

Te Whare Hononga Limited Partnership - Monte Vista

Introduction

This report records the results of a Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Te Whare Hononga Limited Partnership
Premises audited:	Monte Vista
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 May 2019 End date: 16 May 2019
Proposed changes to current services (if any):	

Total beds occupied across all premises included in the audit on the first day of the audit: 35



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 outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

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

General overview of the audit

Monte Vista Residential Care is one of TerraNova facilities which is privately owned and operated. Monte Vista provides rest home and hospital (geriatric and medical) level care for up to 41 residents. On the day of the audit, there were 35 residents.

This provisional audit was undertaken to establish the level of preparedness of a prospective provider to provide a health and disability service and to assess the level of conformity of the current provider prior to the facility being purchased. A certification audit was completed with the service on the 15-16 May 2019 and the consequent audit report was utilised as part of this provisional audit. This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, residents, management, staff and the general practitioner.

The facility manager is appropriately qualified and is supported by a clinical coordinator (registered nurse) who oversees the clinical services. The residents, relatives and general practitioner commented positively about the care and services provided at Monte Vista.

The prospective purchaser has an organisational structure. Te Haeata Ltd will be the General Partner and Owner on behalf of Te Kotahitanga o Ngati Tuwharetoa of Monte Vista Care Facility. Te Haeata Ltd has three directors and the role will be one of governance. The directors of Te Haeata Ltd confirms the operations (day to day management) of the facility will rest entirely with the facility manager. The directors will meet twice monthly with the facility manager for updated reports and strategic planning. As part of our pre-settlement phase, a workbook timeline plan has been developed and implemented working towards settlement day. This includes (but is not limited to) a Transitional Service Agreement relating with Terranova Homes & Care Limited. This Agreement allows for the continuation of services until Te Haeata Ltd is confident and capable of providing these services independently. It is the new owner's intention to facilitate a smooth transition at an operational level and to minimise disruption to staff and residents. It is intended for consistency to maintain the current policies and procedures and quality/risk management system. The prospective purchaser is not planning to make changes to management or staffing on purchase.

Areas for improvement identified as part of the certification audit were related to contractor inductions and health and safety training and care plans.

The service has exceeded the standard for recognition of Māori values and beliefs.

Consumer rights

Monte Vista provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Information about services provided is readily available to residents and families/whānau. The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. There is a policy to support individual rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care plans accommodate the choices

of residents and/or their family. Complaints and concerns are managed appropriately within the required timeframes. Residents and family interviewed verified ongoing involvement with community.

Organisational management

The prospective owner will remain at an operational level. There are no planned changes to the current management team at Monte Vista.

Monte Vista has a quality and risk management system. Key components of the quality management system include management of complaints, implementation of an internal audit schedule, annual satisfaction surveys, incidents and accidents, review of infections, review of risk and monitoring of health and safety, including hazards. Monthly quality data and benchmarking reports are discussed at facility meetings. Human resource policies are in place, including a documented rationale for determining staffing levels and skill mixes. A roster provides sufficient and appropriate staff coverage for the effective delivery of rest home and hospital level of care. The education programme includes mandatory training requirements, competencies and external training opportunities.

Continuum of service delivery

The registered nurses are responsible for each stage of service provision. The assessments, initial and long-term nursing care plans are developed in consultation with the resident/family/whānau. The residents' each have a care plan, and these are reviewed at least six-monthly or earlier if there is a change in health status.

The activity programme is developed to promote resident independence and social interaction. Residents interviewed spoke positively about the activity programme.

Medication policies reflect legislative requirements and guidelines. Staff responsible for administration of medications complete education and medication competencies and medications are stored appropriately.

Food services and meals are prepared on-site. There has been a dietitian review of the menu. All kitchen staff have been trained in food safety and hygiene.

Safe and appropriate environment

The building has a current warrant of fitness. Chemicals were stored safely throughout the facility. All bedrooms are single occupancy with hand basins and four bedrooms included an ensuite with shower, toilet and hand basin. There was sufficient space to allow the movement of residents around the facility. The hallways and communal areas are spacious and accessible. The outdoor areas were easily accessible. Housekeeping staff maintain a clean and tidy environment. All laundry services are managed on-site. A civil defence/emergency plan is documented for the service. There is a staff member on duty at all times with a current first aid certificate.

Restraint minimisation and safe practice

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use and monitoring of an approved enabler or restraint. A registered nurse is the restraint coordinator. Staff interviewed were knowledgeable about restraint minimisation and competencies are completed annually. There was one restraint and one enabler in place on the day of audit.

Infection prevention and control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control resource nurse is responsible for the collation of infections and orientation and education for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance and audits is used to determine infection control activities and education needs within the facility.

Summary of attainment

The following table summarises the number of standards 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)
Standards	1	47	0	2	0	0	0
Criteria	1	98	0	2	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	<p>FA</p>	<p>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. A policy relating to the Code is implemented and care staff interviewed (one clinical coordinator, three registered nurses (RN), four caregivers and one activity coordinator) could describe how the Code is incorporated into their everyday delivery of care for the rest home and hospital residents.</p> <p>Six rest home residents (four respite and two hospital) and six relatives interviewed (two rest home and four hospital), confirmed that information has been provided around the code of rights. Residents stated their rights are respected when receiving services and care. Staff have completed Code of Rights training.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed</p>	<p>FA</p>	<p>There are established informed consent policies/procedures and advanced directives. Systems are in place to ensure residents and where appropriate, their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The</p>

<p>choices and give informed consent.</p>		<p>caregivers and RNs interviewed demonstrated a good understanding in relation to informed consent and informed consent processes. Family and residents interviewed, confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided. General consents were obtained on admission and sighted in six resident files reviewed (three rest home including one resident on younger persons with physical disability contract and one resident on carer support (respite) and three hospital including one resident on a palliative care contract). Advance directives were sighted in each resident's file relating to resuscitation status, having been completed by the resident (where they were competent to do so) in the presence of the general practitioner. Policy dictates that where a resident is not competent to make an advance direction around resuscitation, resuscitation will be provided.</p>
<p>Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Health and disability advocacy information is included in the information provided to new residents and their family/whānau during their entry to the service. Brochures and contact numbers are available to residents and family. Local chaplains are readily available as resident/relative advocates. Field officers such as Parkinson's and Alzheimer's provide support for residents/family and staff. Residents are invited to the Age Concern activities in the community. Residents interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff receive education on the role of advocacy services during their induction to the service and ongoing, as part of the annual education plan.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>The service encourages their residents to maintain their relationships with friends and community groups. Families are encouraged to visit at any time. Residents may have visitors of their choice at any time. Relatives interviewed stated they are made welcome whenever they visit. Residents are encouraged to maintain community links such as attending church services and community events. Community groups visit the home as part of the activities programme.</p>

<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>There is a complaints policy to guide practice which aligns with Right 10 of the Code. The privacy officer (facility manager) leads the investigation of any concerns/complaints in consultation with the clinical coordinator for any clinical complaints. Complaints forms and a complaints/suggestion box, are visible at the main entrance to the facility. There have been five complaints made for 2018 and two complaints to date for 2019. All verbal and written complaints have been managed appropriately and within the required timeframes to the satisfaction of the complainant. Residents and families interviewed are aware of the complaints process.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families. The facility manager/registered nurse or clinical coordinator discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code and complaints process are included in the resident meetings. Residents and relatives confirmed they receive sufficient verbal and written information to be able to make informed choices on matters that affect them.</p> <p>The service has available information on the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) at the main entrance to the facility. The code of rights and advocacy brochures are displayed and there is a welcome information folder that includes information about the code of rights.</p> <p>The prospective new owner (operational team/directors) understand Consumer Rights and the Code of Rights.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>During a tour of the facility it was evident that the residents' privacy and dignity was maintained. Caregivers were observed to knock on doors before entering resident bedrooms. Care staff confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and relatives interviewed during the audit confirmed that the residents' privacy is respected. Guidelines on abuse and neglect</p>

		<p>are documented in policy. The residents' personal belongings are used to decorate their rooms as viewed on the day of audit.</p> <p>Resident's cultural, social, religious and spiritual beliefs are identified on admission and included in the resident's care plan/activity plan, to ensure the resident receives services that are acceptable to the resident/relatives.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	CI	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. There is a cultural safety and awareness policy and guidelines for understanding Māori cultures that aligns with the four cornerstones of Māori Health. The policy includes references to other Māori providers that are available such as the on-site cultural advisor (also the activity coordinator), kaumātua and local marae committee representatives, Māori minister and interpreter services. The service has exceeded the criterion for access to appropriate services for Māori.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs, culture, values and beliefs at the time of admission. This is achieved in collaboration with the resident, whānau/family and/or their representative. Beliefs and values are incorporated into the residents' care plans in resident files reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. There was documented evidence of the service acknowledging other cultures around values, beliefs, religion and food.</p> <p>The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Staff recognise and respond to values, beliefs and cultural differences. Residents are supported to attend church services of their choice and are supported to attend other cultural community groups as desired.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Professional boundaries are also described in individual employment agreement and job descriptions. Interviews with the staff confirmed their understanding of professional boundaries including the boundaries of their role and responsibilities.</p> <p>The staff employment process includes the signing of an employment agreement which includes a code of conduct and house rules. Professional boundaries are defined in job descriptions and discussed with employees on employment to the service. Caregivers and RNs could describe how they build a supportive relationship with each resident. Residents interviewed stated they are treated fairly and with respect. Relatives interviewed stated staff are kind and respectful towards them and their loved ones.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Management are committed to providing a service of a high standard, based on the company vision and mission statement for provision of care. This was observed during the day with the staff demonstrating a caring attitude to the residents. All residents and families spoke positively about the care provided. The service has engaged an aged care consultant to implement policies and procedures that provide a good level of assurance that it is adhering to relevant standards. Registered nurses and caregivers have access to internal and external education opportunities. Staff have a sound understanding of principles of aged care. There is ongoing support provided from the hospice and community-based teams including the local medical practice.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Management promote an open-door policy. Relatives/residents are aware of the open-door policy and confirmed on interview that the staff and management are approachable and available. Residents have the opportunity to feedback on service delivery through two monthly resident meetings and the annual resident/relative survey. A three-monthly newsletter is distributed to families by email and available at the facility.</p> <p>Thirteen accident/incident forms reviewed for March 2019 evidenced relatives are informed of any incidents/accidents. Relatives interviewed stated they are notified promptly of any changes to resident's health</p>

		<p>status.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. An interpreter service is available if required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>TerraNova Monte Vista is currently certified to provide rest home and hospital level (including medical services) for up to 41 residents. There are 40 dual-purpose beds and one rest home bed. On the day of audit there were 35 residents. There were 20 rest home residents including one younger person with a physical disability and two on carer support (respite) and 15 hospital level residents including one palliative care (under palliative contract) and one resident for carer support. There were no residents under the primary options contract.</p> <p>TerraNova Monte Vista is one of two TerraNova sites privately owned and operated by TerraNova Homes and Care Ltd. The company has established systems, policies and procedures for providing a consistent approach to service delivery in their homes. Monte Vista has an annual business plan that includes the company vision and mission statement and quality goals that aligns with the TerraNova overarching business plan. The 2018 quality goals have been reviewed. Achievements include implementing an electronic medication system, implementing an electronic resident care management system, introduction of resident of the day and refurbishment of communal areas.</p> <p>There are weekly “snapshot” teleconference meetings with the executive director (owner) and the TerraNova facility managers and clinical coordinators of both facilities as well as face-to-face meetings on site. The facility manager provides a monthly report to the executive director about operations including clinical data, occupancy, staffing and finances.</p> <p>The facility manager of Monte Vista Residential Care is a registered nurse (RN) who has extensive experience as a manager in the aged care sector. She has been in the facility manager role for the seven years. The facility manager is supported by a clinical coordinator, who has been in the position for 18 months. She has four years’ experience as a clinical manager at another facility. The clinical coordinator has resigned, and the service is actively recruiting for the pending vacancy. A senior</p>

		<p>RN will cover the clinical coordinator role in the interim.</p> <p>The facility manager has completed at least eight hours of training in the last year relating to the management of a rest home and hospital, by attending regular professional development and industry conferences. She is the aged care representative on the DHB working party for hospice care planning and attends the hospice monthly breakfasts by teleconference.</p> <p>The prospective purchaser has an organisational structure. Te Haeata Ltd will be the General Partner and Owner on behalf of Te Kotahitanga o Ngati Tuwharetoa of Monte Vista Care Facility. Te Haeata Ltd has three directors and the role will be one of governance. The directors of Te Haeata Ltd confirms the operations (day to day management) of the facility will rest entirely with the facility manager. The directors will meet twice monthly with the facility manager for updated reports and strategic planning. As part of our pre-settlement phase, a workbook timeline plan has been developed and implemented working towards settlement day. This includes (but is not limited to) a Transitional Service Agreement relating with Terranova Homes & Care Limited. This Agreement allows for the continuation of services until Te Haeata Ltd is confident and capable of providing these services independently. It is the new owner's intention to facilitate a smooth transition at an operational level and to minimise disruption to staff and residents. It is intended for consistency to maintain the current policies and procedures and quality/risk management system. The prospective purchaser is not planning to make changes to management or staffing on purchase. The Directors of Te Haeata Ltd acknowledge they have very limited knowledge of the Industry at this point and time. However, it is a priority with their Strategic Development plan that they will learn the business.</p> <p>Advised that since the onsite certification audit a clinical manager has been appointed.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the</p>	<p>FA</p>	<p>The facility manager and clinical coordinator share the on-call component (alternate weeks) and cover for each other's leave.</p> <p>The prospective owner confirmed this agreement will remain in place with</p>

provision of timely, appropriate, and safe services to consumers.		support at a governance level.
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	PA Low	<p>TerraNova Monte Vista has a quality and risk management system implemented. TerraNova is currently transitioning to an aged care consultant policies, procedures and benchmarking system. Policies are available both in hard copy and online (intranet). Updated documents are released/supplied to the facility. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards.</p> <p>All incidents are reported on 'People Point' which generates a monthly report, which includes (not limited to) follow-up action, investigation and corrective actions. The clinical coordinator analyses the data for trends and provides a monthly report to the facility manager and executive director. Quality data including accidents/incidents, infections, restraint, compliments/complaints, wounds/pressure injuries, medication, audit outcomes, trends in data and benchmarked results are discussed in the monthly staff meetings. Staff are required to sign they have read the meeting minutes.</p> <p>An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. The service is currently transitioning to the aged care consultant internal audits. Corrective actions are implemented when audit outcomes are less than expected (less than 90%). Corrective actions had been signed off and audit outcomes are discussed and documented at the head of department and staff meetings.</p> <p>Resident meetings occur bi-monthly and an annual resident survey is completed. The last resident satisfaction survey in April 2019 identified an 88% overall score. The service completes an annual food services survey which has shown improvement from 77% in 2018 to 86% in 2019. Residents interviewed commented on the improved meal choice and meal temperatures.</p> <p>The facility manager is the health and safety officer and the maintenance person the health and safety representative. There are job descriptions in place, however, there is no documented evidence of health and safety</p>

		<p>training/updates for the health and safety officer and representative. Health and safety is an agenda item of the staff meeting. Hazard identification forms (recorded in People point) and a hazard register are in place. The health and safety representative reports to the staff meeting any health and safety issues and hazards. Contractors sign the register when on site. Agreements are in place for work to be carried out, however, contractors have not completed an on-site health and safety induction.</p> <p>Falls prevention strategies are in place for individual residents at risk of falls.</p> <p>The prospective owner advised on interview that policies and procedures and the current quality and risk management system will remain in place. Support from TerraNova will be provided around continued implementation of the quality programme.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual accident/incidents are completed on the electronic resident management system for each incident/accident with immediate action noted, including any follow-up action(s) required. The accident/incident data is linked to the heads of department and staff meetings with a monthly report to the facility manager and the executive director.</p> <p>Thirteen accident/incident forms were reviewed including falls (witnessed and unwitnessed), skin tears, bruises, pressure injury and behaviour. Each incident involved RN clinical assessment, notification of relative and clinical coordinator follow-up and sign off. Neurological observations were completed for unwitnessed falls.</p> <p>There has been one Section 31 notification to HealthCERT since the last audit for an unstageable pressure injury (February 2018). The health protection unit was notified in of an influenza A outbreak in October 2018. The service has provided information for a coroner's case (February 2019) where the death did not occur at the facility. The case remains open.</p> <p>The prospective owner confirmed there is no legislative compliance</p>

		<p>issues that they are aware of that could affect the service. Te Kotahitanga o Ngati Tuwharetoa is our parent organisation formed under The Deed of Settlement Act for Ngati Tuwharetoa. As one of our 3 Pou (Pillars), the Wellbeing and Health of the Elderly is a key Pou. Te Haeata Ltd received confirmation from the Trustees of Te Kotahitanga o Ngati Tuwharetoa to proceed to an unconditional settlement following the due diligence process on the 15th June 2019.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed (one clinical coordinator, two RNs, one caregiver, one activities coordinator and one cook) evidenced implementation of the recruitment process, employment contracts, completed orientation and annual performance appraisals. Performance appraisals are completed three monthly after employment and annually thereafter. A register of practising certificates is maintained for qualified staff and allied health professionals involved in the service.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies. Caregivers interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service. Caregivers complete an orientation booklet within 90 days which aligns with Careerforce unit standards - Health and Wellbeing level two. The facility manager is a Careerforce assessor. From this, they are then able to continue with core competencies level 3 unit-standards.</p> <p>An annual education planner includes mandatory training and role specific training including clinical education and in-service for support services. Core competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files). Competencies include (but are not limited to): fire safety, medication, manual handling, controlled drug checking, use of restraint and hand hygiene. The clinical coordinator has introduced study days which are repeated three times throughout the year for all staff to attend. Mandatory training requirements are included in the study day. Staff</p>

		<p>receive messages on time target. There are other training opportunities with external speakers and study days such as hospice palliative care courses, dementia care (with a DHB dementia specialist) mental health study day, medicine management with the pharmacist and chemical safety training with the chemical provider.</p> <p>There are seven RNs employed. Three RNs and the clinical coordinator have completed interRAI training. There is one RN registered for interRAI training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The staffing levels meet contractual requirements. The facility manager and clinical coordinator work full-time from Monday to Friday.</p> <p>There is one RN on each shift seven days a week. The RNs are supported by an adequate number of caregivers.</p> <p>The facility is divided into four wings of dual-purpose beds: Tongariro – 13 beds (10 hospital residents and 1 rest home resident); Ngauruhoe – 10 beds (7 rest home and 2 hospital residents); Ruapehu – 8 beds (6 rest home residents and 1 hospital resident); Tauhara – nine beds (6 rest home and 2 hospital residents).</p> <p>There are two teams of caregivers. On the morning shift for Tongariro and Ngauruhoe wings there are two caregivers on the full shift. For Ruapehu and Tauhara wings there is one caregiver on full shift and one on until 1.00 pm. The short shift assists across the facility as required and can be extended to meet residents' needs.</p> <p>On the afternoon shift there are two full shift caregivers and one short shift until 9.00 pm across the facility. On night shift there is one caregiver on the full shift and the RN.</p> <p>Staff interviewed, advised that there are sufficient staff on duty at all times. Interviews with residents and relatives confirmed that there are sufficient staff on duty.</p> <p>There is an activity coordinator from 8.00 am to 4.30 pm.</p> <p>There are designated staff for food services, housekeeping and laundry, maintenance and administration.</p>

		The prospective owner confirmed on interview there are no planned changes for staff or the roster and all staff are planning to stay on with change of ownership.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	There are electronic resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual electronic record. Resident clinical and allied health records are integrated. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. All entries in the progress notes are identifiable by date, time, writer and designation. In the event of a computer failure, data can be accessed from the other TerraNova site.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	There are policies and procedures to safely guide service provision and entry to services including an admission policy. Information gathered on admission is retained in residents' records. The relatives interviewed stated they were well informed upon admission. The service has an information pack available for residents/families/whānau at entry. The admission agreement reviewed aligns with the service contracts for long-term and short-term care.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition. Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exit

		or discharges to and from the service. Monte Vista uses the yellow envelope system for transfer to and from the DHB. Follow-up occurs to check that the resident is settled, or in the case of death, communication with the family is made and this is documented.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Twelve medication charts were reviewed (six hospital and six rest home). There are policies and procedures in place for safe medicine management that meet guidelines. Medicine management complies with medication guidelines. Each resident's allergies/sensitivities are established during admission assessment and documented in the electronic medication administration chart. The supplying pharmacy delivers the medication robotic packs fortnightly. All medications are checked on delivery by the RN against the medication chart and any pharmacy errors are recorded and fed back to the supplying pharmacy. Registered nurses who administer medications have been assessed for competency on an annual basis.</p> <p>Education around safe medication administration has been provided. Registered nurses attend syringe driver education. Medications were stored safely. The medication fridge is checked weekly and corrective actions are taken when temperatures are outside of the acceptable range. All medications are within the expiry date and eye drops are dated on opening. Correct procedures were followed during the observed medication round. The service does not use standing orders.</p> <p>There were three self-medicating residents on the day of audit. All self-medicating residents had competencies checked and signed three-monthly by the GP and medications were kept securely within the resident's room. The effectiveness of 'as required' medications is entered into the electronic medication system. The use of 'as required' (PRN) medications are monitored and electronically signed with times administered, the purpose of administration and outcome. Medication charts reviewed were reviewed three-monthly by the attending GP.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met</p>	FA	All baking and meals are cooked on site at Monte Vista. The cooks and three kitchenhands have completed food handling through orientation

<p>where this service is a component of service delivery.</p>		<p>and via external national programmes. The summer and winter menus are reviewed two-yearly by an external consultant dietitian (March 2017). Food is served directly from the kitchen to the adjacent dining room. Kitchen fridge/freezer temperatures and food temperatures are monitored at least daily. Food stored in the fridge and chillers is covered and dated.</p> <p>Dry goods are stored in dated sealed containers in the pantry and kept off the ground. Chemicals are stored safely. Cleaning schedules were sighted and maintained. The service has a food plan registered with MPI (June 2018) and is working towards verification. Monte Vista has an organisational process whereby all residents have a nutritional profile completed on admission, a copy of which is provided to the cook who is also notified (daily where necessary) of any dietary changes, weight loss or other dietary requirements. There are two choices for the midday meal. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated. There are lists maintained within the kitchen of the resident's key alerts regarding allergies or food dislikes/preference for staff reference. Special equipment such as 'lipped plates' and built-up spoons are available as required. Residents/relatives spoken to, spoke very positively about the food provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service records the reason for declining service entry to potential residents should this occur and communicates this to residents/family/whānau. Anyone declined entry is referred back to the needs assessment service or referring agency for appropriate placement and advice. Reasons for declining entry would be if there were no beds available or the service could not meet the assessed level of care.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Admission documentation includes information obtained on interview with resident/relative or advocate, from medical discharge summaries and from needs assessors. The RNs complete an initial assessment on admission, including risk assessment tools such as Coombes (falls risk) assessment, Braden (pressure risk), nutrition and pain assessments as appropriate. An interRAI assessment is completed and links to the care plan. The initial assessment, short and long-term care plan templates</p>

		were completed in all long-term resident files reviewed. In all six files reviewed the assessments were conducted within the required timeframes.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Low	<p>Three rest home and three hospital files reviewed included an initial assessment and (initial) short-term care plan. Long-term care plans were in place for all four long-term residents. Short-term care plans were available for use to document any changes in health needs. Short-term care plans were evidenced for pressure injuries, wounds, short course antibiotics, behaviour and restraint. One rest home resident care plan did not have all instructions for managing hyper/hypo glycaemia. Relatives and residents interviewed, confirmed they were involved in the care planning process. Long-term care plans evidenced resident and/or relative and staff input into the development of care plans.</p> <p>Short-term care plans were evaluated at regular intervals and either resolved or added to the long-term care plan if an ongoing problem. Medical GP notes and allied health professional progress notes were evident in the six residents integrated files reviewed. Relatives interviewed were very positive and complimentary about the staff, clinical and medical care provided and confirmed they are kept informed of any significant events and changes in health status. Family contact forms sighted in the resident's individual record evidenced family are informed of any health changes, incidents/accidents, infections, specialist visits, care plan review and weight loss. Family are invited to attend care review meetings.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, the RN initiates a review by the GP in the first instance. There is evidence that family members were notified of any changes to their relative's health including (but not limited to): accident/incidents, infections, health professional visits and changes in medications. Family members and residents interviewed reported the residents' needs were being appropriately met. Caregivers reported that they are informed of any changes in health status at handover between shifts and handover records are maintained.</p>

		<p>A falls risk assessment is completed on admission and reviewed at least six-monthly or earlier should there be an increased falls risk. All falls are reported on the resident accident/incident form and reported to the RN and clinical coordinator. Documentation evidenced RN oversight of resident care, additional assessments and/or monitoring records (e.g., repositioning charts and behaviour monitoring) were sighted.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. If a wound has not healed within a month, the district nurse is accessed for advice. Wound documentation was reviewed for four of the five wounds on site (one surgical, two non-healing lesions, skin tear and one ulcer). A register of all wounds is kept and there was evidence of assessment, plans and evaluation for each of the wounds. There was one hospital resident (hospital tracer) with two pressure injuries on the day of audit (one unstageable of the heel and one stage two of the sacrum). The RNs interviewed described the referral process should they require assistance from a wound specialist. The district nurse is currently dressing one non-healing palliative wound. Monitoring occurs for weight, vital signs, blood glucose, pain, food and/or fluid intake. Continence products are available and resident files include a continence assessment, and continence products identified for day use, night use, and other management.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities coordinator, who works fulltime Monday to Friday, plans and implements activities for both rest home and hospital residents with additional activities for the YPD resident. There are a number of regular volunteers including Salvation Army, a chaplain, musicians weekly, knit and natter, and a pet therapy volunteer. Three different denominations hold regular church services at the home. The home has established a music room in response to a number of residents' who were very interested in music. The home van provides access to the community with numerous outings including Friendship Group.</p> <p>A lifestyle assessment and plan are undertaken for each resident and information forwarded to the RN to include activities in the long-term care plan. The activities plan is reviewed six-monthly with the long-term care plan. Feedback on the programme is received through monthly surveys and monthly resident meetings. A newsletter is distributed, and the</p>

		activity programme is readily available to residents and family. On audit it was evident that residents were keen to join in the activities on offer – their enthusiasm/active participation was well evidenced during the exercise and house sessions viewed. Residents and relatives interviewed reported that they or their loved one enjoyed the activities offered. Time is made available for one-on-one with residents who choose not to be involved in the activity programme and/or require assistance to follow their individual interests.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	In files reviewed, all initial care plans were evaluated by the RNs within three weeks of admission. The long-term care plans reviewed were evaluated at least six-monthly or earlier if there was a change in health status in three of six files sampled (one of the resident's files reviewed had not been at the facility for six months and two residents were short term). There is at least a three-monthly review by the GP. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem was ongoing. Where progress is different from expected, the service responds by initiating changes to the care plan.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The nurses initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Documentation of referrals is kept in the resident's file along with correspondence from specialist services. If a resident wishes to change facilities to another health and disability service, the NASC service is contacted and the service provider assists as much as possible with arranging the transfer once approved by the NASC service coordinator concerned. There is evidence of GP discussion with families regarding referrals for treatment and options of care.
Standard 1.4.1: Management Of Waste And Hazardous	FA	There are policies in place for waste management, waste disposal for general waste and medical waste management. There are approved

<p>Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>sharps containers in use for the safe disposal of sharps. All chemicals are labelled with manufacturer labels. Material safety data sheets are available in all key areas. The hazard register identifies hazardous substances. Gloves, aprons and goggles are available in key areas for staff. Staff receive education on chemical safety. Interviews with caregivers described management of waste and chemicals, infection control policies and specific tasks/duties for which protective equipment is to be worn (as observed).</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The service displays a current building warrant of fitness which expires 11 May 2020. There are several communal areas provided for both groups and individuals.</p> <p>The interior of the building is maintained with a home-like décor and furnishings. The corridors are wide with handrails in place. Residents were observed to safely mobilise throughout the facility. Hot water temperature checks are conducted and recorded monthly by the maintenance person and maintained at 45 degrees Celsius. The service utilises hoists for resident transfer; these are calibrated and have electrical checks annually (last done April 2019). There is sufficient medical equipment to meet resident needs, including: pressure relieving mattresses; shower chairs; wheelchairs; walking frames; hoists; heel protectors; transferring aids; chair scales; blood pressure machine and thermometers.</p> <p>There are three additional lounge/seating areas throughout the facility (additional to the main lounge and dining area) providing quiet, low stimulus areas and privacy for residents and visitors. There is easy access to the outdoors. The exterior provides outdoor shaded seating, lawn and gardens.</p> <p>Interviews with caregivers and nurses confirmed there was adequate equipment to carry out the cares according to the resident needs as identified in the care plans.</p> <p>The prospective owner confirmed on telephone interview there are no environmental changes planned in the short term, apart from on-going maintenance and upgrades to furnishings and equipment as needed.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All bedrooms are single occupancy, and each have a hand basin. Four of the bedrooms have an ensuite with toilet, shower and basin. There are communal toilets located closely to the communal areas. Toilets have privacy locks. Residents interviewed confirmed their privacy was assured when staff were undertaking personal cares. Regular audits of the environment are completed as per the quality programme. Liquid soap and paper towels are available in all toilets. Fixtures, fittings and floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices for this environment.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>The residents' rooms are spacious and meet the assessed resident needs. Residents can easily manoeuvre mobility aids around the bed and personal spaces. The bedrooms are personalised. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient space to allow cares to take place. Residents interviewed were happy with their rooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Rest home and hospital residents share a large lounge and adjacent dining room. The areas are spacious and are easily accessible for the residents. The furnishings and seating are appropriate for the resident groups. Residents were seen to be moving freely both with and without assistance throughout the audit. Residents interviewed reported they can move around the facility and enjoy having the additional lounges to use for specific activities, e.g., music lounge and/or for family get togethers.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Monte Vista has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. There is a separate laundry area where all linen and personal clothing is laundered by the laundry staff. Staff attend infection control education and there is appropriate protective clothing such as aprons, gloves and masks available. There are dedicated laundry and cleaning staff. There are designated areas for storage of cleaning/laundry chemicals and</p>

		chemicals in use are stored securely on the cleaner's trolley. Laundry and sluice rooms are locked when not in use. Manufacturer's data safety sheets are available. On a tour of the facility, the carpets were noted to be clean and free from stains. All bedrooms, hallways and communal areas were clean and tidy in appearance. Cleaning audits are conducted. Internal audits and resident satisfaction surveys identify any areas for improvement.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	<p>There are policies and procedures on emergency and security situations, including how services will be provided in health, civil defence or other emergencies. All staff receive emergency training on orientation and ongoing.</p> <p>Civil defence supplies are readily available in the care station and are regularly checked. The kitchen has power and gas cooking and there is a gas barbeque available. There are 12 ceiling water storage tanks with sufficient water that can be used (sterilised) for drinking water. There is food stored on site for at least three days in the event of an emergency. There is battery backup for emergency lighting.</p> <p>There is an approved fire evacuation scheme in place dated 13 July 2006. Six monthly fire drills occur, last held March 2019. Fire safety is completed with new staff as part of the health and safety induction and is ongoing as part of the education plan. There is a first aider on duty at all times.</p> <p>Security policies and procedures are documented and implemented by staff who conduct security checks of the building on afternoon and night shift. The buildings are secure at night with after hour's doorbell access. There are call bells in all resident rooms, ensuites and communal areas. Call bell and sensor mat audits are completed as part of the maintenance plan.</p>
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and	FA	All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Heating can be individually and centrally managed with heat panels throughout the facility. Staff are

comfortable temperature.		easily able to adjust the temperatures to suit resident's needs. Residents and family interviewed stated the environment is warm and comfortable.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The clinical coordinator has been in the role of infection control resource nurse from October 2017. She has a job description outlining responsibility for infection control across the facility. The infection control resource nurse oversees infection control for the facility and is responsible for the collation of monthly infection events and reports. The infection control programme has been reviewed by an aged care consultant.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents and staff are offered the annual influenza vaccine.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control resource nurse has attended external infection control education. Infection control and prevention is discussed at the weekly head of departments meeting. Infection control is a set agenda topic at the monthly staff meetings.</p> <p>The infection control resource nurse has access to GPs, laboratory service, the infection control nurse specialist at the DHB and public health department.</p> <p>There are adequate resources including outbreak management kits.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection; and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The service has transitioned to an aged care consultant policies.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control resource nurse is responsible for coordinating/providing education and training to staff. Training on infection control is included in the orientation programme and annually thereafter. Topical training is provided at other times such as precautions for residents with infections and post outbreak management debriefs. Staff have completed annual hand hygiene audits.</p> <p>Resident education occurs as part of providing daily cares and as applicable at resident meetings.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control resource nurse collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data including trends, is discussed at the heads of department meeting and monthly staff and clinical meetings. Meeting minutes are available to staff. The service enters data into the aged care consultant benchmarking data base and receive a report on benchmarking against standard definitions for infections. Trends are identified, analysed and preventative measures put in place as required. A monthly report is forwarded by the manager to the executive director. Systems in place are appropriate to the size and complexity of the facility. Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GP that advises and provides feedback/information to the service.</p> <p>There has been one influenza A outbreak in October 2018. Notification to the public health protection unit and case logs were sighted.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There are current policies and procedures around restraints and enablers. A registered nurse is the restraint coordinator and has a job description outlining the responsibilities of the role. There is one hospital resident with a chair brief restraint and one rest home resident with bedrails as an enabler. Voluntary consent was obtained for the one resident using an enabler. The assessment included identified risks of the enabler and there was two hourly monitoring in place when the enabler was in use. Staff receive training around restraint minimisation</p>

		and challenging behaviours. Care staff interviewed were knowledgeable around challenging behaviours and de-escalation strategies to minimise use of restraint.
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	Responsibilities and accountabilities for restraint are outlined in the restraint policy and include roles and responsibilities for the restraint coordinator and for staff. Restraint use is discussed at the monthly RN and staff meetings. The restraint coordinator approves restraint use.
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	Assessments are undertaken by the restraint coordinator in partnership with the resident and their family/whānau. Restraint consent is completed by the relatives and signed by the GP. Restraint assessments are based on information in the care plan, resident/family discussions and during observations. The one resident file reviewed included completed assessments that considered those listed in 2.2.2.1 (a) - (h). The restraint assessment tool identifies risks associated with the use of restraint which were reflected in the electronic care plan for the one resident on restraint. Assessments identify the specific interventions or strategies trialled before implementing restraint.
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	The service has a restraint approval process that is described in the restraint minimisation policy. Monitoring and observation are included in the restraint policy. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Restraint authorisation is in consultation/partnership with the resident and family. Monitoring is documented on a specific restraint monitoring form that documents the frequency of monitoring and cares to be completed during a restraint episode. A restraint register is maintained providing an auditable record of all restraints used.
Standard 2.2.4: Evaluation	FA	Restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k).

<p>Services evaluate all episodes of restraint.</p>		<p>Evaluations occur after the first 24 hours of restraint, one monthly then three monthly thereafter that coincides with the six-monthly care plan evaluation. Families are included as part of this review. The GP reviews restraint use at the three-monthly review. A review of the resident file of the resident using restraint identified that the evaluations had occurred at the required frequency.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>Restraints are discussed and reviewed at the heads of department meeting, RN and quality meetings. Restraint and challenging behaviour education have been provided for staff. All care staff and activity team complete restraint competency assessments. There are internal restraint audits completed annually. There have been no incidents/accidents from restraint use.</p>

Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.9</p> <p>Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:</p> <p>(a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;</p> <p>(b) A process that addresses/treats the risks associated with service provision is developed and implemented.</p>	PA Low	The service has a number of contractors involved in maintenance and repairs. There were agreements in place for the work to be carried out as required, however, the contractors had not completed an on-site induction. The health and safety officer (facility manager and health and safety representative (maintenance person) have not completed external/formal health and safety training.	(i) The contractors involved in the service have not completed health and safety inductions; and (ii) the health and safety officer and health and safety representative have not completed health and safety training.	(i) Ensure all contractors complete a health and safety induction and (ii) ensure health and safety training for health and safety officer and representative occurs. 180 days

<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	Residents long-term plans were in place and residents, relatives and staff confirmed they had input into the plans; however, the one care plan did not consistently reflect the residents needs for one rest home resident.	An insulin dependent diabetic resident had no details of observations to be made relating to signs of hyper or hypoglycaemia.	<p>Ensure interventions in care plans are reflective of resident's individual needs.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.4.2</p> <p>Māori consumers have access to appropriate services, and barriers to access within the control of the organisation are identified and eliminated.</p>	CI	<p>There are three Māori residents who identify with Māori culture. The service provides access to Māori services and have a cultural advisor on staff, a kaumātua who provides cultural support and daily karakia. There are links to other Māori cultural services and support groups.</p>	<p>The cultural advisor is available to provide cultural support for the three of four Māori residents that identify as Māori and their whānau and staff. The advisor is on the committee of the local marae, attends Tangis and has connections with the local iwi and school kapa haka groups. The kaumātua for the service is a day care resident and involved in blessing of rooms and other cultural customs. The kaumātua leads a daily karakia (prayer) every morning at 8.30 am at the request of all the residents. The prayer is taken in Māori and English. The activity programme starts mid-morning to allow for all residents to participate in karakia and waiata (song). Three Māori residents identified with Māori culture and the long-term care plans included their cultural beliefs and values and the importance of whānau involvement in their care. Each of the three resident files contained a copy of the guidelines for understanding Māori culture. Care staff interviewed were knowledgeable around the recognition of Māori culture and the support they could access as required.</p>

			Two Māori residents interviewed stated their cultural beliefs and values were being met.
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End of the report.