

Coastal View Limited - Coastal View Limited

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:

Legal entity:	Coastal View Limited
Premises audited:	Coastal View Limited
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 28 November 2024 End date: 29 November 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	75

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Coastal View Limited provides rest home, hospital, and dementia level care for up to 83 residents. There were 56 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts 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 families, residents, management, staff, and the general practitioner.

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

This certification audit identified that the service is meeting the standard.

The service was awarded continuous improvement ratings for communications and training.

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 are fully attained.

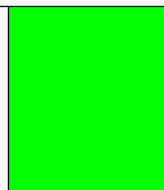
Coastal View Limited provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pasifika health plan in place. There were Māori residents at the time of the audit. Cultural assessments inform the cultural care plan.

Residents receive services in a manner that considers their dignity, privacy, and independence. The staff were observed communicating with residents about their choices.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints are managed appropriately.

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 are fully attained.

The business plan includes a mission statement with clear objectives. The service has established quality and risk management systems that take a risk-based approach. The internal audit process implemented monitors all aspects of service delivery. Staff meetings are scheduled monthly. Quality data is collated, analysed, and reported on. Corrective actions are implemented where opportunities are identified. Health and safety and hazard management systems are implemented.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are skilled and knowledgeable to provide cares for rest home, hospital, and dementia level of care residents.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

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 are fully attained.
---	--	--

The facility nurse manager and clinical nurse manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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 are fully attained.
---	--	--

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The secure dementia unit is connected to the care centre by a covered external walkway. There is a visitor entrance into the secure foyer with keypad entrance. The dementia unit has a centrally located lounge/dining room with kitchenette. The communal area is spacious and allows for groups or individual activities. All bedrooms have a full ensuite. There are sufficient bathrooms for visitors and staff. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. There is a nurse call bell system available in each resident room. There is underfloor and central heating and heat pumps throughout the facility. Security checks are performed by staff, plus security lights and close circuit television cameras supplement the security measures in place.

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 are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

There have been infection outbreaks since the previous audit. These were appropriately reported and effectively managed.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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 are fully attained.
---	--	--

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 has no residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation.

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	2	166	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>The Māori health plan includes guidelines for the provision of care in line with cultural safety and the Treaty of Waitangi expectations. The Māori health plan references cultural awareness and cultural responsiveness to Māori perspective of health. Family/whānau involvement is encouraged in assessment and care planning; evidenced during interviews with eight family/ whanau members (four hospital, one rest home and three dementia).</p> <p>During the audit, there were residents who identified as Māori living in the facility. A Māori health plan is in place to ensure the service supports Māori and family/whānau.</p> <p>The service maintains liaison with Tipiki Oranga providers who can assist with cultural advice, rongoā, mirimiri or other tikanga practices. Te Tiriti o Waitangi is reflected through policies and procedures.</p> <p>The facility nurse manager confirmed that the service supports a Māori workforce. There were staff identifying as Māori at the time of the audit. The service supports increasing Māori capacity by employing more Māori staff members through a fair and equitable employment process. Staff confirmed they are supported in a culturally safe way and that their mana and culture is respected.</p> <p>Ethnicity data is gathered when staff are employed, and this data is</p>

		<p>analysed at a senior management level.</p> <p>The facility nurse manager, clinical nurse manager, clinical operations manager and care staff interviewed (four registered nurses, four healthcare assistants, one diversional therapist and one activity coordinator), were able to describe how care is based on the resident's individual values and beliefs.</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>	FA	<p>On admission all residents state their ethnicity and cultural preferences. There were no residents that identified as Pasifika, there were staff including registered nurses who identified as Pasifika. Individual cultural beliefs are documented in residents care plans and activities plans. The organisation's Pacific Health Plan includes information on Pacific Health and been developed in association with representatives from the Pasifika community. The policy states Pacific models of care will be utilised within the plan of care when indicated.</p> <p>The facility nurse manager encourages and supports any staff that identify as Pasifika through their employment process and training opportunities. Staff have attended training and education in delivering culturally safe care by understanding cultural, and spiritual beliefs of the Pacific peoples.</p> <p>Interviews with 14 staff (11 care staff, the head chef, a housekeeper, and laundry person), residents (three hospital level and four rest home), families and documentation reviewed identified that the organisation's philosophy of 'equality, respect and dignity for all' is reflected in all areas of service delivery.</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</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility nurse manager, clinical nurse manager and registered nurses discuss aspects of the Code with residents and their family/whānau on admission.</p>

<p>a way that upholds their rights and complies with legal requirements.</p>		<p>Discussions relating to the Code are held during the monthly resident/family meetings. The family/whānau interviewed reported that the service is upholding the residents' rights and confirmed that the residents are treated with respect and that their independence and choices are supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents and family/whānau. There are links to interpreter services and independent support.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services and the complaints process. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori autonomy, and support values and beliefs as documented in resident care plans.</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>The healthcare assistants (HCAs) and registered nurses (RNs) interviewed described how they support residents to choose their own routine. Family/whānau, residents, and staff interviewed stated the residents are given choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support with examples provided.</p> <p>The services annual training plan reflects training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. All residents have their own room, each with their own ensuite. Satisfaction surveys completed each year confirmed that residents and families are treated with respect. This was also confirmed during interviews with family/whānau.</p> <p>An intimacy and sexuality policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate</p>

	<p>relationships. Family/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The service has implemented a new process where each resident's door has a hotel like sign identifying whether care is being provided and not to enter. This project has been welcomed by staff, residents and their family/whānau.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is implemented.</p> <p>Policies and procedures support tikanga Māori and encourage the use of te reo. Education records and staff interviews verified that Te Tiriti o Waitangi training is provided, and staff described how they implemented this knowledge when engaging in discussions with residents or providing cares to residents.</p> <p>A counselling student who had been undertaking research to integrating Te Whare Tapa Whā model of care more fully into daily lives has developed a booklet for all new residents and staff. The booklet allows Māori and non Māori residents and family/whānau to note how they would like to be cared for under each of the four aspects and what each section means to them. Resident feedback from residents who identify as Māori evidenced that they found the resource helpful with forward planning and reconnecting with their heritage, and for some, connecting and learning about their Māori culture for the first time. Non Māori resident feedback was also positive and one resident has discussed all aspects of the booklet with his wife and got her to complete one too.</p> <p>Cultural meetings have been commenced monthly. The meeting started very small, and attendees decided the size and scope of the meetings. Meeting agendas are decided on by the group with an over-all agenda of assisting residents to connect with whenua and feel calm and welcome. The meetings have increased in size and scope over time to include more staff family/ whānau and residents. The service provided testimonial evidencing the positive impact these initiatives have had on residents and their family/ whānau. Policy / process changes have been made as a result of the cultural group</p>
--	---

		feed-back.
<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>Service policies, house rules and code of conduct describe procedures to protect people from abuse, discrimination, and neglect. House rules and a staff code of conduct are discussed during the new employee's induction to the service. This code of conduct addresses harassment, racism, and bullying. There are processes in place to manage resident's petty cash.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. 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. 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>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with care support staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	FA	<p>Information is provided to residents and family/whānau on admission. Monthly resident and family/whānau committee meetings identify feedback from residents and consequent follow up by the service. Monthly cultural meetings (commenced July 2024) ensure that Māori point of view is communicated to the service.</p> <p>Effective communication pathways were maintained for the reporting</p>

<p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>and management of Covid-19 and scabies out breaks. The service communicates with other agencies that are involved with the resident such as Health New Zealand and Public Health.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Ten accident/incident forms reviewed consistently indicated next of kin have been informed of an accident/incident. This was also confirmed during interviews with family/whānau.</p> <p>The residents and family/whānau are informed prior to entry of the scope of services through the signed admission agreement.</p> <p>An interpreter policy and contact details of interpreters is available and are used where indicated. Staff explained support can provided through family interpreters and the use of electronic translation platforms and flash cards. A project has been implemented to improve communication with residents. The service has been awarded a continuous improvement for language and cultural communication.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. The resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. 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. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident</p>

		files where available.
<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>	FA	<p>All incoming residents and family/whānau are provided with easy-to-understand information about how to raise concerns/complaints and compliments, what to expect through the process and their right to support and advocacy. The facility nurse manager maintains records of complaints, actions taken, and resolution in an electronic and paper-based format.</p> <p>Twelve complaints had been received since the previous audit. The complaint was acknowledged, investigated, and managed in line with Right 10 of the Code. The records showed the complaints had been resolved to the satisfaction of the complainants. There were two external complaints, one through Health New Zealand which has been closed and one through the Health and Disability Commissioner which had been closed but recently re- opened at the request of the complainant (March 2024); all information and been provided as requested to the Health and Disability Commissioner.</p> <p>The facility nurse manager stated that they address concerns as they arise. Staff are informed of any complaints received through staff meetings and meeting minutes.</p> <p>Discussions with family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held. Information is available and accessible in te reo Māori and the facility nurse manager and clinical manager both have an open-door policy to ensure concerns are addressed in person with whānau involvement.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	FA	Coastal View is a purpose-built facility in Nelson. The facility has one level and includes a total of 63 dual-purpose (hospital and rest home)

<p>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>beds. The secure dementia (Te Ara House) unit has 20 beds.</p> <p>The total bed numbers at Coastal View care centre are 83. At the time of the audit, there were 75 beds occupied: 20 residents at rest home level, including one person on respite care; 36 residents at hospital level of care, including four residents on a younger person with a disability (YPD) contract, one resident on a long term support chronic health care (LTS-CHC) contract and one on respite care. There were 19 residents (including one on respite care) in the secure dementia unit. The remaining residents were under the age-related residential care (ARRC) contract.</p> <p>The Governance Board consists of seven board members. One Board member identifies as Māori. All Board members have experience in owning and building aged care facilities and villages. The Board members 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. The working practices at Coastal View are holistic in nature, inclusive of cultural identity, and respect connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for residents.</p> <p>The senior management team 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 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 business plan (2023-2024) 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. 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</p>
---	---

		<p>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>The facility nurse manager is an experienced registered nurse has been in the role for over three years and is overall responsible for the service. The facility nurse manager reports to the clinical operations manager. The management team have completed over eight hours annually of training in relation to managing aged care services.</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. Meetings include a monthly joint staff and quality meeting until September, where the meetings have become separate quality and staff meetings. There are health and safety meetings, and two monthly infection control meetings, there are monthly RN meetings where quality data are discussed and opportunities to minimise risk are identified. In addition, the service holds dementia group meetings involving family/whānau and staff. Meeting minutes reviewed evidenced 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 have occurred as scheduled.</p> <p>The internal audit schedule has been implemented for 2023 and 2024. 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</p>

		<p>related to a monthly dementia family/whānau support group, cultural care, communication, and reduction of urinary tract infections.</p> <p>The 2024 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). 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 have taken place 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. 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. There have been no Section 31 notifications completed to notify HealthCERT and one notification to Te Tahu Hauora Health Quality and Safety Commission for a pressure injury.</p> <p>There have been three outbreaks during 2024 reported to Public Health appropriately.</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>FA</p>	<p>There is a staffing rationale policy that describes rostering requirements. The facility nurse manager, clinical nurse manager and staff interviewed confirmed staff are increased to include changes in acuity of residents and in the times of outbreak events. Staff reported</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>they covered shifts for absences and sick leave.</p> <p>Interviews with staff confirmed that overall staffing of care support staff is adequate to meet the needs of the residents. The staff reported excellent teamwork amongst staff. Residents and family/ whānau interviewed stated they were satisfied with the number of staff available at all times.</p> <p>The facility nurse manager, clinical nurse manager and a unit coordinator work full time Monday to Friday. There is an on-call roster. A RN is rostered to the secure dementia unit during the day seven days a week. There is 24 hour RN cover in the dual purpose (rest home/ hospital) unit. Staff interviews confirmed a supportive, accessible management team. Staff reported feeling well supported and safe in the workplace.</p> <p>The service supports and encourages healthcare assistants (HCAs) to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-three HCAs are employed. Thirty-five HCAs have achieved a level three NZQA qualification or higher. There is support from an assessor. All staff who work in the secure dementia unit have completed the required dementia unit standards.</p> <p>All staff are required to complete competency assessments as part of their orientation and annually as part of the education programme. Competency assessments include (but are not limited to) restraint; moving and handling; hand hygiene; and donning and doffing of personal protective clothing. A record of completion is maintained on their file. Additional RN specific competencies are listed and scheduled annually to include syringe driver and interRAI assessment competency. Eleven of thirteen RNs employed are interRAI trained.</p> <p>There is an annual training schedule with a monthly focus. There has been a recent focus on training related to cultural training; cultural diversity and health equity; person centred care; prevention of abuse and neglect; dementia; respect and communication; sexuality; infection prevention and donning and doffing of personal protective equipment (PPE). Training sessions are delivered face to face and via the use of an electronic training platform. Other topics covered over the past 24 months include (but are not limited to): fire safety;</p>
---	--	--

		<p>first aid; chemical safety; continence; pain management; challenging behaviour; palliative care; wound care; the Code of Rights; infection control/hand hygiene; food safety; documentation; observation; and reporting. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>The service has implemented additional education for both staff and family/whānau around dementia and its effects on the person, these trainings along with a dementia support group has been awarded a continuous improvement.</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 resources policies in place, including recruitment, selection, orientation and staff training and development. Eleven staff files reviewed (clinical nurse manager, five healthcare assistants, four registered nurses and a maintenance person) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals. All staff who had been employed for over one year had an annual appraisal completed.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for the residents.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p>

		Staff wellness is given priority. Staff incidents are recorded and fully investigated. Staff are debriefed following incidents and supported to return to work.
<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>	FA	Resident hard copy information is held in a secure area. All resident files are on an electronic management system. The service is not responsible for National Health Index registration. Archived records are stored securely. Electronic information (e.g., meeting minutes, business plan) is backed up using iCloud technology. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures are documented and include the designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record.
<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>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. The admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager, services manager and clinical nurse manager are available to answer any questions regarding the admission process.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if</p>

		<p>admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The clinical nurse manager confirmed that the established links in place with Māori communities' and organisations ensure support is available for Māori and whānau to navigate the admission process if required. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, and employment opportunities.</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>Eight files were reviewed for this audit: (three hospital residents (including one resident on respite, one resident on younger persons with a disability (YPD) contract), two rest home residents, and three dementia level residents. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files that required interRAI assessments completed were noted to have been completed in a timely manner. The long-term care plans include interventions to guide care delivery and were reflective of assessed need. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed and updated as needed within required timeframes. Evaluations reviewed</p>

	<p>documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised. Interventions were transferred to the long-term care plan in a timely manner.</p> <p>General practitioners from a local practice ensure residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own general practitioner if they choose to. The general practitioner provides on-call service for after hours and on the weekend. The facility manager, clinical nurse manager and clinical coordinator share the roster to provide on call for clinical advice and decision making as required. When interviewed, the general practitioner expressed satisfaction with the standard of care and quality of nursing proficiency at Coastal View. The general practitioner was complimentary of the clinical assessment skills as well as quality of referrals received from the registered nurses after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for eight hours a week. Plus, a physio assistant (employee) five days per week. A podiatrist visits four to six -weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and registered nurses interviewed described a verbal 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 by healthcare assistants and registered nurses. The registered nurse further adds to the progress notes if there are any incidents, general practitioner visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a general practitioner. Family/whānau stated they were notified of all changes</p>
--	--

		<p>to health, including infections, accident/incidents, general practitioner visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were 15 residents with wounds including one pressure injury (non-facility acquired stage four). The remaining wounds included leg ulcers, and minor skin tears. All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations including photographs (where required) to show healing progression. The wound care specialist had input to chronic wounds and the pressure injuries. The healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</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 suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is one diversional therapist and one activities coordinator who is completing New Zealand Qualifications Authority (NZQA) diversional therapy qualifications, four activities assistants, volunteers, and the physio assistant who provide activities across six days in the rest home and hospital and seven days in the Te Ara House (secure unit). They have current first aid certificates.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a newsletter which includes the weekly programme and weekly menu which is delivered to each resident and placed in large print on noticeboards in all areas. The activity team facilitate opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual,</p>

	<p>and emotional needs of the residents. All three care levels have a different activity programme designed to meet their needs. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, newspaper reading and hand massage. There are several lounges where residents can watch television and access newspapers, games, puzzles, and books.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings.</p> <p>There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services. There are resident/family/whānau meetings occurring monthly with high attendance noted for all meetings reviewed. Residents can provide feedback during these meetings and the six-monthly reviews regarding the activity programme. The activity team have commenced a support group for family/whānau of those residents residing in Te Ara House. The focus is on education (dementia awareness), and to provide an avenue for support. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p> <p>The activities team decided to develop a meaningful individualised activity programme designed to maintain or enhance residents current activity levels in a way that was measurable for the resident to monitor their progress. Where progress was less than optimal this allowed the staff to reset the programme in conjunction with residents. The testing of the participants included hand strength, neck flexibility, and sit and reach. Additional tests were added to assess ambulation - standing balance (four positions), six-minute walking test and timed up and go.</p> <p>Eighteen residents participated from the care centre and nine residents participated from Te Ara House (dementia). After one year,</p>
--	--

		<p>overall, most participants increased their flexibility, strength, and balance. A bonus from the programme was the socialisation of the residents and involvement of friends and family/whānau.</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 is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete 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. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely. Medication trolleys were always locked when not in use. The medication fridge temperatures are monitored daily, and records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly as confirmed by the registered nurse and review of documentation. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the electronic medication chart.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were residents self-medicating on the days of audit. The facility follows documented policies and procedures with current competency assessments completed by the general practitioner noted in the residents' files. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. There are no vaccines</p>

		<p>kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and clinical nurse manager described the process to work in partnership with 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. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. Five weeks ago, an external catering company commenced full management of the kitchen. The operations manager from the company provided support to the kitchen manager for the audit. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 2 March 2025. Dry ingredients were decanted into containers for ease of access. All dry goods evidenced a decanting and or expiry date. The six-weekly seasonal menu has been reviewed by a dietitian. The kitchen manager is supported by a full-time chef, and second cook seven days per week. Four part time kitchen hands further complement the kitchen team working morning and afternoon shifts every day. All kitchen staff have completed safe food handling.</p> <p>There is a food services manual available in the kitchen. The kitchen manger receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Resident’s profiles have been reviewed and updated accordingly. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Healthcare assistants interviewed understand tikanga guidelines in terms of everyday practice or know where to go to for assistance should they be unsure.</p>

		<p>Tikanga guidelines are available to staff.</p> <p>The electronic system is followed by all staff daily which highlights outstanding tasks or any anomalies that need attention. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Scan boxes transport meals to all dining areas further away from the kitchen. Residents can have their meals in their rooms if they wish. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. There is adequate food supply available for each resident for minimum of three days. Discussion with the facility manager, residents and staff advised that the transition has gone smoothly to the new management and menu and were complimentary regarding the standard of the meals provided.</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>Planned discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The facility utilises the Health New Zealand 'yellow envelope' scheme to ensure sufficient detail is shared with other agencies to ensure a safe transition. The residents and their families/whānau were involved for all transfers or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Families/whānau are advised of options to access other health and disability services and social support or Kaupapa Māori agencies when required and are supported to access these services.</p>

		<p>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, whānau/ EPOA, and the general practitioner. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Referrals to seek specialist input for non-urgent services are completed by the general practitioner and registered nurses. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer or discharge, as confirmed by documentation and interviews.</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 holds a current warrant of fitness (BWOFF), which expires 15 December 2024. The facility manager advised that all maintenance had been completed for the new BWOFF and they were awaiting their new certificate. A maintenance person (interviewed) addresses day to day repairs with the support of a maintenance support person and completes planned maintenance. There is an electronic maintenance request system for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required, and calibration of medical equipment has occurred as planned.</p> <p>The building is a single level building with easy access to the garden. A part time gardener is employed to maintain gardens and grounds.</p>

	<p>There are outdoor ramps with, outdoor seating, shaded areas and raised garden beds. Communal areas are spacious and comfortable for the residents. The facility has sufficiently wide corridors for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The healthcare assistants interviewed stated there was sufficient equipment to safely carry out the resident cares as documented in care plans.</p> <p>There are adequate number of toilet and showering facilities with all bedrooms having their own full ensuite. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p> <p>Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. General living areas are heated by large heat pumps and there is underfloor heating throughout the facility. All resident rooms have individual heating thermostats, external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. The facility manager advised there is no planned development for the building but was aware of the need to obtain local Māori consultation to ensure a co-design approach to reflect the aspirations and identity of Māori.</p> <p>The secure dementia unit Te Ara House is accessed via the car park through the main entrance. There is access via a keypad. Visitors use the call bell to gain access to the facility. There is access from the care centre to the dementia unit via a covered walkway. Two locked gates require the correct keypad code to allow entry. Pathways provide safe access for residents to walk in a loop around the gardens. Shaded seating provides opportunities for residents to enjoy the gardens that were noted to have been maintained to a high standard. Plants provide a distraction away from the fences.</p>
--	---

		Residents' rooms have been personalised with photos taken recently and from when the resident was much younger placed to the side of the door of their bedrooms. The main lounge is visible from the nurse's station and is filled with natural light.
<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>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 9 November 2022. Fire evacuation drills are held six-monthly and was last completed on 18 November 2024. Civil defence supplies are stored in identified cupboards and are checked monthly. In the event of a power outage, there is a back-up generator available and gas cooking (BBQ and portable gas cookers). There is adequate food supply available for each resident for minimum of three days.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water supplies consisting of a 10,000 litre tank to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. Families are advised of what action to take for emergencies as part of the admission process. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night with all external doors lockable from the nurse's station and there are security cameras located at reception/entrance and throughout the facility. There is an intercom system at the main entrance and is connected to the nurse's station.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical nurse manager undertakes the role of infection control coordinator in association with an RN to oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the governance team. Documentation review evidence recent outbreaks were escalated to the executive team within 24 hours. Infection rates are presented and discussed at quality, clinical and staff meetings. Infection prevention and control are part of the strategic, business and quality plans.</p> <p>The service has access to an infection prevention nurse educator from head office, Bug Control, the local hospital and the GP service.</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 clinical nurse manager is the designated infection control coordinator and works alongside a registered nurse. The service has a Covid-19 and pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online infection prevention and control training. There are outbreak kits readily available, and a personal protective equipment cupboard and trolleys set up ready to be used. The personal protective equipment (PPE) stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The infection control coordinator has input into the procurement of PPE, medical and wound care products.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training</p>

		<p>and education of staff. Policies are available and accessible to staff. The infection control programme is linked to the quality programme and has had specialist input. The programme is reviewed annually. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There were no residents with MRSA or ESBL at the time of the audit.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The infection control policies acknowledge importance of te reo information around infection control for Māori residents and acknowledge safe practices acknowledging the spirit of Te Tiriti. There is information available in te reo. Infection control policies and practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Residents have their own slings for hoists. Cleaning and environmental audits are completed four-monthly, and the audits reviewed include evidence that these procedures are carried out.</p> <p>The infection control coordinator confirmed that there was input from the infection control coordinator when refurbishment of rooms occurs, and input will be sought for the construction project.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and scabies due to outbreaks, and staff were informed of any changes by noticeboards, handovers, text message and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through emails.</p>
--	--	---

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The infection control coordinator records antibiotic prescribing and provides a report to the GP each month for review. The antimicrobial stewardship policy documents the principles of the antimicrobial stewardship programme.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</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>Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic resident management system and surveillance of all infections (including ethnicity) is collated onto a monthly infection summary. This data is monitored and analysed for trends monthly and annually. Infection control surveillance is discussed at infection control, quality and staff meetings. Action plans are required for any infection rates of concern. The service has a designated RN to project manage the review and address any adverse trends. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>There has been one Covid-19 outbreak and two suspected scabies events for 2024. All were appropriately managed and Public Health was appropriately notified. Outbreak management meetings occurred (sighted) and captured 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs were completed. The infection control coordinator confirmed that the</p>

		<p>screening process, cohorting of residents and care delivery within a constrained workforce proved to be challenging but successful. Staff confirmed resources including PPE were adequate and their wellbeing has been looked after.</p> <p>The service has developed a policy with an associated skill check, and competency to enable the registered nurses working at the service to undertake catheterisations. The district nursing service assisted with training sessions for staff and the Health New Zealand online training tool was provided to all registered nurses. As a result of the additional training for registered nurses, there have been no hospitalisations for the eight males needing catheterisation since April 2024. The incidence of urinary tract infections has also decreased.</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 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>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) on each floor with personal protective equipment available including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Housekeeping staff are separate from care staff. Cleaning trolleys are well equipped and kept in locked areas when not in use. There is a cleaning manual available. Cleaning, laundry services and the environment are monitored by the infection control coordinator through the internal auditing system.</p> <p>All personal clothing and linen are laundered onsite. Dirty laundry is transported by trolley to the service area where it is collected. Clean laundry is delivered to each area in sealed trolleys, where staff can then deliver items to individual residents. There was sufficient clean</p>

		linen available on the day of audit.
<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 facility is committed to providing services to residents without use of restraint. The restraint minimisation and safe practice policy confirms the organisations commitment to maintaining a restraint free environment. Any restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse (hospital). There were no residents using a restraint at time of audit. The restraint coordinator interviewed described their focus on alternative options to restraint and how the service provides education to residents and family/whānau. Restraint minimisation is included as part of the mandatory training plan and orientation programme. If restraint were to be used, data would be collated and reported through meetings and the quality programme.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, 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 1.6.5</p> <p>Appropriate interpreter services shall be provided to me.</p>	CI	<p>The service uses a translator app and families to assist with communication with residents who are unable to communicate in English. During 2022 it was noted that two residents who do not speak English were struggling with the translator app. This led to increased stress for the residents. A project was commenced to assist with communication for residents who do not speak English. One of the goals was that the communication should be personalised to the resident’s needs.</p>	<p>The service reviewed its polices and processes and made changes to policy including engaging the use of a translator service. This uses a person over the phone who can translate using more colloquial language for the resident. The use of this service is communicated to residents, family/whānau via a poster in the foyer and folder. Staff are informed about the service through meetings. The service has commenced individual books for residents. The books contain common words and phrases and pictures to assist staff communication. The books have been individualised for residents, for instance a Romanian couple have their profile and interests in the book in both English and Romanian this has increased communication between staff and the resident and made the resident’s day more enjoyable.</p> <p>These books are currently available to staff and</p>

			<p>residents in seven languages. Staff, residents, family/ whānau and volunteers have all assisted with the development of the books and personalising them to resident need.</p> <p>Additional communication aids have also been developed in a variety of languages including (but not limited to) word games, a pain chart, te whare tapa whā, a letter quiz, and a communication board.</p> <p>Staff and family/whanau interviewed all expressed that the communication project has had a very positive outcome. Staff report that residents are much happier. It is reported that residents are more likely to join in activities and some have now joined the exercises class too. The latest satisfaction survey results evidenced a 77% satisfaction rate for 'information in a language I can understand'.</p>
<p>Criterion 2.3.5</p> <p>Service providers shall assist with training and support for people and service providers to maximise people and whānau receiving services participation in the service.</p>	<p>CI</p>	<p>The service identified that families affected by dementia needed support and education. It was also identified that staff may benefit from this support too.</p>	<p>A series of training sessions were planned for staff and family/whānau around the dementia world view. The training involved asking staff and family/ whanau to perform task whilst one or more of their senses (hearing, speech, sight, use of hands as examples) were not able to be used. The aim was to increase awareness of the residents' limitations and assist staff to communicate and assist resident in the optimal manner.</p> <p>Dementia support group meetings were also initiated monthly for family/ whanau. Family/whānau are supported with training, one on one advice and the ability to talk with other family/whānau and increased peer support.</p> <p>The service has evaluated both the training sessions and the peer support groups: 85% said the training has assisted them to understand the limitation of their family member and 92% said that the training</p>

			<p>assisted them to have more empathy to the physical limitations of older people, 72% stated that they had gained knowledge that has helped them to think of new ways to support a frail older person.</p> <p>Feedback during the audit from family/whānau as well as survey feedback and testimonials from family/whānau have evidenced that there is overwhelming support for the dementia support group. Family/whānau have found the group have the meeting to be of great value both from an education point of view and being supported.</p>
--	--	--	---

End of the report.