

Montecillo Veterans Home and Hospital Limited - Montecillo Veterans Home and Hospital

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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 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:	Montecillo Veterans Home and Hospital Limited
Premises audited:	Montecillo Veterans Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 4 May 2021 End date: 5 May 2021
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:	43



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

Montecillo Veterans Home provides rest home and hospital level care for up to 44 residents. On the day of audit there were 43 residents.

This certification audit was conducted against the relevant Health and Disability services standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, the general practitioner, and management.

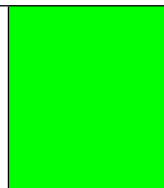
An experienced and appropriately qualified CEO has been in the position for four years. She is supported by a clinical nurse manager who has previous experience in aged care, and a team of experienced staff. Residents and relatives commented positively on the services and care received at Montecillo.

There were no improvements identified at this certification audit.

The service has exceeded the required standard around reduction of restraint.

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.



Standards applicable to this service fully attained.

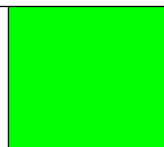
The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during their entry to the service. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent.

Cultural values and beliefs are understood and respected. Care planning accommodates individual choices of residents and/or their family/whānau. Informed consent processes are adhered to. Residents are encouraged to maintain links with their community.

Complaints processes are implemented, and complaints and concerns are managed appropriately.

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.

Services are planned, coordinated, and are appropriate to the needs of the residents. Quality and risk management processes are implemented. Strategic goals are documented for the service with oversight provided by a board of trustees. Incident and accident reporting, and health and safety processes are embedded in practice. Quality systems include regular monitoring of quality and risk data and an internal auditing programme.

Human resources are managed in accordance with good employment practice. An orientation programme and a regular staff education and training programme are in place. There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type.

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.		Standards applicable to this service fully attained.
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The clinical manager has responsibility for managing entry to the service. An information pack is available prior to or on entry to the service. Registered nurses' complete initial assessments including interRAI assessments, care plans and evaluations within the required timeframes. Electronic care plans are integrated and include the involvement of allied health professionals. Residents and relatives interviewed confirmed they were involved in the care planning and review process. General practitioners review residents at least three monthly or more frequently if needed.

Each resident has access to an individual and group activities programme. The group programme is varied and interesting and includes outings, entertainers and community interactions.

Medicines are stored and managed appropriately in line with legislation and guidelines. Registered nurses, enrolled nurses and healthcare assistants administering medications have completed annual competencies. The general practitioners reviewed the medication charts at least three-monthly.

Meals are prepared and cooked on site under the direction of a kitchen manager. A current food control plan is in place, and the menus are reviewed by a dietitian. The menu is varied and provides meal options. Individual and special dietary needs are catered for. Residents interviewed were very complimentary about the food service.

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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The building has a current warrant of fitness. Systems and supplies are in place for essential, emergency and security services. All rooms are single, personalised and have ensuite facilities. The environment is warm and comfortable. There is adequate room for residents to move freely about the home using mobility aids. Communal areas are spacious and well utilised for group and individual activities. The dining and lounge seating placement encourages social interaction. Outdoor areas are safe and accessible and provide seating and shade for residents. There is adequate equipment for the safe delivery of care. All equipment is well maintained and on a planned schedule. All chemicals are stored safely, and the laundry is well equipped. The cleaning service maintains a tidy, clean environment.

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.		All standards applicable to this service fully attained with some standards exceeded.
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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. No residents have used restraints or enablers since July 2019.

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.

The infection control team is led by a registered nurse who is supported by representation from all areas of the service and is part of the quality team. The infection control policy identifies the roles of the infection control coordinator and supporting team. The infection control programme is appropriate for the size and complexity of the service. The programme is approved and reviewed annually by the infection control coordinator, management and the quality team. Staff are informed about infection control practises through meetings, training and information posted up on staff noticeboards. The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

Covid-19 was well prepared for; education was held around isolation, handwashing and personal protective equipment (PPE). Adequate supplies of PPE were sighted during the audit.

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	44	0	0	0	0	0
Criteria	1	92	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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. The CEO, nurse manager/registered nurse (RN) and thirteen staff interviewed (two RNs, two enrolled nurses (ENs), four healthcare assistants (HCAs) who work during the AM (two) and PM (two) shifts, one kitchen manager, one laundry, one housekeeper, one activities coordinator, one maintenance) were able to describe how the Code is incorporated into their job role and responsibilities. Staff receive training on the Code during their induction to the service. This training continues via the staff education and training programme.</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 informed</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. The resident or their enduring power of attorney (EPOA) signs for written general consents including outings and indemnity. Cardiopulmonary resuscitation status has been appropriately signed in the seven resident files reviewed. Copies of enduring power of attorney where known were included in the resident file. The registered nurses reported asking permission to inform the family following incidents, or changes in care prior to contacting the family.</p> <p>Registered nurses and healthcare assistants interviewed confirmed verbal consent is obtained when delivering care. Three family members interviewed confirmed they were involved in decisions that affect</p>

consent.		their relative's lives. All resident files contained a signed admission agreement.
<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>Health and Disability advocacy details are included in the information provided to new residents and their family during their entry to the service. Residents and family interviewed are aware of the role of advocacy services and their right to access support. Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service. Advocacy training is delivered by an HDC advocate. A volunteer from the community has been appointed as an advocate for the residents. This person chairs the quarterly residents' meetings.</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>The service encourages residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations. Community links are established with local community groups with examples provided (e.g., multiple sclerosis club, bowling club, RSA, housie, local church groups). Residents who are able, are supported to come and go from the facility as they please.</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 procedure is provided to residents and families during the resident's entry to the service. Complaints forms are located at the entrance to the facility. The complaints process is linked to advocacy services.</p> <p>An electronic record of complaints received is maintained by the CEO. Four complaints were lodged in 2020 and four complaints have been lodged in 2021 (year-to-date). All consumer complaints lodged are documented as resolved. Four complaints (2021) were reviewed in detail. Complaints are being managed in accordance with HDC guidelines.</p> <p>Discussions with residents and families confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they have are addressed. The complaints process is linked to the quality and risk management system with staff kept informed.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of</p>	FA	<p>Details relating to the Code and the HDC advocacy service are included in the resident information that is provided to new residents and their families. The CEO or nurse manager discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the quarterly residents' meetings.</p>

their rights.		Interviews with seven residents (four hospital and three rest home) and three family (hospital) confirmed that residents' rights are being upheld by the service.
<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>The residents' personal belongings are used to decorate their rooms. The HCAs interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas.</p> <p>HCAs reported that they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit confirmed that the residents' privacy is respected. All resident rooms have their own private ensuite.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive regular education and training on abuse and neglect, which begins during their induction to the service.</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>A Māori health policy is documented for the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents.</p> <p>A Māori health plan is in place for residents who identify as Māori. Cultural considerations and interventions are identified in the resident's care plan. There were two Māori residents living at the facility at the time of the audit. Although the resident selected for review did not identify as Māori, the care plan provided detail describing in depth the resident's iwi, whānau, and cultural heritage.</p> <p>Education on cultural awareness begins during the new employee's induction to the service and continues as a regular training topic.</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 and desires from the time of admission. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline.</p> <p>Beliefs and values are incorporated into the residents' care plans, evidenced in all seven care plans reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which includes the identification of individual values and beliefs.</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 discussed with each new employee during their induction to the service. Professional boundaries are described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the HCAs role and responsibilities. Professional boundaries are reconfirmed through education and training, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The CEO is supported by a full-time nurse manager who has recently been awarded a postgraduate certificate and diploma in nursing leadership and management. A general practitioner is on site two days a week. Residents are reviewed by a general practitioner (GP) every three months at a minimum.</p> <p>Residents and family interviewed reported that they are satisfied or very satisfied with the services received. This was also confirmed in the August/September 2020 resident/family satisfaction survey.</p> <p>The service receives support from the district health board (DHB). A physiotherapist is on site two days a week (seven hours). A podiatrist visits the facility every six weeks. A number of improvements have been implemented since the previous audit including (but not limited to): enhancements to the environment (e.g., outdoor garden seating area), the purchase of an additional hoist, implementation of an electronic quality and patient management system (Health Compliance Solutions Ltd), maintaining a restraint free environment (link CI 2.1.4), the implementation of an online staff learning and development programme, and the implementation of a robotic medication system.</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>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The care staff interviewed understood about open disclosure and providing appropriate information when required.</p> <p>Families interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Fifteen accident/incident forms reviewed reflected documented evidence of families being informed following an adverse event.</p> <p>An interpreter service is available and accessible if required through the district health board. Staff and family are used in the first instance.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services</p>	<p>FA</p>	<p>Montecillo provides care for up to 44 rest home and hospital (geriatric and medical) level care residents. On the day of audit, there were 43 residents; 13 rest home, including one resident on a long-term support chronic health conditions contract (LTS-CHC); and 30 hospital residents, including one resident on an LTS-</p>

<p>are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>CHC contract and one on respite. All remaining residents were under the age-related residential contract (ARC). All rooms at Montecillo are dual purpose (rest home or hospital).</p> <p>The service has a current strategic plan that identifies the purpose, values and scope of the business. The service is governed by a trust board who regularly reviews strategic goals. The chief executive officer (CEO) is non-clinical, has been employed by Montecillo for over 20 years in various roles, and has been in the CEO role for four years. She is supported by a nurse manager who has been in the role since December 2020. The nurse manager holds a postgraduate certificate and diploma in nursing leadership and management and has been working in aged care since 2008.</p> <p>The CEO and the nurse manager have completed over eight hours of professional development related to their respective roles at Montecillo.</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>	<p>FA</p>	<p>The nurse manager is responsible for facility operations in the absence of the CEO. A senior nurse is responsible for clinical operations during the absence of the nurse manager.</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>	<p>FA</p>	<p>A quality and risk management system is established and implemented. Policies and procedures, purchased through Healthcare Compliance Solutions Ltd (HCSL), align with current good practice. Policies have been reviewed, modified (where appropriate) and implemented. New policies are discussed with staff as an agenda item, sighted in the monthly staff meeting minutes.</p> <p>Quality HCSL management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data collected for a range of adverse event data (e.g., skin tears, falls [witnessed and unwitnessed], infections) is reviewed monthly. An internal audit programme is being implemented. Corrective actions are developed, implemented and signed off for areas identified for improvements. Staff are informed of quality results, including corrective actions, via staff meetings. Meeting minutes are retained in the staffroom for ease of staff access.</p> <p>The CEO is the health and safety officer who has completed stage one and two health and safety training. Staff health and safety training begins during their induction to the service and includes a competency</p>

		<p>assessment. Health and safety is a regular topic covered in the monthly staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk. New contractors undergo orientation to health and safety as per the facility's health and safety policy and procedures.</p> <p>Falls management strategies include the development of specific falls management plans to meet the needs of each resident who is at risk of falling. This includes (but is not limited to) sensor mats, regular toileting and intentional rounding.</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>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the service's quality and risk management programme.</p> <p>Fifteen accident/incident forms were reviewed (witnessed and unwitnessed falls, pressure injuries, skin tears, bruising, medication errors, challenging behaviours). Each event involving a resident reflected a clinical assessment and follow-up by an RN. Neurologic observations have been conducted for suspected head injuries and unwitnessed falls.</p> <p>The facility manager and clinical manager are aware of statutory responsibilities in regard to essential notification. Section 31 reports completed since the previous audit include stage three pressure injuries, one fire evacuation (false alarm), and the newly appointed clinical manager.</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>	FA	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development. Eight staff files were randomly selected for review (four HCAs, four staff RNs). Files reflected evidence of the recruitment and induction process, including reference checking, signed employment contracts, job descriptions and completed orientation programmes. The orientation programme provides new staff with relevant information for safe work practice that is specific to the position. Staff interviewed stated that new staff were adequately orientated to the service.</p> <p>An education and training programme is provided for staff. Mandatory training topics are offered twice per year and are supported by the recent addition of online learning. Competencies are completed specific to worker type and include (but are not limited to) medication/controlled drugs, health and safety, restraint, insulin, fire evacuation, wound care, and handwashing/personal protective equipment (PPE).</p> <p>A Careerforce assessor is employed by the service. Out of 27 HCAs, two have completed a level two Careerforce qualification in health and wellbeing (or equivalent), two have completed a level three qualification and five have completed a level four qualification. Two have completed the dementia</p>

		<p>qualification.</p> <p>A register of current practising certificates for health professionals is maintained. Five of ten RNs and ENs have completed their interRAI training. A first aid trained staff is available 24/7, including on outings.</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>	FA	<p>The service has a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The CEO and the nurse manager are on site full time and available after hours. The registered nurses are rostered 24/7. Agency staff are used when required.</p> <p>The facility has two wings:</p> <p>Fraser wing (first level): 5 rest home and 15 hospital residents: One RN is rostered on the AM and PM shifts with one RN rostered on the night shift for the entire facility. HCA staffing: AM - two long (eight-hour shifts) and one short shift (to 1330); PM – one long and two short shifts (1630 – 2300; 1700 – 2230); night - one HCA.</p> <p>McMahon wing (ground level): 8 rest home and 15 hospital residents: One RN or EN is rostered on the AM and PM shifts. HCA staffing: AM - two long and one short shift (to 1330); PM – one long and two short shifts (1630 – 2300; 1700 – 2230); night - one HCA.</p> <p>Interviews with residents and families confirmed staffing overall was satisfactory.</p>
<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>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files demonstrate service integration. Entries are legible, dated, timed and signed by the relevant HCA or RN, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely,</p>	FA	<p>The service has admission policies and processes in place. The clinical manager screens all potential residents prior to entry. All residents had the appropriate needs assessments prior to admission to the service. There is an enquiry pack that outlines services able to be provided. The admission pack included information on the code of rights, advocacy service complaint process and admission agreement. Residents and relatives interviewed confirmed they had the opportunity to discuss the admission agreement</p>

and respectful manner, when their need for services has been identified.		with the CEO or clinical manager. The admission agreement form in use aligns with the requirements of the age-related residential care (ARRC) contract. Admission agreements were signed in all residents sampled records and scanned onto the electronic system.
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. The service utilised the 'yellow envelope' system, nurses interviewed described the procedure around transferring a resident to hospital or another facility including providing a verbal handover. Relatives are notified if transfers occur.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All medicines are stored securely. Registered nurses, and enrolled nurse's complete annual medication competencies and medication education. Healthcare assistants complete second checked medication competencies. Medication reconciliation occurs against the robotic rolls (for regular medications) and blister packs (for 'as required' medications). There were no standing orders or hospital impress stock. The service utilises 'nurse-initiated medications' which were all prescribed on the electronic system for each resident. Records of medication reconciliation are entered into the electronic medication system. Any discrepancies are fed back to the supplying pharmacy who are available after hours if required. There were three rest home residents self-medicating eye drops and inhalers, all had current self-medication competencies in place which were reviewed three-monthly by the GP. The medication fridge temperature and medication room temperature are being monitored daily and both were within acceptable limits. All eyedrops were dated on opening. Ten medication charts on the electronic medication system were reviewed. All charts had photo identification and allergy status documented. The effectiveness of 'as required' medications were recorded in the electronic medication system. All long-term medications charts had been reviewed by the GP three monthly.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is	FA	The service employs a qualified chef as the kitchen manager and all food is cooked on site. A food control plan is verified with an expiry date of 31 March 2022. The food service level is supported by a team of five cooks and kitchenhands. There is a four-weekly seasonal menu which has been reviewed by a dietitian. Dietary needs are known with individual likes and dislikes accommodated. Pureed meals, mince and moist and special diets are provided. Resident dislikes and food allergies are known and accommodated. Meals for residents in the rest home are plated and served to residents in the adjacent dining room. Meals are

<p>a component of service delivery.</p>		<p>plated and served from the servery into the dining room. Residents who prefer meals in their rooms have meals plated and delivered on trays in insulated containers.</p> <p>Staff were observed assisting residents with their meals and drinks in a respectful way. There are daily chiller, fridge and freezer temperatures taken and recorded. End-cooked food temperatures are taken. Cleaning schedules are maintained. Dishwasher rinse and wash temperatures are monitored. All food services staff have completed food safety and hygiene and chemical safety.</p> <p>Residents have the opportunity to feedback on the food services through resident meetings and surveys. Residents and relatives commented positively on the meals 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>Montecillo Veterans Home & Hospital records the reason for declining entry to potential residents should this occur and communicates this to potential residents/family/whānau and refers them back to the referral agency. The reason 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>Files reviewed indicated that all appropriate personal needs information was gathered during admission in consultation with the resident and their relative where appropriate. An initial assessment was completed on admission. Relevant risk assessment tools (paper-based) were completed including falls, pressure injury risk, pain assessment, nutritional risk and continence assessment. The outcomes of risk assessments were included in the initial assessment and long-term care plans. The first interRAI assessment had been completed for long-term residents within 21 days of admission and six-monthly as part of the six-monthly care plan evaluations. Risk assessment tools were reviewed at least six-monthly or when there was a change to a resident's health condition.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The long-term care plans are generated within the electronic resident management system. The long-term care plans reviewed described the individualised support required to meet the resident's goals and needs and identified allied health involvement in the care of the resident. The interRAI assessment and the risk assessments inform the development of the resident's care plan. Residents and their family/whānau interviewed reported that they are involved in the care planning and review process. Short-term care plans are in use for changes in health status and either resolved or transferred to the long-term care plan as an</p>

		ongoing problem.
<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>Care plans reviewed were goal orientated and met the resident needs. Residents and relatives interviewed stated their needs are being met. If a resident's condition changes the RN initiates a GP consultation.</p> <p>There were nine wounds including two stage 2 pressure injuries: three rest home (one abrasion, and two skin tears). Six hospital; one resident with two non-facility acquired stage 2 pressure injuries and three skin tears, and one resident with a skin tear. Electronic wound assessments had been completed for all wounds including a body map, sizes and photos as required. Evaluations and change of dressings had occurred at the documented frequency. Chronic wounds had been linked to the long-term care plan. The wound care specialist has been involved with the two pressure injuries. Photos are uploaded to the electronic wound charts. Short term care plans were in place for acute wounds. The RNs can access advice and support from the district nurses and wound nurse specialist at the DHB. There was sufficient pressure relieving devices in use and available.</p> <p>There is specialist continence advice as required.</p> <p>Monitoring records sighted included weights, vital signs, neurological observations, bowel records, food and fluids, blood sugar levels, pain, two hourly repositioning charts, fluid balance and challenging behaviour monitoring charts. Resident weights were noted to be monitored monthly or more frequently if necessary.</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>	FA	<p>The recently employed activities coordinator (qualified occupational therapist) has been in her role for a week and has a current first aid certificate. She is employed from 9.30 am to 4 pm Monday to Friday.</p> <p>An activities assessment is completed for residents shortly after admission which includes religious and cultural preferences. The information gained is used to develop the social, cultural and spiritual care plan. The interventions in the care plans reviewed were detailed and personalised.</p> <p>The activities coordinator is continuing with the current activities programme, which is varied and includes group games, exercises, newspaper reading, gardening, and one on one time. Currently there is a weekly planner in place. Volunteers read the newspaper, and chat one-on-one to residents. There are guest speakers from different community groups who attend regularly. Unfortunately, the regular church services were disrupted during Covid-19 lockdown periods, the activities coordinator is currently working with the padre to provide church services.</p> <p>The activities coordinator has interviewed all of the residents and is planning to set up activities for residents with similar interests and is planning ways to utilise all of the residents' communal areas on both floors. The activities coordinator plans to engage with the local cultural groups, schools, the university and</p>

		<p>kindergartens in the community to develop relationships and support the residents to have engagement with the community.</p> <p>Resident meetings are held which provides a forum for residents to provide suggestions and feedback on the service. The kitchen manager attends (when appropriate).</p> <p>Montecillo has a car to transport more able residents to appointments, however there is also a van which is hired regularly so residents can go on outings. Residents and relatives interviewed were complimentary of the activity programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The initial care plan is evaluated in consultation with the resident/relative and long-term care plans developed. Long-term care plans reviewed had been evaluated six monthly or earlier for any changes to health. The resident/relative are invited to attend the multidisciplinary review (MDT) with the RN. There is a written evaluation against the resident goals that identifies if the goals have been met or unmet. Long-term care plans are updated with any changes to meet the resident goals. Short-term care plans were evident for the care and treatment of short-term problems for residents, and these had been evaluated, closed or transferred to the long-term care plan if the problem was ongoing.</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>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. The clinical manager and nurses interviewed described referrals to the need's assessment team for reassessment of residents' level of care when required.</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</p>	FA	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Chemicals are stored safely in locked areas. Chemicals sighted were labelled correctly and safety data sheets and product information is readily available to staff. Gloves, aprons and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Staff have completed chemical safety training.</p>

<p>result of exposure to waste, infectious or hazardous substances, generated during service delivery.</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 facility has a building systems status certificate provided by the city council which was issued on 15 March 2021 and expires when the building warrant of fitness is due in August 2021. This certificate declares the emergency systems and the building is safe for use, but due to the Covid-19 lockdown period essential checklists were not completed.</p> <p>There is a maintenance person employed 20 hours a week. There is a maintenance request book at the front entrance that is checked daily and signed as repairs are completed. The planned maintenance programme has been completed to date, including electrical testing and tagging of electrical equipment, calibration and testing of clinical equipment, monthly call bell audits and monthly hot water temperatures. Hot water temperatures in resident areas are maintained below 45 degrees. Essential contractors are available 24-hours.</p> <p>The physical environment allows easy access/movement for the residents and promotes independence for residents with mobility aids. There is ramp access to the outdoors with landscaped gardens and raised garden beds. There is outdoor seating and shade provided.</p> <p>The RNs and HCAs interviewed stated they have all the equipment required to deliver safe resident care.</p> <p>There are two small courtyard areas at the front of the facility, this provides seating and shade for residents. Residents are assisting developing flower and vegetable gardens of various heights. There are two identified smoking areas for residents which have been fitted with sprinkler systems.</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</p>	<p>FA</p>	<p>All rooms are single and have full ensuite facilities. There are communal toilets located close to communal lounges and dining areas with privacy locks. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p>

hygiene requirements.		
<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	All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. Name plates for residents include the residents name, dates and location of where they served in the forces.
<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	The lounge dining area on the ground floor is large and spacious. Meals are served to residents in the dining room directly from the kitchen. The lounge area is used for activities and large gatherings. There are two smaller lounges on the ground floor, one is used as a meeting room, and one used by residents and relatives. The chapel/family room provides a quiet space for families to use. Upstairs has a library and small lounge areas. Corridors are tastefully adorned with veteran memorabilia, photos and posters from the war era. There is lift access between the floors ensuring all areas are accessible for all residents.
<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>There are 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 designated laundry staff. There is a well organised dirty entrance and clean exit. There are commercial washing machines and dryers. Personal protective equipment is available including aprons, goggles and gloves which staff were witnessed utilising during the audit. Chemicals are locked securely, there is a closed system in place for the washing machines. Residents and relatives interviewed were complimentary of the laundry service.</p> <p>Staff attend infection prevention and control education and there is appropriate protective clothing available. Manufacturer's safety data charts are available for reference if needed in an emergency.</p> <p>Housekeeping staff are employed seven days a week. Chemicals on the cleaning trolley were within line of sight during the audit. The housekeeping and laundry staff were knowledgeable around infection control practices and extra precautions required. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the facility.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security</p>	FA	Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months (at a minimum) with the last fire drill taking place on 8 December 2020.

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>There is a New Zealand Fire Service approved evacuation scheme.</p> <p>The orientation programme and annual education and training programme includes fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, water, and blankets. A gas cooker is available on the premises.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity.</p> <p>There is a minimum of one staff available 24 hours a day, seven days a week with a current first aid/CPR certificate.</p>
<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>General living areas and all resident rooms are appropriately heated and ventilated. All rooms and communal areas have external windows that open allowing plenty of natural sunlight. A radiator system heats the facility, with individual heating in each resident's room. On the days of audit, the general living areas and resident rooms were appropriately heated and ventilated. Residents and family interviewed stated the environment is comfortable.</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>The infection control coordinator (IC) is a registered nurse with a defined job description that outlines the role and responsibilities. The infection control team (quality team) which includes representatives from each area of the service meet monthly. The IC programme is appropriate for the size and complexity of the service. The programme is approved and reviewed annually by the IC nurse, management and through the quality meetings. Meeting minutes are available to all staff and infection control is an agenda topic at staff meetings.</p> <p>There are adequate hand sanitisers placed throughout the facility. Residents and staff are offered the influenza vaccine. Posters are visible reminding visitors not to visit if they are unwell.</p> <p>Tracking and tracing remains in place. All visitors are temperature checked and complete wellness declarations in line with current Covid-19 guidelines.</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 coordinator manages infection control. The infection control coordinator has a knowledge of infection prevention and control and has access to infection control personnel within the district health board, public health laboratory services and the GP.</p> <p>Covid-19 was well prepared for. Policies, procedures and the pandemic plan have been updated to include Covid-19. Education sessions were held around isolation precautions, handwashing and donning and doffing personal protective equipment (PPE). The DHB Covid audit identified improvements around single use PPE which was addressed. A resource folder has been compiled containing detailed instructions for staff to follow for each level of lockdown including staffing. Red and green zones were identified. Residents, relatives and staff interviewed stated they felt they were kept updated of changes and current guidelines.</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>Montecillo Veterans home have a suite of infection control policies and an infection control manual is provided through an external provider, which reflect current practise and have been regularly reviewed. Policies and procedures have been updated to include Covid-19.</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>The infection control coordinator has completed Covid-19 swab education and is booked to attend the New Zealand Aged Care (NZACA) infection control education and is attending the infection control conference in September 2021. Regular infection control education occurs during the orientation process and is included in the annual education planner. Resident education occurs as part of care delivery.</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>Infection monitoring is the responsibility of the IC coordinator. Systems in place are appropriate to the size and complexity of the facility. All infections are entered into the electronic database, which generates a monthly analysis of the data. There is an end of month analysis with any trends identified and corrective actions for infection events above the industry key performance indicators. There are monthly and annual comparison of infection events. Outcomes and corrective actions are discussed at the infection control/quality meeting, registered nurse meetings and staff meetings. The GPs also monitor and review the use of antibiotics.</p> <p>There have been no outbreaks since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>CI</p>	<p>There are policies around restraint minimisation. The nurse manager is the designated restraint coordinator. The facility is awarded a rating of continuous improvement for remaining restraint free since July 2019. Staff receive annual training on restraint minimisation, which includes competency assessments. The HCAs interviewed were able to describe the difference between an enabler and a restraint. The service is not using enablers.</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 2.1.1.4</p> <p>The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.</p>	CI	<p>Montecillo has been restraint free since July 2019. Staff receive regular education on restraint minimisation with the most recent in-service occurring on 18 February 2021. They also complete annual restraint competency assessments (March 2021).</p>	<p>The facility has been restraint free since July 2019 without any corresponding increase in residents' falls. The restraint coordinator interviewed commented that the use of restraint is frequently from family pressure who request the used of bedrails following a resident's discharge from public hospital where bed rails were in use. A significant amount of time is spent between the restraint coordinator and families, educating families about the risks of restraint and the positive benefits of not using restraint. Residents are provided with a trial of staying restraint-free with regular checks and toileting; and landing mats or sensor mats put into place. The restraint coordinator also communicates regularly with families to assure them that risks are minimised. Staff support a restraint-free environment and receive regular training on how to maintain a restraint free environment.</p>

End of the report.