completing interRAI assessments. Staff reported a positive work environment and an employee assistance programme is available to them, when required.</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 human resource policies in place, including recruitment, selection, orientation, and staff training and development. Six staff files were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities, and accountabilities.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan. Harbour View demonstrated that the orientation programme supports RNs, healthcare assistants, cleaning, and laundry staff to provide a culturally safe environment to Māori. Staff performance appraisals were completed annually.</p> <p>All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded.</p> <p>The results of annual staff satisfaction survey and staff interviews indicate that staff feel supported in their roles. Communication and teamwork were rated positively, and staff feel comfortable discussing any issues with the clinical manager, registered nurse, or facility manager. The facility manager reported that debrief and discussion occur following any incidents.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident records, including medication management system and staff files, are stored electronically. There is a resident management system and a medication management system that are secure and require user identification and passwords to access.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</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.</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>	<p>FA</p>	<p>Prospective residents are assessed by the needs assessment and coordination service as requiring rest home or dementia care. Prior to entry, prospective residents and their family/whānau are invited to visit the facility and meet with staff. An information pack is available for them to take away and there is further information available on the internet.</p> <p>The admission, discharge and transfer policy specify the entry criteria and the processes and documentation required on admission. The policy specifies the admission process must comply with legislation, particularly maintaining a person's right to be kept informed and to respect their dignity, beliefs, and values.</p> <p>If a prospective resident does not meet the entry criteria, they and their family/whānau are informed and referred back to needs assessment and coordination. Staff collect data on admissions and declined entries and this data includes ethnicity. Information, including the Code, is displayed in the entranceway in English and te reo Māori. The service has established links with local Māori to support Māori residents and their 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, including four rest home (including a YPD and one on respite care) and two in the dementia unit (including one LTS-CHC). All showed an initial assessment is completed on the day of admission by the registered nurse. The initial assessment includes the use of validated assessment tools. From the initial assessments, an initial care plan is developed that outlines the resident's needs and supports required. Family/whānau interviewed confirmed they were involved in the initial assessment and care planning process. The registered nurse completes interRAI assessments for residents, who require these on admission.</p> <p>Within three weeks of admission, a detailed long-term care plan is developed which covers all medical, social, cultural, and spiritual needs and preferences and care for individual medical conditions. The dementia unit files contain additional information on strategies to manage challenging behaviour. Long-term care plans are reviewed at six-monthly intervals following the interRAI reassessment by the registered nurse. Family/whānau and residents interviewed confirmed they are involved in care plan reviews. The registered nurse consults healthcare assistants and the activities coordinator when reviewing care plans. Where new needs are identified or the condition of a resident changes, the care plan is updated to reflect current needs and goals. Short-term care plans are used to address short-term needs such as wounds or infections.</p> <p>Between shifts there was handover and any concerns are communicated. Progress notes are documented by staff every shift.</p> <p>Medical care is provided by the resident's general practitioner who does an initial assessment within five working days. Reviews occur at least three-monthly or sooner if needed. The GP practice and the after-hours service provide out of hours medical support. The GP visits the facility once a week to undertake three-monthly medical and medication reviews and to see those who needed to be assessed sooner than three months. If there were any changes to medications, the GP stated they would talk to the family/whānau.</p>

		<p>They were also involved in advanced care planning discussions with family/whānau and residents. They confirmed staff communicate with them in a timely manner if the condition of a resident changes. All resident's files reviewed evidenced six weekly podiatrist visits. If needed, the registered nurse could refer residents to a community physiotherapist.</p> <p>The activities coordinator completes an assessment of hobbies, interests and life experiences and uses this information to develop a care plan for group and individual activities. All files reviewed included information about the residents' life experiences and significant events. This information is obtained from the resident and their family/whānau.</p> <p>Monitoring charts sighted in resident's files include monthly vital signs, weights, and blood sugars, as per care plans when indicated. At the time of the audit, there was one pressure injury and two other wounds being treated. Wound care plans were in place, with wound evaluations being done at each dressing change. The registered nurse confirmed when needed they could refer more complex wounds to the nurse specialist.</p> <p>The Māori health and cultural safety policy requires staff to follow tikanga best practice and to consult Māori and their whānau during all stages of service delivery. It specified services are to be free of discrimination and there are to be no barriers for Māori receiving services. The registered nurse interviewed described removing barriers so all residents have access to information and services required, to promote independence and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</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</p>	<p>FA</p>	<p>The activities coordinator started in their role in April 2024 and works five hours per day, five days per week. The activities coordinator has enrolled in diversional therapy training. Individual activities care plans are completed, in consultation with residents and their family/whānau. The activities coordinator plans group and individual activities in consultation with residents and their</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>family/whānau and records residents' participation in activities. The facility has been awarded a continuous improvement rating for their activities programme.</p> <p>Monthly activity schedules were sighted and showed a range of activities are available to enhance physical strength and balance, mental stimulation, social engagement, and enjoyment of life. Activities include celebrating events such as the Olympic Games, Daffodil Day, Easter, ANZAC Day, and Matariki. A van is used to transport residents on van outings. For residents who choose not to participate in group activities, individual activities such as card games, puzzles and reminiscing are provided.</p> <p>The activities for residents in the dementia unit is suitable for their cognitive and physical abilities and include domestic chores and memory games. There are quiet spaces for one-on-one activities.</p> <p>During the audit, residents were seen to be enjoying the activities in the rest home and dementia unit. There are resident led activities where a resident plans and provides the activities, as well as activities led by volunteers (all have been inducted to Harbour View). Te reo Māori is incorporated into activities. On weekends, staff provide activities and can access the activities resources and have movies available to play.</p> <p>Residents confirmed they are consulted about their interests and aspirations and can choose if they wish to participate.</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 medication management policy and protocol is in accordance with current legislation and guidelines. An electronic system is in use for documenting photographic identity, prescriptions, administration, and allergies/adverse effects. Staff are required to complete an annual competency assessment by the registered nurse. Completed and current competencies were sighted in staff files.</p> <p>An agreement with a local pharmacy for supply of medicines was sighted. When medicines arrive at the facility, they are checked against the medication chart. Medications are individually packed in</p>

		<p>a robotic system. The GP prescribes all medications, including over-the-counter supplements. When there are medication changes, the family/whānau and residents are kept informed of the reasons and potential side effects.</p> <p>Medication rounds were observed in the rest home and dementia unit. Staff were seen to be following the policy and administering medications safely. Staff were observed to explain to residents what medication they were being administered. Medicines are stored in a locked trolley, which is kept in a locked cupboard. There is a dedicated medication refrigerator, and the temperature is recorded daily and seen to be within an acceptable range. Expired and no-longer used medications are returned to the pharmacy for disposal. There a safe secured to the wall within the locked medication cupboard for controlled drugs. The controlled drug register shows two staff sign when controlled drugs arrive from the pharmacy. Weekly stocktakes are done and signed by two staff.</p> <p>The policy covers safe self-administration of medication. At the time of the audit, there were two residents self-administering their medications; all assessments for this had been completed and residents had a secure place to keep medications. There are no standing orders.</p> <p>The registered nurse works in partnership with residents and the general practitioner to ensure residents have access to their regular medications and over-the-counter supplements. Residents interviewed confirmed they are involved in review of their medications. At the time of the audit there were no residents who identified as Māori; however, the registered nurse could describe providing support and advice to all residents regarding their medications and side effects.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p>	<p>FA</p>	<p>All meals and baking are done on site by a relief cook and kitchen hands. Kitchen staff have been orientated to the service and role and have completed food safety training. Kitchen staff were seen to be wearing appropriate personal protective clothing.</p> <p>Meals are served directly from the kitchen in the rest home. In the</p>

<p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>dementia unit, food is plated and covered in the kitchen and transported on a trolley. Nutritional snacks are available 24/7.</p> <p>Residents are asked on admission about their food preferences, intolerances and cultural needs and this information is communicated to the cook. The menu is seasonal and there is a four-week cycle for each season. The menu was reviewed by a registered external dietitian in August 2024. Residents interviewed confirmed they enjoy the meals. Residents and family/whānau are asked to give feedback on the meals as part of an annual survey.</p> <p>The food control plan expires in November 2025. The kitchen was observed to be clean and well organised. Dry stored pantry and refrigerator items are labelled with the dates they are opened. Refrigerator and freezer temperatures are monitored daily and maintained at an acceptable temperature. Specialised utensils are available when required. Residents in the dementia unit were observed to be supported by healthcare assistance and to maintain their independence.</p> <p>Residents are weighed monthly and if there is loss in weight, consultation occurs with the general practitioner, who refers residents to a dietitian. Food supplements are provided where prescribed. Staff demonstrated their knowledge of tikanga in relation to food management.</p>
<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>	<p>FA</p>	<p>The admission, discharge and transfer policy specify the process and required documentation for transfer and discharge. Interview with the registered nurse confirmed transfer and discharge is a planned process that includes discussion with the resident and their family/whānau. If they are transferring to a higher level of care, the Needs Assessment and Coordination service completes a re-assessment and family/whānau are informed of their options for entering another aged care facility.</p> <p>Prior to transfer or discharge, the interRAI is updated and handover occurs between the registered nurse and other facility. Medication charts, interRAI documents, enduring power of attorney documents, and resuscitation status are sent with the resident and</p>

		<p>family/whānau. Where residents wish to be or need to be seen by another health and disability service, including Kaupapa Māori agencies, a referral is made. Staff keep a list of contact details of other health and disability services in the area. At the time of the audit, the service had no residents who identified as Māori.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness is current to May 2025. There is a maintenance schedule in place for regular maintenance of the building, grounds, and equipment. If equipment needs repair or a hazard is identified, this is entered into a maintenance book and remedied as soon as possible. Electrical equipment is tested and tagged annually and was last done in March 2024. Hot water temperatures are monitored and within the acceptable ranges.</p> <p>The facility is an historic building located at the Oamaru Harbour area which is well appointed and well maintained. It is homely and residents are able to bring their own personal belongings and items for their room. There are handrails in the hallways, stairways, toilets, and showers. There is a stairwell for the five able bodied residents who live on the lower floor. The main level is where the remaining rest home rooms are located, as well as a large lounge, a dining area, reception and offices, main entrance, and a large veranda for outdoor seating. The secure dementia unit also have a large lounge, a dining room, bedrooms, bathrooms, and access to the laundry. The dementia unit opens to a secure outdoor area with seating and shade and an aviary.</p> <p>There are separate large lounges in the rest home and dementia unit with comfortable seating. Each area has separate dining rooms. There are other seating areas where residents can sit if they want to be alone or to visit with family.</p> <p>There are sufficient toilets and showers in the rest home (upstairs and downstairs) and in the dementia unit. Toilets and shower doorways have clear written and pictorial signage. Staff have a separate bathroom.</p> <p>Bedrooms are spacious enough for residents to move freely and have their own chairs and personal belongings. All bedrooms have</p>

		<p>an external window, and the facility is warm and dry.</p> <p>The service has no plans to expand or alter the building. The owner/facility manager 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.</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>	FA	<p>The fire evacuation plan is posted on the wall near the entrance. This was approved in July 2004. Records show fire drills are held six-monthly and staff are trained in emergency procedures. Fire extinguishers were sighted in the hallways and in the kitchen; there is also a fire blanket. Evacuation procedures were explained to the auditors before the opening meeting.</p> <p>Current first aid certificates were sighted in staff files. Call bells are located in each bedroom. Residents confirmed call bells are answered promptly. Staff complete a checklist each evening to ensure the building is secure. The facility is locked at night and if there is a breach of security, staff phone the police. There is lighting in the carpark.</p> <p>The van used to transport residents has a current warrant of fitness and registration. There is a first aid kit inside the van which is checked monthly and restocked as required.</p> <p>In the event of power outage, there is a battery that can last for approximately two hours. The facility manager has access to a generator provided by an external contractor. There is a documented memorandum of understanding that Harbour View would be a priority for provision of a generator in the case of an adverse event causing power outage. There are six 40 litre water casks and a 500-litre water tank on site. There is an adequate supply of non-perishable food stored, along with extra blankets and dressing supplies. A civil defence store cupboard is maintained and checked monthly.</p>
Subsection 5.1: Governance	FA	The infection prevention and control programme and antimicrobial

<p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>stewardship programmes are appropriate to the size and complexity of the service, is approved by the directors and is linked to the quality improvement system. The facility manager/owner provides daily input to the facility and supports the infection prevention and control activities within the service.</p> <p>Directors receive information related to infection prevention and control data, including the annual review of the programme. This was confirmed in an interview with the owner/director. The registered nurse undertakes the role of infection control coordinator and oversees infection control and prevention programme and work closely with owner/director. The job description outlines the responsibility of the role and a signed copy sighted in her file.</p> <p>Infection rates are presented and discussed at quality and staff meetings. Documented evidence showed infections were reviewed with GPs.</p> <p>The service has access to an infection prevention and control clinical nurse specialist from the local Health New Zealand. Residents and staff are offered influenza and Covid-19 vaccinations.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship programmes is linked to the quality improvement system and reported on annually. The registered nurse is the infection prevention and control coordinator. The infection prevention and control coordinator has completed external training around infection prevention and control and has appropriate skills, knowledge, and qualifications for the role. There is a signed position description for the infection prevention and control role. The infection prevention and control policies have been developed by an external expert. The procedures and policies reflect the requirements of the standard and are based on current accepted good practice. The infection prevention and control coordinator has</p>

		<p>input into clinical policies that may impact on HAI risk.</p> <p>Staff became thoroughly familiar with policies through comprehensive training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs, particularly rest home level care residents who independently undertake community visits and are informed about respiratory illnesses.</p> <p>Single use medical devices were not reused and were safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines, and which was audited to ensure its safe working state and regular decontamination.</p> <p>There is a pandemic plan. An outbreak response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly.</p> <p>The service provides te reo Māori information around infection prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control.</p> <p>The facility manager understands the process of involvement should there be plans for development and ongoing refurbishments of the building. The clinical manager and infection prevention and control coordinator procure all equipment and consumables.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The registered nurse and the general practitioners monitor compliance with antibiotic and antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines.</p>

<p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Infection rates are monitored monthly and presented at meetings. Prophylactic use of antibiotics is deemed inappropriate and is actively discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of infections is appropriate for the size and complexity of the service. 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 organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the integrated quality/staff meetings.</p> <p>The registered nurse oversees the infection surveillance programme. Infection prevention and control data is shared with the facility's staff, and any recommendations from the GP and external consultants are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed.</p> <p>There have been two infectious outbreaks in 2024 year to date, including one Covid-19 outbreak and one gastro-intestinal infectious outbreak. Harbour View staff adhered to its outbreak management plan and notified the local public health authority. Clear communication pathways, including daily outbreak meetings and updates to residents, family/whānau and staff, were established. There was sufficient PPE stored, and extensive debriefing and training sessions were conducted following the outbreaks.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</p>	<p>FA</p>	<p>There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff confirmed that policies and procedures are implemented. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management. Staff involved in laundry and cleaning services have</p>

<p>environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>completed relevant training. Chemicals were stored securely, and closed chemical dispensing system is used. Material safety and data sheets are available.</p> <p>All laundry is completed on site. Linen cupboards had sufficient linen and towels. The laundry has a dirty to clean flow. There is sluicing facility with appropriate PPE.</p> <p>There are dedicated laundry staff who manage all personal and facility laundry services. Healthcare assistants stated that they received training on operating the washing machines and knew how to manage personal laundry. Staff were aware of prevention of cross contamination and use of PPE. Both residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility is consistently very clean. Any concerns raised in the residents' meetings are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator provide support to maintain a safe environment during construction, renovation and maintenance activities.</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 clinical manager and facility manager has an ongoing commitment to remain restraint free. The restraint minimisation and safe practice policy is in accordance with this standard and specifies the directors are committed to a restraint-free environment. At the time of the audit, no restraints were in place and there had been restraint for a long period of time.</p> <p>The registered nurse is the restraint coordinator with a documented job description for the role. The coordinator ensures the care plans explore all alternatives, including strategies to avoid the use of restraint. This includes identifying cultural needs and beliefs, falls prevention strategies and strategies for managing challenging behaviour. Staff meetings are held two-monthly, and any use of restraint would be discussed there. Staff have ongoing training relating to maintaining a restraint-free environment and safe practice and current annual competencies were sighted.</p>

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## Specific results for criterion where corrective actions are required

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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
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## 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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>Fiscal restraints due to decreased occupancy at Harbour View and the resignation of the activities coordinator, encouraged the facility to consider how they would meet the Nga Paerewa Standard and the ARCC. All healthcare assistants were already working in both the dementia and rest home areas and all had completed the level four limited credit programme for dementia. Healthcare assistants were interested in ensuring the facility was able to meet the standards and contracts, and were interested in what they could do to help, as they wanted to see the residents have an enjoyable programme and did not want their work hours to be reduced. A new staff member who had started at Harbour View at the time that this was occurring, had previous teaching experience and indicated they were interested in the activities coordinator role (they have now enrolled in</p>	<p>The facility manager and clinical manager reviewed the programme and determined they could redevelop a programme that would include the healthcare assistants in the programme. The healthcare assistants were asked if they wanted to be involved and were able to lead an activity in which they were interested. Healthcare assistants were all interested in helping with the programme and the administrator has undertaken to do the van trips (they have a first aid certificate).</p> <p>After six months, the outcome of this reviewed programme is that staff (when interviewed) feel more empowered to have increased involvement and know the residents in a more personal way, and residents and family/whānau who have been spoken with feel the same way. Three residents who had been in the dementia unit had been reassessed to rest home level care and incidents of challenging behaviour have</p>

		<p>diversional therapy training).</p> <p>Harbour View also had a resident who was involved in the activities programme, by leading an activity. A number of long serving community volunteers are also able to be involved in the programme.</p>	<p>decreased from five in January and February 2024, to four incidents March to September 2024.</p> <p>Fifteen residents at Harbour View were surveyed about the change in the programme and their view on whether it had increased their enjoyment and participation. All residents who were given a survey responded and the survey responses evidenced that all residents felt there was a significant increase in their enjoyment and participation of activities. Not only did the healthcare assistants know them better, the residents felt they knew the healthcare assistants better. This feeling was supported by the clinical manager and the facility manager/owner who felt that this change in programme was a positive change, which benefited the residents and staff. The clinical manager also noted that the healthcare assistants had asked to be involved in other areas of the residents' care and support, which would also contribute to knowing the residents and their care needs better, therefore positively impacting on residents.</p>
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End of the report.