

Heartland Care Limited - New Vista

Introduction

This report records the results of a Certification 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 The DAA Group 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:	Heartland Care Limited
Premises audited:	New Vista
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 9 October 2019 End date: 10 October 2019
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:	56

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.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

New Vista is certified to provide residential care for up to 60 residents. The facility is owned by Heartland Care Limited and is managed by a facility manager/enrolled nurse. Residents and families spoke positively about the care provided.

This certification audit was undertaken to establish compliance with the Health and Disability Service Standards and the service's contract with the District Health Board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, families, managers, staff, the owner, a general practitioner and allied health professionals.

Continuous improvement ratings have been awarded relating to reducing the number of skin tears and falls, establishing a therapy programme for residents experiencing dementia and the provision of a room dedicated to residents' activities.

There were no areas requiring improvement from this audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

All standards applicable to this service fully attained with some standards exceeded.

Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Personal privacy, independence, individuality and dignity are supported. Staff interact with residents in a respectful manner.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service has linkages with a range of specialist health care providers to support best practice and meet resident's needs.

The facility manager is responsible for the management of complaints and a complaints register is maintained. There has been one complaint received by the Health and Disability Commissioner's office since the previous audit.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Heartland Care Limited is the governing body and is responsible for the service provided. A business plan and quality and risk management systems are fully implemented at New Vista and include a mission statement, expectations and strategic direction. Systems are in place for monitoring the service, including regular reporting by the facility manager to the owners.

The facility is managed by an experienced facility manager who is an enrolled nurse and has been in the role for eight years. The facility manager is supported by a quality manager and a clinical nurse manager. The clinical nurse manager is responsible for the oversight of clinical service in the facility.

Quality and risk management systems are followed. There is an internal audit programme. Adverse events are documented on accident/incident forms. Accident/incident forms and meeting minutes evidenced corrective action plans are developed, implemented, monitored and signed off as being completed to address the area/s that require improvement. Quality, various staff and residents' meetings are held on a regular basis.

Policies and procedures on human resources management are in place and processes are followed. An in-service education programme is provided and staff performance is monitored.

The hazard register evidenced review and updating of risks and the addition of new risks.

The documented rationale for determining staffing levels and skill mixes is based on best practice. Registered nurses are always rostered on duty. The clinical nurse manager and facility manager are on call after hours.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

All standards applicable to this service fully attained with some standards exceeded.

Appropriate information is available to potential residents/family on enquiry and at the time of admission. Access to the facility is efficiently managed with relevant assessment processes undertaken by a registered nurse and a general practitioner when a person enters the service.

Residents are consulted about their needs and preferences and these are recorded. Care plans are individualised and based on a comprehensive range of information. Any new problems that arise are accommodated and residents' files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

A safe medicine management system is in place and medicines are administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed according to a food control plan and relevant staff training. Residents verified satisfaction with the meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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A current building warrant of fitness is displayed. A preventative and reactive maintenance programme includes equipment and electrical checks.

Residents' bedrooms provide single accommodation with adequate personal space provided. Lounges, dining areas and alcoves are available. External areas for sitting and shading are provided. An appropriate call bell system is available, and security and emergency systems are in place.

Protective equipment and clothing are provided and used by staff. Chemicals, soiled linen and equipment are safely stored. All laundry is washed on site. Cleaning and laundry systems are audited for effectiveness.

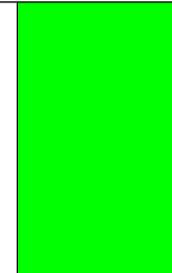
Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The service has clear policies and procedures that meet the requirements of the restraint minimisation and safe practice standard. There were residents using restraint and a resident using an enabler at the time of audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

An infection prevention and control programme that aims to prevent and manage infections is being implemented. The programme is reviewed annually and is underpinned by applicable infection prevention and control policies and procedures. The role of the infection prevention and control coordinator is described, and specialist infection prevention and control advice was being accessed when needed.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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	2	48	0	0	0	0	0
Criteria	2	99	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)
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>	FA	<p>New Vista has developed relevant policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Such actions by staff were confirmed by residents and family members during interviews. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records. Age Concern have provided information updates about residents' rights and the advocacy services visited and provided training in December 2018, with a further session planned for the week after the audit.</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 choices and give</p>	FA	<p>The clinical nurse manager, nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies and procedures provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form for residency form that covers use of photographs, research, transport, personal information and care and support, for example.</p> <p>Advance care planning regarding resuscitation decisions were completed in all files reviewed. Enduring power of attorney requirements and processes for residents unable to consent is defined. Relevant documentation was in residents' records reviewed. Staff were observed to gain consent for day to day</p>

informed consent.		care. Residents volunteered information about how staff check with them before they do things and ask how they want things done.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed and available in the facility. Family members and residents spoken with were aware of the Advocacy Service and their right to have support persons. The unit nurse manager described an incident for which they used Age Concern staff as an advocacy service for a person in a dilemma about whether they need to stay at New Vista or could go home.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment. Examples of community resources being accessed, or linked with, include local churches and schools, a Men's group, the marae and entertainers.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members and friends were seen coming and going from the facility throughout the audit. Those interviewed stated they feel welcome when they visit and are comfortable in their dealings with staff. All enjoy the humour that abounds in this facility.</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>The complaints policy and associated forms meet the requirements of Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code). The information is provided to residents and families on admission and there is complaints information available at the main entrances. Seven complaints have been received since the last audit and have been entered into the complaints register. Two complaints were reviewed and actions taken were documented and completed within the timeframes specified in the Code. Action plans reviewed evidenced any required follow up and improvements have been made where possible.</p> <p>The facility manager (FM) and quality manager (QM) are responsible for complaint management and follow up. Staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p> <p>The FM and QM reported they have recently received documentation from the Health and Disability Commissioner's office requesting a response to a complaint relating to a resident's care. The FM and QM have investigated the complaint and a draft response has been completed and was yet to be submitted at</p>

		<p>the time of audit. Corrective actions were implemented on the day the event occurred and meetings have been held with the resident's family and the GP. Interview of the FM, QM and the owner and review of documentation confirmed this. The FM advised the staff member involved in the complaint is no longer working as a caregiver and the resident concerned is no longer residing at New Vista.</p> <p>There have been no complaint investigations by the Ministry of Health, District Health Board (DHB), Accident Compensation Corporation (ACC), Coroner or Police since the previous audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The clinical nurse manager informed that residents and family members are made aware of the Code and of the Nationwide Health and Disability Advocacy Service (Advocacy Service) by the admitting nurse when they enter the service. Residents said they had heard about them but could not exactly recall when. Copies of the Code, information on the advocacy service and a copy of the organisation's feedback form are provided in the information pack as part of the admission information pack. The Code is displayed in English and te reo Māori at the front entrance to the facility and additional copies of brochures, providing feedback and information on advocacy services were available for pick up in a pamphlet stand nearby.</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>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Details of how this is to be done are included in care plans. All residents said they are always treated with respect. Staff were observed to maintain privacy throughout the audit and examples of taking additional care with telephone calls on the hand-held phone and going into residents' rooms to discuss personal issues, for example, were reported. The residents all have a private room.</p> <p>Residents are encouraged to maintain their independence by going out when they have the opportunity, undertaking as many personal tasks as possible themselves and maintaining links with the community as much as possible for as long as possible. Care plans included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan. The activity team supports the caregivers to ensure these needs are met.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</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>	FA	<p>There is a current Māori health plan, which includes the Treaty of Waitangi and is based on the Whanganui District Health Board Māori Health Plan. This includes use of te whare tapa whā, cultural awareness, cultural responsiveness and service provision for Māori. It notes that a Māori healthcare plan is developed for those who identify as Māori and includes guidelines for staff to follow. A list of contacts for Māori advisors and interpreters is included. A Kaumātua is available to provide staff with relevant training and advice on Māori cultural issues and tikanga when needed.</p> <p>The principles of the Treaty of Waitangi are being incorporated into day to day practice, as is the importance of whānau. Two residents at New Vista identify as Māori. Staff support these residents to integrate their cultural values and beliefs. Both have a cultural plan based on te whare tapa whā. These include iwi affiliation, involvement of whānau and details of how the plan is to be delivered. One person is transported to a Māori community day programme that is connected with a local marae on a weekly basis.</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>Staff are aware of individual cultural values and beliefs and residents are receiving culturally safe services that respect their ethnic, cultural, spiritual values and beliefs. Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences required interventions and special needs were included in care plans reviewed. One person is dedicated to watching sport and staff communicate when special events are on SKY television, another pursues a specific spiritual following, and specific dietary requests are being accommodated. A person from another ethnic group has provided specific end of life instructions, which staff were aware of and there is access to communion and a Roman Catholic priest when required. An interdenominational service is organised each week and an Anglican one once a month. A flipchart on 'cultural considerations in using a palliative approach' is on display in the nurses' stations. The resident satisfaction survey confirmed that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated they had not seen or experienced any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. Registered nurses have records of completion of the required training on professional boundaries. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation. A manager described appropriate investigation and management of an incident that had occurred.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>CI</p>	<p>The service encourages and promotes good practice through promoting staff education, using evidence-based policies, input from external specialist services and accessing allied health professionals for advice and support. A visiting physiotherapist, occupational therapist and a palliative care nurse were interviewed during the audit. The general practitioner (GP) confirmed the service provides very good care to the residents and staff are fully aware of when they need to contact another professional.</p> <p>Good practice is being demonstrated at a level of continuous quality improvement with two significant practice issues being identified as requiring improvement, these being for skin tears sustained from staff interventions and for the frequency of residents' falls. Processes, systems and strategies were developed that have seen the number and frequency of these events decline. Ongoing monitoring and review of the associated data is being maintained with new approaches added for ongoing improvement as appropriate.</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>Staff understood the principles of open disclosure, which are supported by policies and procedures that meet the requirements of right six in the Code. The service provider has a form called 'Family instructions for being contacted' and completed copies of these were in the front of all residents' files reviewed. Residents and family members stated they are kept well informed about any changes to their/their relative's status and were advised in a timely manner about any incidents or accidents and outcomes of medical reviews. This was evident in the family communication logs in residents' files reviewed.</p> <p>Staff knew how to access interpreter services through the local District Health Board, although reported this had never been required. A staff person of the same ethnicity as a resident who has limited ability to speak in English is assisting with the resident's communication. The clinical nurse manager informed a family member of a resident and a family friend had assisted with the communication of a previous resident who could not speak English. Communication cards have been used, as have speech language therapists, to assist residents with communication difficulties.</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>The business plan 2019-2021 includes the mission, expectations and strategic direction with six identified result areas. The service philosophy is in an understandable form and is available to residents and their family/representative or other services involved in referring clients to the service.</p> <p>The facility is managed by an experience manager who is an enrolled nurse (EN). The manager has been in their current position since 2012 and prior to this appointment managed other aged care facilities. The management of clinical services is the responsibility of the clinical nurse manager (CNM) who has been in their role since July 2015. Prior to this the CNM was employed as a RN at New Vista. The annual practising certificates for the facility manager and clinical nurse manager were current. There was</p>

		<p>evidence on the facility manager's and clinical nurse manager's files of attending seminars, forums and conferences to keep up to date. The facility manager is also the Careerforce assessor. Both managers are supported by a quality manager and the owners.</p> <p>Monthly manager's reports to the owners were reviewed and evidenced they are comprehensive and cover all activities undertaken at New Vista. The owner reported they visit at least two weekly and have phone contact with the facility manager daily.</p> <p>New Vista has contracts with the DHB for aged related residential care (48 residents - 23 rest home (RH) level and 21 hospital level), intermediate care services (6 residents - 4 RH and 2 hospital), long term support-chronic health conditions (1 resident - hospital level under the age of 65 years), dedicated respite bed services (no residents at the time of audit), carer relief (no residents at the time of audit). The facility also has a contract with the MoH for residential non-aged care (1 resident under the age of 65 years).</p> <p>Of the 60 beds available, 55 have been approved as dual purpose and five are dedicated rest home level beds.</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 provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The CNM and the QM fill in for the FM when they are temporarily absent. When the CNM is absent, a senior RN fills the role. The owners are also available for support.</p>
<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>	FA	<p>A quality improvement plan and a risk management plan guide the quality programme. An internal audit programme is in place and internal audits completed for 2019 were reviewed, along with processes for identification of risks.</p> <p>Various meetings are held monthly including but not limited to quality, RNs/ENs, health and safety, restraint and infection prevention and control combined meetings and ward and full staff meetings. Resident meetings include topics of interest. Meeting minutes including quality data are available in the nurses' stations for staff to read and sign off. Meeting minutes evidenced reporting of completed internal audits, quality data, including clinical indicators which are graphed. The quality manager is experienced in quality and risk management processes and is responsible for ensuring the organisation's quality and risk management systems are maintained. The monthly quality report reviewed, is comprehensive and covers</p>

		<p>all quality activities.</p> <p>Quality improvement data is being collected, collated, comprehensively analysed and reported. Quality improvement data included adverse event forms, internal audits, meeting minutes satisfaction surveys, infection rates and health and safety. Corrective action plans are being developed, implemented, monitored and signed off as being completed.</p> <p>Relevant standards are identified and included in the policies and procedures manuals. Policies and procedures reviewed are relevant to the scope and complexity of the service, reflected current accepted good practice, and referenced legislative requirements. Policies and procedures are reviewed two yearly and a policy for document update reviews and a document control policy are in place. Staff confirmed they are advised of updated policies and that they provide appropriate guidance for service delivery.</p> <p>Health and safety policies and procedures are available. Actual and potential risks are identified associated with human resources management, legislative compliance, contractual and clinical risk. The hazard register identifies hazards and evidenced the actions put in place to isolate or eliminate risks. Newly found hazards are communicated to staff and residents as appropriate. The quality manager (QM) is the health and safety coordinator and is responsible for the management of hazards. The QM demonstrated a sound understanding of health and safety requirements. Staff confirmed they understood and implemented documented hazard identification processes.</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>	FA	<p>Adverse, unplanned or untoward events are documented by staff on incident/accident forms. Documentation reviewed and interviews with staff indicated appropriate management of adverse events.</p> <p>An incident/accident policy is in place. Residents' files evidenced communication with families following adverse events involving the resident, or any change in the resident's health status. Families confirmed they are advised in a timely manner following any adverse event or change in their relative's condition.</p> <p>Staff stated they are made aware of their essential notification responsibilities through job descriptions, policies and procedures, and professional codes of conduct. Review of staff files and other documentation confirmed this. Policy and procedures comply with essential notification reporting. The QM reported there have been four essential notifications (section 31s) to HealthCERT since the last audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in</p>	FA	<p>Policies and procedures relating to human resources management are in place. Staff files include job descriptions which outline accountability, responsibilities and authority, employment agreements, references, completed orientation, competency assessments, education records and police vetting.</p> <p>A comprehensive orientation book includes competencies and all new staff are required to complete this.</p>

<p>accordance with good employment practice and meet the requirements of legislation.</p>		<p>The checklist is completed within three to four days of employment and the workbook within three months of employment. Staff performance is reviewed at the end of this period and annually thereafter. Orientation for staff covers all essential components of the service provided.</p> <p>The education programme is the responsibility of the FM and QM. In-service education is provided for staff using, for example, monthly sessions, 'tool-box' talks at handover, specific topics relating to resident's health status and staff meetings. The local DHB also provides an education programme for both RNs and caregivers and staff have also attended other external education. Individual records of education are held on staff files and electronically. Competencies were current including but not limited to medicines, restraint, manual handling, challenging behaviours, cultural safety, pressure injury and falls. Attendance records are maintained. Of the 11 RNs, five are interRAI trained and have current competencies including the CNM.</p> <p>A New Zealand Qualification Authority education programme (Careerforce) is available for staff to complete and they are encouraged to do so. The FM is the assessor for the facility. Twenty-three care staff have attained level two with three currently completing the programme. Three care staff have attained level three and three are currently completing the programme.</p> <p>Staff performance appraisals were current. Annual practising certificates were current for all staff and contractors who require them to practice.</p> <p>Staff confirmed they have completed an orientation, including competency assessments. Staff also confirmed their attendance at on-going in-service education and the currency of their performance appraisals.</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>There is a documented rationale for determining staffing levels and skill mix to provide safe service delivery based on the Ministry of Health 'Indicators for Safe-Care and Dementia Care for Consumers' and staffing requirement in-line with the contract with the DHB. The rosters evidenced staffing levels exceed the minimum requirements. The FM reported the rosters are reviewed continuously and dependency levels of residents and the physical environments are considered. The senior management team (FM, CNM and QM) work full time Monday to Friday. Two RNs are rostered on duty on the morning and afternoon shifts and one RN on the night shift. The CNM and FM are on -call after hours. Of the 11 RNs, one is a new graduate, two have completed the 'CAP' course and are experienced RNs in their own country. The rest of the RNs have five to eight years' experience working in aged care. Thirty-five caregivers are employed to cover the three shifts and additional hours are available if the acuity levels of residents increase. There are dedicated cleaning and laundry staff. A diversional therapist and two activities coordinators are employed.</p> <p>Care staff reported there are adequate staff available and that they were able to complete the work</p>

		allocated to them. Residents and families reported there is enough staff on duty that provides them or their relative with adequate care. Observations during the audit confirmed adequate staff cover is provided.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. This included interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable. Entries are made according to contractual requirements and good clinical practise.</p> <p>Archived records are held securely in an upstairs room. These are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment and Services Coordination (NASC) agency. Prospective residents and/or their families are encouraged to visit the facility prior to admission when possible and are provided with details about the service and the admission process. An information package is provided on entry to the service. The organisation seeks updated information from the NASC, the GP, or any other services involved with the person prior to the resident's admission.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them. Files reviewed contained completed demographic detail, assessments, GP review and signed admission agreements in accordance with contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit or transfer is managed in a planned and co-ordinated manner, with an escort for transfers as appropriate. The service uses its own system to facilitate transfer of residents to and from acute care services. New Vista provides copies of a completed transfer form, the resident's contact list completed on admission, the two main pages of interRAI, a diagnosis record sheet completed by the GP and a print off of prescribed medicines from the electronic record. There is open communication between all services, the resident and the family/whānau. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred back from a local acute care facility showed open communication processes had been used. Family of the resident confirmed they had been kept well</p>

		<p>informed during the transfer of their relative and good communication was maintained by New Vista at the time of the person's return.</p> <p>For transition to another service, similar documentation as is used for transfer to acute services are provided. The clinical manager also adds a typed handover sheet and a copy of the care plan and ensures a verbal handover by telephone or in person is provided.</p>
<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>	<p>FA</p>	<p>The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. One out of date copy found in a folder was immediately replaced.</p> <p>A safe system for medicine management via an electronic system was observed during the audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. Records sighted confirmed that all staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a blister packaged format from a contracted pharmacy. A registered nurse checks regular medications against the prescription and signs off each check in the relevant recording system. All medications sighted were within current use by dates. Clinical pharmacist input is provided weekly and when requested.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>A review of medicine records was undertaken. All prescriptions are entered into the electronic system, which automatically identifies the prescriber. Dates of commencement and discontinuation of medicines were evident, as were allergies intolerances, special instructions, all requirements for pro re nata (PRN) medicines and confirmation that three-monthly GP reviews were consistently recorded on the medicine chart. Standing orders are no longer used in this facility.</p> <p>Policies and procedures cover self-medication processes; however, there are not currently any residents who self-administer medicines.</p> <p>Comprehensive analysis and follow-up actions are instituted for any medicine related errors. An incident form specifically for medicine errors is completed for all such events. Such incidents are reported through the wider incident and accident reporting system of the quality and risk programme.</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 where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food services are provided on site by experienced and qualified cooks and a kitchen team and are in line with recognised nutritional guidelines for older people. The menu rotates over a four-week timeframe, has winter and summer seasonal options and was approved by a registered dietitian as suitable for the nutritional needs of the residents in this facility in November 2018. There were no specific recommendations made at that time.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is identified and available.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food control plan and registration issued by the Whanganui District Council was current. Documentation sighted and observations made verified that food temperature checks, including for high risk items, are monitored appropriately, kitchen cleaning schedules are maintained, and storage systems are safe. All food services staff have recently completed safe food handling qualifications.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this 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>If a referral is received but the prospective resident does not meet the entry criteria or there is no vacancy, the local needs assessment and services coordination (NASC) agency is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. New Vista is not involved in this process.</p> <p>In the event the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring for people who had required secure dementia care, or psychogeriatric care were discussed. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support</p>	<p>FA</p>	<p>All residents have current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Additional information is documented using validated nursing</p>

<p>requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>assessment tools, such as initial nursing and registered nurse assessments, pain scale, falls risk, skin integrity and nutritional screening, as a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information including from interviews and referrals. Medical assessments are completed shortly after admission and contribute to planning management of clinical conditions.</p> <p>Residents and families confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Plans reviewed reflected the support needs of residents, the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed. Formatting for the care plans is structured and covers key topics including activities of daily living, nutrition and mobility for example.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</p> <p>Additional problem specific plans were on residents' files and covered high risk issues such as falls or pressure injury. Treatment escalation plans that are developed in consultation with the local public hospital are being used for residents on the intermediate district health board contract, as are purpose developed comprehensive short-term care plans.</p> <p>Short term care plans are developed for short term problems and these were fully documented within the relevant record form that provides a log of short-term problems and related interventions and evaluations.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations and interviews verified that care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care in this facility is high quality with careful monitoring and knowledgeable senior registered nurses on board. Caregivers confirmed that care was provided as outlined in the documentation and according to handovers and oversight from registered nurses. A range of equipment and resources were available and used in accordance with the residents' needs.</p> <p>Residents and family stated that a high level of care is provided at this facility. Two residents interviewed specifically commented on how understanding staff are, how they are allowed to make their own</p>

		decisions and that they can do things in their own time.
<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>	CI	<p>The activities programme is provided by a trained diversional therapist holding the national Certificate in Diversional Therapy, an assistant who is undertaking training and several volunteers. On the day of audit, a care assistant with an interest in diversional therapy was relieving for the activity assistant.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. From this information an activity plan is developed and covers categories including creative, physical, and psychosocial/cognitive. Each resident's level of participation and their activity needs are evaluated by the activities team in consultation with the resident and their family/whānau at the same time as the formal six-monthly care plan review.</p> <p>Monthly activity programmes are developed and cover the topics as listed on the activity plans, which is enabling individual resident's goals and preferences to be catered for. During observations and interview with the diversional therapist and the assistant, it was apparent that the monthly plan is a skeleton only and individual and small group options were being made available to residents. The activity plans cover a cross section of group activities, games and exercises, entertainment, crafts, news updates and board games for example. Ongoing review of participation records and formal and informal feedback about the activities programme is used to enable ongoing improvements to be made to it to ensure it is meaningful to the residents. Residents interviewed had varied responses with some stating they do not want to participate and some saying the options are great and they choose what they attend. Overall residents were enthusiastic, as were relatives and observations through the audit showed high levels of participation with everyone enjoying themselves.</p> <p>Two activity related initiatives were demonstrating continuous improvement processes were being used. Residents are being enabled to develop and maintain a range of skills and have access to activities that are meaningful and appropriate to their needs. These processes were evident through the setting up of an activity and recreation lounge that has resulted in an increase in the number of people attending activities and participants' levels of satisfaction. In addition, a dementia therapy programme has been established to ensure those who are not able to function at the same level as others have access to activities they enjoy and are willing to attend.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely</p>	FA	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to a registered nurse. There is a daily registered nurse entry for each hospital resident and rest home residents' records are reviewed as needed but at least weekly, which is confirmed by a stamp and sign off from a night registered nurse.</p>

manner.		<p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. A specific care plan evaluation recording form covers each category of the care plan and evaluation of each goal and/or the interventions were evident in each resident's cord where a resident had been at the facility for more than six months. When progress was different from expected, the service had responded by initiating changes to the plan of care. Examples of short-term care plans being consistently reviewed, and progress evaluated as clinically indicated, were noted for infections, skin tears and more serious wounds in the sample of residents' records reviewed. Long term care plans are added to and updated for unresolved short-term problems or if significant changes had occurred. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or registered nurse sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to various hospital-based specialist in Whanganui and in Palmerston North, acute services, older persons' health, community mental health, dietitian, speech language therapist and wound care for example. The resident and the family/whānau are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate. Community support services may also be accessed with examples being Stroke Foundation, Age Concern, Alzheimers New Zealand and Parkinson's Society.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous 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>	FA	<p>Documented processes for the management of waste and hazardous substances are in place. Policies and procedures specify labelling requirements in line with legislation. Material safety data sheets are throughout the facility and accessible for staff. The company representative that supplies chemicals, visits weekly and provides training. Education to ensure safe and appropriate handling of waste and hazardous substances has been provided to staff.</p> <p>There was protective clothing and equipment appropriate to recognised risks. There was protective clothing and equipment sighted in the sluice rooms and the laundries and this was being used by staff. Staff demonstrated a sound knowledge of the processes relating to the management of waste and hazardous substances.</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>A current building warrant of fitness is displayed at the main entrance. There are appropriate systems in place to ensure the residents' physical environment and facilities are fit for purpose. Residents and families stated they can move freely around the facility and that the accommodation meets their needs.</p> <p>A proactive maintenance programme is in place and a reactive maintenance book for staff to enter any maintenance required has corrective actions completed and sign off. Plant and equipment are maintained to an adequate standard. Testing and tagging of equipment and calibration of biomedical equipment was current. Hot water temperatures are within the recommended range.</p> <p>Care staff confirmed they have access to appropriate equipment, that equipment is checked before use and they are competent to use it.</p> <p>Residents and families confirmed they know the processes they should follow if any repairs/maintenance are required and that requests are appropriately actioned.</p> <p>There are external areas available that are safely maintained and are appropriate to the resident groups and setting. All ramps have safety railing provided. The environment is conducive to the range of activities undertaken in the areas. The external areas are currently being developed with planting of trees, hedges and flowering plants and an area has been set aside for a gazebo to be built.</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>	<p>FA</p>	<p>The facility has a mix of bedrooms with full ensuites, shared ensuites and some without. There are adequate numbers of communal bathrooms and toilets throughout the facilities. Residents reported that there are enough toilets and they are easy to access with vacant/engaged signage.</p> <p>Appropriately secured and approved handrails are provided, and other equipment is available to promote resident's independence.</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>	<p>FA</p>	<p>Bedrooms provide single accommodation with a mix of sizes. Five of the bedrooms are smaller and are available for rest home level care only. There is adequate personal space provided for residents and staff to move around safely within the bedrooms. Residents and families spoke positively about their accommodation. Rooms are personalised with furnishings, photos and other personal adornments.</p> <p>There is room to store mobility aids such as mobility scooters and wheelchairs for those residents who require them.</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>There are numerous areas for residents and families to frequent for activities, dining, relaxing and for privacy. The areas are easily accessed by residents and staff. Residents and families confirmed this. Furniture is appropriate to the settings and arranged in a manner which enables residents to mobilise freely. The FM advised the dining room in the older part of the facility is to be refurbished and will become the main lounge as the room is north facing with lots of sun. The current lounge which is situated internally will become the dining room.</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>All laundry is washed on site. Residents and families reported the laundry is managed well and residents' clothes are returned in a timely manner.</p> <p>Dedicated cleaners and laundry staff have received appropriate education. The cleaners and laundry person demonstrated a sound knowledge of processes. The facility is cleaned to a satisfactory standard and residents, families and the results from the 2019 satisfaction survey confirmed this. Chemicals are stored securely with a closed system used. All chemicals were in appropriately labelled containers. Cleaning and laundry processes are monitored through the internal audit programme and by personnel from the external company that supplies the chemicals.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Documented systems were in place for essential, emergency and security services and considers the needs of residents with dementia. Sensor lights are positioned around the facility, external doors are locked in the evening and staff carry out security checks.</p> <p>A New Zealand Fire Service letter approving the fire evacuation scheme was sighted. Trial evacuations are held at least six monthly and staff have received on-going training. At least one staff member is on each shift who has a current first aid certificate. Review of staff files confirmed this.</p> <p>Information in relation to emergency and security situations is readily available/displayed for service providers and residents. Emergency supplies and equipment are checked six monthly by the QM and good stocks of supplies were sighted. Emergency supplies and equipment included lighting, torches, gas for cooking, extra food supplies, emergency water supplies that meet the Ministry of Civil Defence and Emergency Management recommendations for the region, and blankets, cell phones and battery powered emergency lighting.</p> <p>There is a call bell system in place that is used by the residents or staff to summon assistance if required and is appropriate to the resident groups and setting. Call bells are accessible/within reach and were</p>

		available in resident areas. Residents confirmed they have a call bell system in place which is accessible, and staff respond to them in a timely manner.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Procedures are in place to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents and families confirmed the facility is maintained at an appropriate temperature. Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p> <p>Covered areas outside the buildings are available for both residents and staff who wish to smoke.</p>
<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>A registered nurse is the designated infection prevention and control coordinator, whose role and responsibilities are defined in a job description. This person is new to their role and is currently supported by the clinical nurse manager and the quality manager. Infection control matters, including surveillance results, are reported monthly to the senior management team and tabled at the quality and risk committee meeting.</p> <p>The New Vista infection prevention and control programme is reviewed annually and the latest 2019 – 2020 version that has been signed off by the owner/manager was available. This document is accompanied by an easy to follow summary document of the programme and its implementation is guided by a comprehensive and current infection control manual.</p> <p>The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities and managers confirmed that staff were aware of when they should not be at work. The clinical nurse manager described how the facility was placed into isolation and a notice was displayed at the front entrance during an outbreak of a gastro-intestinal infection earlier in the year.</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</p>	FA	<p>The clinical nurse manager and the quality manager have been maintaining the infection prevention and control programme while the new coordinator is developing appropriate skills for the role. In addition to attending initial training, this person has undertaken some on-line modules and is currently receiving instruction to upskill. Additional support and information are accessible as required from the infection control team at the local district health board, the GP and the public health unit. All registered nurses have access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The clinical manager and the infection prevention and control coordinator confirmed the</p>

organisation.		<p>availability of resources to support the programme and any outbreak of an infection.</p> <p>Infection control audits were undertaken December 2018. There are also infection prevention and control components in the six-monthly food services and cleaning audits that have been completed.</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>Infection prevention and control policies are based on standard precautions and current accepted good practice. These have been developed and reviewed by people with relevant knowledge and expertise. Policies were last reviewed mid-2019 and included appropriate referencing. All staff have access to these documents in the nurses' stations.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and glove. Staff interviewed verified knowledge of infection control policies and practices.</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>	FA	<p>Interviews, observation and documentation verified staff have received education and completed competencies on infection prevention and control at orientation and at ongoing education sessions. Records sighted showed an infection prevention and control officer from the local district health board, and a person from the regional public health unit, provided an infection education session to more than 75% of staff as recent as September 2019. Content of the training was documented and evaluations completed. Examples were provided of staff having been provided with reminders and updates when an unusual infection becomes evident, infection incidence increases, or during and after an infection outbreak.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is</p>	FA	<p>Surveillance of infections is appropriate to that recommended for long term care facilities. Short term care plans are developed for all infections, or suspected infections, medical advice is sought when indicated and all infections verified are entered onto a monthly infection record. It is the role of the infection</p>

<p>carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>prevention and control coordinator to review all reported infections and these are documented. The clinical nurse manager has been overseeing this process as a new person orients into the role of infection prevention and control coordinator. Any required management plans for infections are managed by the registered nurses and are discussed at handover, to ensure appropriate intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported through the quality and risk management system. Results of the surveillance programme are shared with registered nurses and then caregivers, via regular staff meetings and at staff handovers. Rates have remained similar to those previously experienced when they were in the position to benchmark with two other facilities and the data continues to provide assurance that infection rates in the facility are below average for the sector.</p> <p>A summary report for a gastrointestinal infection outbreak early in the year described appropriate actions taken, relevant people were contacted and investigation and follow up occurred. Staff were subsequently reminded of infection prevention processes.</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>The service demonstrated that the use of restraint is actively minimised. There were four residents using restraint and one resident using an enabler during the audit. The FM and QM stated the aim is to have no restraint use in the facility. The restraint coordinator is the FM and demonstrated good knowledge relating to restraint minimisation. The restraint/enabler register was current. The policies and procedures have definitions of restraints and enablers. Staff demonstrated good knowledge about restraints and enablers and knew the difference between the two.</p> <p>The restraint approval group forms part of the quality meetings. Restraint is also an agenda item at the various staff meetings. Meeting minutes and staff confirmed this.</p>
<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</p>	<p>FA</p>	<p>The use of restraint is approved by the restraint approval group prior to commencing the restraint, this includes the resident's family and GP. The GP completes three-monthly reviews of restraints in use. A signed job description for the restraint coordinator was evident in the FM's file and in the restraint folder. Responsibilities of the restraint coordinator and approval group are clearly outlined.</p> <p>Restraint use is discussed in the quality and staff meetings. Staff confirmed their knowledge of the restraint processes.</p>

<p>this process is made known to service providers and others.</p>		
<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	<p>The files of residents using restraint and the enabler were reviewed. Restraint assessment and management plans were completed prior to commencing restraint. Risk factors were identified in the assessment and the purpose of the chosen restraint was documented. Long term care plans clearly documented any risk and desired outcomes. Staff demonstrated good knowledge in maintaining culturally safe practice when completing assessments for restraint use.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>Restraint minimisation policies and procedures are accessible for all staff to read. Safe use of restraint is actively promoted. There is a current and updated restraint/enabler register. The management plans include any risk factors and ensures the resident's safety while using restraint. Staff demonstrated good knowledge about restraints and strategies to promote resident safety while using restraint. There were no restraint-related injuries reported. Monitoring forms are in place for all residents who are using restraint and these were completed as required.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>Residents using restraints and enablers are evaluated at least three-monthly and the resident's care plan six monthly. Consents and evaluation forms were signed by the GP and the resident's family/EPOA. The evaluation form included the effectiveness of the restraint and the risk management plans documented in the long-term care plans. Staff confirmed their feedback was obtained by the restraint coordinator when evaluating the restraint in use. The restraint approval group evaluated the restraints in use at least three-monthly. Meeting minutes confirmed this.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>Restraint is monitored and reviewed at the quality meetings. Restraint is also monitored through the internal audit programme. Identified issues are discussed at the quality and staff meetings with additional education to support staff if needed. Staff demonstrated sound knowledge relating to managing challenging behaviours and restraint.</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.

No data to display

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 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>Back in 2013, the quality and risk management team identified that according to incident reporting processes the number of skin tears resulting from staff involvement with residents in both hospital and rest home level care areas had increased. The available information was analysed including time of day, who was involved, where the event happened and whether equipment had been used, for example. Possible reasons were proposed. Staff were engaged and informed of the findings, skin tear prevention education commenced, and a skin tear questionnaire was developed and completed by the staff person involved in any skin tear. Examples of strategies for prevention included raising the focus on safe handling of residents, use of limb protectors, use of applicable lifting equipment and ensuring two staff assistance was used when required. Between 2013 and 2019 skin tears resulting from staff involvement significantly decreased from 40% of skin tears sustained from staff involvement to only 9% thus far for 2019, which shows a decrease of 31% in this timeframe. Staff education on skin tear prevention is ongoing and now a standard part of the staff orientation and education programmes. Any evidence of an increase in monthly reports and staff reminders and staff education are reinstated.</p> <p>A second initiative has been around falls prevention. Once again analysis of the falls data by the quality and risk management team in 2014 – 2015 suggested numbers were higher than</p>	<p>New Vista is demonstrating good practice at a level of continuous improvement by using analysis of incident reporting data within the quality and risk management system to improve key issues of concern, specifically for skin tears sustained from staff intervention, and for the frequency of residents’ falls. Investigation and review processes were followed by</p>

		<p>was wanted by the service provider. Similar strategies were used to proceed with the goal of reducing the figures. A key performance indicator for reducing the number of falls was developed, research undertaken, possible reasons deducted, and staff were engaged and informed about the findings. A list of procedures for reducing falls was developed and each was progressively worked through with examples being use of sensor mats, staff to complete a specific falls prevention competency, commencement of an exercise programme, use of a 'Falls- the Five Whys' tool and falls prevention education. Ongoing monitoring and graphing have continued for different situations falls occurred in. Reports of progress for each twelve-month period have been maintained and include notes of additional strategies promoted such as safe footwear, use of a post falls assessment tool and the introduction of Tai Chi. An analysis of the data informs that falls numbers reduced by 22.9% from 2015 to 2017 and a further 10% since 2017 to 2019. The report describes when the figures were skewed by a person with behaviours that challenge, and they have noted that new residents are presenting with higher acuity levels than previously. There was evidence of a number of new strategies continuing to be implemented with the most recent being the diversional therapist taking three residents who have been identified as being a high falls risk to a 10-week balance programme run by Age Concern. The therapist is gaining awareness of the recommendations to enable implementation at New Vista.</p>	<p>development of strategies and interventions that have seen progressive declines in the number and frequency of both of these events.</p>
<p>Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>CI</p>	<p>The New Vista activities team has established a dementia group therapy programme specifically for people with dementia within the rest home and hospital services. It had been identified that they were not actively participating in general activities and when observing they sometimes caused disruption to others in the wider group. The trainee diversional therapist trialled activities that research had shown were helpful for people with dementia, and they were reported as being 'enjoyed immensely'. Further activities have been added and the group size has now increased to eight with sessions twice a week. Evaluation of the programme has shown that two people who have not been diagnosed with dementia but who never left their room are joining this group, a resident with a high falls risk is not having so many incidents and attendees are presenting as more energised in afternoons it is held. Families have reported that they have noticed increased active participation, more lively facial expressions and people choosing to attend and to participate when they did not normally do either for activities. Staff feedback has included that passive attendees are watching intently and looking from one to another, signs of excitement and lots of laughter during the time, positive reactions when liaising with the facilitator and that residents are more settled and easier to manage later in the afternoon after these sessions. The programme is continuing to evolve but evaluations to date are demonstrating positive results and providing an otherwise left out group of people with meaningful activities.</p>	<p>Establishment of a dementia therapy programme and development of a residents' activity and recreation lounge were two activity related initiatives that were demonstrating continuous improvements. Evaluation of their implementation has revealed increased levels of participation in activities offered, people being happier and more settled and</p>

		<p>A second project centred around the setting up of a residents' activity and recreation lounge off the main lounge. Issues were raised about residents not being able to undertake activities such as crafts or games and leave them to return to. Because of limitations on space they could only do activities in allocated timeframes, dining room space was required for mealtimes and there was a drop off in attendance at activities. A new space off the hospital wing lounge was established in May 2019 and despite initial resistance people slowly started attending sessions held there in increasing numbers. Participation figures changed from 55 people in May to 171 in August and the evaluation report suggested that the residents are taking ownership of this area and see it as theirs. Sessions are having to be split and repeated. A space for a bed is being retained, the room is decorated with themes for the season, the area opens onto a deck and there is a wide range of materials and equipment available. A formal evaluation was undertaken early October and included a residents' survey and staff and family feedback. All reports were positive with specific comments about the environment, the ability to display their work, the opportunity to develop better relationships and the value of having an adjoining kitchenette. Family and friends had expressed similar values and during the day of audit observations were made of visitors joining in with the residents, including the dementia therapy group. There are plans to consider other options as a development on progress to date.</p>	<p>people developing and maintaining skills. The successes to date are prompting ongoing improvements, some of which are already planned.</p>
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End of the report.