

Te Whare Hononga Limited Partnership - Monte Vista Residential Care

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: Te Whare Hononga Limited Partnership

Premises audited: Monte Vista Residential Care

Services audited: Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 25 May 2021 End date: 26 May 2021

Proposed changes to current services (if any): The service is also certified for hospital-medical level care. However, this appears to have been removed from their certificate following the provisional audit in 2019. The service has been verified as suitable to provide hospital-medical level care. Can this please be re-added to their current certified levels.

Total beds occupied across all premises included in the audit on the first day of the audit: 37

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
	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
	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

Monte Vista Residential Care is owned and governed by Ngati Tuwharetoa and provides rest home and hospital (geriatric and medical) level care for up to 41 residents. On the day of the audit, there were 37 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, residents, management, staff, and the board chairperson.

The facility manager is appropriately qualified and is supported by a clinical coordinator (registered nurse) who oversees the clinical services. The residents and relatives commented positively about the care and services provided at the service. Key improvements have been the increased occupancy by Māori and the holistic care provided by managers and staff.

There were no areas for improvement identified as part of this certification audit.

The service has exceeded the standard expected in three areas: communication with family particularly during Covid-19 pandemic, for food services, and for a restraint free environment.

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.
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Policies are documented to support resident rights and residents stated that their rights are upheld. Systems protect their physical privacy and promote their independence. Individual care plans include reference to residents' values and beliefs. Residents and relatives are kept up to date when changes occur or when an incident occurs. Systems are in place to ensure residents are provided with appropriate information to assist them to make informed choices and give informed consent.

A complaints policy is documented that aligns with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). A complaints register is maintained. Consents are documented by residents or family and there are advance directives documented if the resident is competent to complete these.

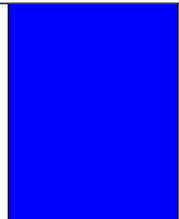
Organisational management

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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Monte Vista has strong leadership from the Board and from the facility manager who is supported by the clinical coordinator. There is a quality and risk management system that is well implemented. Key components of the quality management system include management of complaints, implementation of an internal audit schedule, annual satisfaction surveys, incidents and accidents, review of infections, and review of risk and monitoring of health and safety, including hazards. Monthly quality data and benchmarking reports are discussed at facility meetings.

Human resource policies are in place, including a documented rationale for determining staffing levels and skill mixes. A roster provides sufficient and appropriate staff coverage for the effective delivery of rest home and hospital level of care. The education programme includes mandatory training requirements, competencies, and external training opportunities.

Continuum of service delivery

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.
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The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. These are then reviewed and discussed with the resident and/or family/whānau input. Care plans are reviewed at least six-monthly. Resident files include medical notes by the contracted general practitioners (GPs), and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for the administration of medicines complete education and medication competencies. The electronic medication charts are reviewed three-monthly by the general practitioner.

The activities coordinator implements the activity programme to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain social links and have meaningful input into their community. There are regular entertainers, outings, and themed celebrations. Residents and families reported satisfaction with the activities programme.

Food services and meals are prepared on site. There has been a dietitian review of the menu and there is a current food control plan. All kitchen staff have been trained in food safety and hygiene. A contracted dietitian reviews the organisation's menu plans.

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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Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Staff are provided with access to training and education to ensure safe and appropriate handling of waste and hazardous substances. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated.

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Cleaning and laundry services are monitored through the internal auditing system.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days.

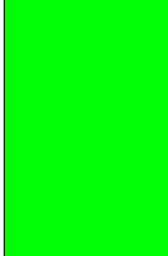
Restraint minimisation and safe practice

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 and monitoring of an approved enabler or restraint if this were to be used. A registered nurse is the restraint coordinator. Staff interviewed were

knowledgeable about restraint minimisation and competencies are completed annually. There is no restraint used in the service and one enabler in place on the day of audit.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (clinical coordinator) is responsible for coordinating education and training for staff. The infection control coordinator (ICC) has completed annual training provided by the local DHB.

There is a suite of infection control policies and guidelines available to support practice. The ICC uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. There has been one outbreak in the previous year which was appropriately managed.

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	4	41	0	0	0	0	0
Criteria	4	89	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 Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. A policy relating to the Code is implemented and managers and care staff interviewed, (Board chairperson, facility manager, clinical coordinator, three registered nurses (RN), four caregivers, maintenance, one laundry staff, kitchen manager, and one activity coordinator) could describe how the Code is incorporated into their everyday delivery of care for the rest home and hospital residents.</p> <p>Nine rest home residents (six rest home including one resident using respite services and three hospital including one young person with a disability) and seven relatives interviewed (four rest home and three hospital), confirmed that information has been provided around the Code. Residents stated their rights are respected when receiving services and care. Staff have completed training around the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) in the last year.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. Written general consents reviewed in seven resident files (three hospital, including one YPD and four rest home, including one YPD and one respite resident) were signed by the resident or their enduring power of</p>

<p>provided with the information they need to make informed choices and give informed consent.</p>		<p>attorney (EPOA).</p> <p>Advanced directives and/or resuscitation status are signed for separately by the competent resident. Copies of EPOA are kept on the residents file where required and activated where necessary. Caregivers and registered nurses (RN) interviewed, confirmed verbal consent is obtained when delivering care. Discussion with family members stated that the service actively involves them in decisions that affect their relative's lives.</p> <p>Seven resident files reviewed had signed admission agreements.</p>
<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>	<p>FA</p>	<p>Health and disability advocacy information is included in the information provided to new residents and their family/whānau during their entry to the service. Brochures and contact numbers are available to residents and family. Local chaplains are readily available as resident/relative advocates. Field officers such as Parkinson's and Alzheimer's provide support for residents/family and staff. Residents are invited to the Age Concern activities in the community.</p> <p>Residents interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff receive education on the role of advocacy services during their induction to the service and ongoing, as part of the annual education plan.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>CI</p>	<p>The service encourages their residents to maintain their relationships with friends and community groups. Families are encouraged to visit at any time. Residents may have visitors of their choice at any time. Relatives interviewed stated they are made welcome whenever they visit. Residents are encouraged to maintain community links such as attending church services and community events. Community groups visit the home as part of the activities programme.</p> <p>The service has received a rating of continuous improvement for the way in which they communicated with residents and family during the Covid-19 pandemic and for the way in which family/whānau welcomed and supported to be with their family member.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected,</p>	<p>FA</p>	<p>There is a complaints policy to guide practice which aligns with Right 10 of the Code. The privacy officer (facility manager) leads the investigation of any concerns/complaints in consultation with the clinical coordinator for any clinical complaints. Complaints forms and a complaints/suggestion box are visible at the main entrance to the facility. There have been three complaints made for 2020 and two complaints to date for 2021. All verbal and written complaints have been managed appropriately</p>

and upheld.		and within the required timeframes to the satisfaction of the complainant. Residents and families interviewed are aware of the complaints process.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families. The facility manager/registered nurse or clinical coordinator discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code and complaints process are included in the resident meetings. Residents and relatives confirmed they receive sufficient verbal and written information to be able to make informed choices on matters that affect them.</p> <p>The service has available information on the Code at the main entrance to the facility. The code of rights and advocacy brochures are displayed and there is a welcome information folder that includes information about the Code.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>During a tour of the facility it was evident that the residents' privacy and dignity was maintained. Caregivers were observed to knock on doors before entering resident bedrooms. Care staff confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and relatives interviewed during the audit confirmed that the residents' privacy is respected. Guidelines on abuse and neglect are documented in policy. The residents' personal belongings are used to decorate their rooms as viewed on the day of audit.</p> <p>Resident's cultural, social, religious, and spiritual beliefs are identified on admission and included in the resident's care plan/activity plan, to ensure the resident receives services that are acceptable to the resident/relatives.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. There is a cultural safety and awareness policy and guidelines for understanding Māori cultures that aligns with the four cornerstones of Māori health. The policy includes references to other Māori providers that are available such as the on-site cultural advisor (also the activity coordinator), kaumātua and local marae committee representatives, Māori minister and interpreter services.</p> <p>The service has 25% of the occupancy as residents who identify as Māori. This has risen from 3% to 5% since the ownership by Ngati Tuwharetoa. The service provides access to Māori services and have a cultural advisor on staff, a kaumātua who provides cultural support, and daily karakia. There</p>

		are links to other Māori cultural services and support groups. Māori residents have basic details of cultural needs identified in the long-term care plans. Care staff interviewed were knowledgeable around the recognition of Māori culture and the support they could access as required. Two Māori residents interviewed stated their cultural beliefs and values were being met and this was confirmed by two family members who identified as Māori.
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs, culture, values, and beliefs at the time of admission. This is achieved in collaboration with the resident, whānau/family and/or their representative. Beliefs and values are incorporated into the residents' care plans in resident files reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the residents plan of care, which included the identification of individual values and beliefs. There was documented evidence of the service acknowledging other cultures around values, beliefs, religion, and food.</p> <p>The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Staff recognise and respond to values, beliefs, and cultural differences. Residents are supported to attend church services of their choice and are supported to attend other cultural community groups as desired.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Professional boundaries are also described in individual employment agreement and job descriptions. Interviews with the staff confirmed their understanding of professional boundaries including the boundaries of their role and responsibilities.</p> <p>The staff employment process includes the signing of an employment agreement which includes a code of conduct and house rules. Professional boundaries are defined in job descriptions and discussed with employees on employment to the service. Caregivers and RNs could describe how they build a supportive relationship with each resident. Residents interviewed stated they are treated fairly and with respect. Relatives interviewed stated staff are kind and respectful towards them and their loved ones.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service has policies and procedures, equipment, and resources to support ongoing care of residents. The quality programme has been designed to monitor contractual and standards compliance and the quality-of-service delivery in the facility. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Meetings are conducted to</p>

		<p>allow for timely discussion of service delivery and quality of service including health and safety.</p> <p>The service meets the individualised needs of residents who have been assessed as requiring rest home or hospital level care as identified through interviews with care staff and through an audit of resident files.</p> <p>Residents interviewed spoke very positively about the care and support provided and family members stated that the service was 'excellent'. Both family and residents interviewed stated that the managers had an open-door policy. Staff interviewed had a sound understanding of principles of aged care and stated that they are supported by the management team. Caregivers complete training and competencies relevant to their practice.</p> <p>The board chairperson described the move by the service to uphold the tikanga of Ngati Tuwharetoa. They also described the positive feedback received from residents and family/whānau.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Management promote an open-door policy. Relatives/residents are aware of the open-door policy and confirmed on interview that the staff and management are approachable and available. Residents have the opportunity to feedback on service delivery through monthly resident meetings and the annual resident/relative survey.</p> <p>A total 22 accident/incident forms reviewed from November 2020 to 2021 to date, evidenced relatives are informed of any incidents/accidents. Relatives interviewed stated they are notified promptly of any changes to resident's health status.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. An interpreter service is available if required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Monte Vista Residential Care is currently certified to provide rest home and hospital level for up to 41 residents. The service is also certified for hospital-medical level care. However, this appears to have been removed from their certificate following the provisional audit in 2019. This audit verified them as suitable to provide hospital-medical level care.</p> <p>There are 40 dual-purpose beds and one rest home bed. On the day of audit there were 37 residents. There were 23 rest home residents including one younger person with a physical disability and two using respite care, and 14 hospital level residents including two residents using respite services. There were no residents under the primary options contract or under a medical contract. One resident was under an ACC contract (hospital level care). All other residents were under the Age-Related Care contract.</p>

		<p>Monte Vista Residential Care is owned and governed by Ngati Tuwharetoa. Nga Pou e Toru was confirmed by Ngati Tuwharetoa as the aspiration for the settlement of claims and is a paradigm that embodies the tikanga. The three pou that encompass the kawa tikanga, Matauranga and values of Ngati Tuwharetoa. The strategic plan was developed by the directors of Te Haeata who provide governance and oversight of the operations of Monte Vista. A business plan 2021 to 2022 is documented with objectives, actions, and indicators to determine progress. The business plan is reviewed at the board meeting. The facility manager provides a monthly report to the board about operations with this discussed at the monthly board meeting.</p> <p>The facility manager of Monte Vista Residential Care is a registered nurse (RN) who has extensive experience as a manager in the aged care sector. The facility manager has been in the role for nine years with qualifications that include a postgraduate diploma in management, a postgraduate diploma in public health and 30 years' experience in aged care. The facility manager is supported by a clinical coordinator, who has been in the position since February 2021 with six years' experience in aged care.</p> <p>Both the facility manager and clinical coordinator have completed at least eight hours of training in the last year relating to their roles.</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 facility manager and clinical coordinator share the on-call component (alternate weeks) and cover for each other's leave.</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>Monte Vista Residential Care has a quality and risk management system implemented. Policies are reviewed at least two yearly or as changes occur (e.g., with legislation, with policies available both in hard copy and online [intranet]). Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards.</p> <p>The annual residents/relatives survey for the service was last completed in November 2020 with 56% respondents. There was a high level of satisfaction from 87% of respondents.</p> <p>The facility has implemented established processes to collect, analyse and evaluate data, which is</p>

		<p>utilised for service improvements. Results are communicated to staff across a variety of meetings and reflected actions being implemented and signed off when completed. The service is implementing an internal audit programme that includes aspects of clinical care. Issues arising from internal audits are developed into corrective action plans with evidence of resolution of issues as these are identified. Monthly and annual analysis of results is completed and provided to staff and to the board. There are monthly accident/incident reports that break down the data collected across the different levels of care. Health and safety internal audits are completed. Improvements are made as a result of analysis and discussion of data.</p> <p>There are schedules for training, meetings, and audit requirements for the year. The meeting schedule includes monthly staff and quality (including infection control) meetings. There are six-weekly to bi-monthly resident and family meetings. Health and safety is a part of each meeting. There is a monthly clinical meeting attended by the clinical manager and the RNs.</p> <p>There is a health and safety and risk management programme in place including policies to guide practice. The service addresses health and safety by recording hazards and near misses, sharing of health and safety information and actively encourage staff input and feedback. The service ensures that all new staff and any contractors are inducted to the health and safety programme with training completed by staff as part of orientation (staff records confirmed that these had been completed). Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. A health and safety representative was interviewed, and they could describe their role as per legislation and policy. Staff were able to give examples of where improvements had been made after issues had been raised.</p> <p>There have been a number of improvements in the service since the last audit. They include improvements in occupancy for Māori, refurbishment of rooms, and a partnership between the board, managers, and staff.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>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 organisation's quality and risk management programme and is used for comparative purposes. Incidents are coded in severity. All resident incidents logged with a high severity are immediately escalated to the clinical manager and directors.</p> <p>Twenty-two accident/incident forms were reviewed (one skin tear, two falls, ten unwitnessed falls, five absconding, two behaviour and two classified as other). Each event involving a resident reflected a clinical assessment and follow-up by a RN. All unwitnessed falls had consistent evidence of routine neurological observations over a 24-hour time frame.</p>

		The management are aware of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications made since the last audit include consist of notification of a new clinical coordinator. Public health authorities were notified for one respiratory outbreak
<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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Seven staff files reviewed (clinical coordinator, two RNs, two caregivers, activities coordinator, and kitchen manager) evidenced implementation of the recruitment process, employment contracts, completed orientation and annual performance appraisals. Performance appraisals are completed three-monthly after employment and annually thereafter. A register of practising certificates is maintained for qualified staff and allied health professionals involved in the service.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g.: RN, support staff) and includes documented competencies. Caregivers interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service. Caregivers complete an orientation booklet within 90 days. Of the 21 caregivers employed, there are five caregivers with NZQA level one, four with level two, three with level three and five with level four. There are two caregivers completing level three and one completing level four training.</p> <p>An annual education planner includes mandatory training and role specific training including clinical education and in-service for support services. Core competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files). Competencies include fire safety, medication, manual handling, controlled drug checking, use of restraint and hand hygiene. There are other training opportunities with external speakers and study days such as Hospice palliative care courses. Staff have had extensive training around Covid-19 and in how to manage in the event of an outbreak. All staff have received training around the use of personal protective equipment.</p> <p>There are six RNs employed. Three RNs and the clinical coordinator have completed interRAI training.</p> <p>The activities coordinator is also the cultural advisor for the service.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely,</p>	FA	<p>The staffing levels meet contractual requirements. The facility manager and clinical coordinator work full-time from Monday to Friday.</p> <p>There is one RN on each shift seven days a week. The RNs are supported by an adequate number</p>

<p>appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>of caregivers.</p> <p>The facility is divided into four wings of dual-purpose beds: Tongariro – 13 beds (7 hospital residents and 4 rest home residents); Ngauruhoe – 10 beds (6 rest home and 3 hospital residents including one YPD); Ruapehu – 8 beds (7 rest home residents and 1 YPD hospital resident); Tauhara – nine beds (6 rest home including one YPD and 3 hospital residents). All bedrooms are identified as dual purpose. The rest home bedroom is now an office.</p> <p>There are two teams of caregivers (four caregivers on the morning shift including two on a full shift and, one from 7 am to 1.30 pm and one from 7 am to 2.30 pm; and four on the afternoon shift including two on a full shift, one from 3 pm to 9 pm and one from 4 pm to 8 pm). The caregivers are paired on each shift with two for Tongariro and Ngauruhoe wings and two for Ruapehu and Tauhara wings.</p> <p>On night shift there are two caregivers on the full shift.</p> <p>Staff interviewed, advised that there are sufficient staff on duty at all times. Interviews with residents and relatives confirmed that there are sufficient staff on duty.</p> <p>There is an activity coordinator from 8 am to 4.30 pm.</p> <p>There are designated staff for food services, housekeeping and laundry, maintenance, and administration.</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>	<p>FA</p>	<p>There are electronic resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual electronic record. Resident clinical and allied health records are integrated. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. All entries in the progress notes are identifiable by date, time, writer, and designation. In the event of a computer failure, data can be accessed from the other cloud.</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</p>	<p>FA</p>	<p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. The facility manager and clinical coordinator screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident.</p> <p>The service has an information pack available for residents/families/whānau at entry. The admission information pack outlines access, assessment, and the entry screening process. The service</p>

<p>identified.</p>		<p>operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their families. Resident agreements contain all detail required under the Aged Residential Care Agreement. The seven admission agreements reviewed meet the requirements of the ARCC and were signed and dated. Exclusions from the service are included in the admission agreement.</p> <p>Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Family members reported that the facility manager or clinical coordinator are available to answer any questions regarding the admission process.</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>	<p>FA</p>	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The clinical coordinator interviewed could describe the procedure for when a resident's condition changes and the resident needs to be reassessed for a higher or different level of care. Discussion with the clinical coordinator and registered nurses identified that the service has access to a wide range of support either through the GP, specialists, and allied health services as required.</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>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There was one resident self-medicating on the day of audit, who had been assessed as competent to self-administer by the RN and GP. The resident's room was visited and confirmation that the medications were stored securely obtained. All legal requirements had been met. There are no standing orders in use, and no vaccines stored on site.</p> <p>The facility uses an electronic medication management and robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. Registered nurses administer medications, have up-to-date medication competencies and there has been medication education in the last year. Registered nurses have syringe driver training completed by the hospice. The medication fridge and room temperatures are checked daily and are within the acceptable range. Eye drops viewed in the medication trolley had been dated once opened.</p> <p>Staff sign for the administration of medications electronically. Fourteen medication charts were reviewed. Medications are reviewed at least three-monthly by the GP. There was photo identification and allergy status recorded. 'As required' medications had indications for use charted.</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>CI</p>	<p>All baking and meals are cooked on site at Monte Vista. The cooks and three kitchenhands have completed food handling through orientation and via external national programmes. The summer and winter menus are reviewed two-yearly by an external consultant dietitian (March 2021). Food is served directly from the kitchen to the adjacent dining room. Kitchen fridge/freezer temperatures and food temperatures are monitored at least daily. Food stored in the fridge and chillers is covered and dated.</p> <p>Dry goods are stored in dated sealed containers in the pantry and kept off the ground. Chemicals are stored safely. Cleaning schedules were sighted and maintained. The service has a food plan registered with MPI (June 2018) and has verification in place. Monte Vista has an organisational process whereby all residents have a nutritional profile completed on admission, a copy of which is provided to the cook who is also notified (daily where necessary) of any dietary changes, weight loss or other dietary requirements. There are two choices for the midday meal. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated. There are lists maintained within the kitchen of the resident's key alerts regarding allergies or food dislikes/preference for staff reference. Special equipment such as lipped plates and built-up spoons are available as required. Residents/relatives spoken to stated that the food was excellent.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service records the reason for declining service entry to potential residents should this occur and communicates this to the consumer and where appropriate their family/whanau member of choice. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there were no beds available. Potential residents would be referred back to the referring agency.</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 sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Initial interRAI assessments had been completed for all long-term residents' files reviewed. Ongoing interRAI reviews were evident for five of seven resident files sampled (excludes respite and a recent admission).</p> <p>Resident files reviewed identified that risk assessments are completed on admission and reviewed six-monthly as part of the evaluation unless changes occur prior, in which case a review is carried out at that time. Additional assessments for management of behaviour, pain, wound care, nutrition, falls and other safety assessments including restraint (if required), are appropriately completed according</p>

		to need. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans are resident-centred. Interventions documented support needs and provided detail to guide care. Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals, including the dietitian, wound care specialist and speech and language therapist. The care staff interviewed advised that the care plans were easy to follow. Integration of records and monitoring documents are well managed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition changes, the RN will initiate a GP consultation. Staff stated that they notify family members about any changes in their relative's health status. Care plans have been updated as residents' needs changed. Monitoring forms are in use as applicable, such as weight, vital signs, and wounds. All monitoring requirements including neurological observations had been documented as required. Nutrition has been considered, with fluid and fluid monitoring, regular weight monitoring and weight management implemented where weight loss was noted. The kitchen staff were aware of resident's dietary requirements and these could be seen documented and were easily accessible for staff in the kitchen. Interventions are documented in order to guide the care staff. Care staff interviewed, stated that they found these very helpful.</p> <p>Care staff stated there are adequate clinical supplies and equipment provided, including continence and wound care supplies and these were sighted.</p> <p>Wound assessment, wound management and evaluation forms are in place for all wounds. Wound monitoring occurred as planned and wounds included two skin tears, and two classed as 'other'. Registered nurses could describe the process of referral for wound nurse specialist involvement in chronic wounds/pressure injuries should this be required.</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</p>	CI	<p>The service employs an activities coordinator covering Monday to Friday, who plans and leads the activities in the home. There are monthly planned themes and events which the activities coordinator then adds to in order to individualise activities to resident need and preferences. A weekly activities calendar is distributed to residents, posted on noticeboards and is available in large print. On the days of audit residents were observed participating in activities. The activities coordinator seeks verbal feedback on activities from residents and families to evaluate the effectiveness of the activity</p>

<p>setting of the service.</p>		<p>programme, enabling further adaptation if required. Residents interviewed were positive about the activity programme.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. There are weekly outings to places chosen by the residents and there are regular entertainers visiting the facility. Special events like birthdays, Easter, Mothers' Day, Anzac Day, and other cultural festive days are celebrated. There are visiting community groups such as local church groups, pet therapy and visiting schools, and the residents also visit groups outside the community such as the local community garden project. The activities coordinator provides a range of activities which include (but are not limited to) exercises, swimming, crafts, games, quizzes, entertainers, gardening, and bingo. The activities coordinator and management team have actively sought to integrate Monte Vista residents in to their local community through joint activities and fund-raising initiatives for local charities.</p> <p>The activities coordinator is involved in the admission process, completing the initial activities assessment 'this is me', and having input in to the cultural assessment. An activities plan is completed within timeframes, a monthly record of attendance is maintained, and evaluations are completed six-monthly.</p> <p>Those residents who prefer to not to participate in communal activities receive one-on-one visits and individualised activities such as pampering sessions according to their preferences. YPD residents have individualised, age-appropriate activity care plans.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Long term care plans are evaluated by the RNs six monthly or earlier if there was a change in resident health status. Evaluations are documented and identify progress to meeting goals. A six monthly multi-disciplinary review is also completed by the registered nurse with input from caregivers, the GP, the activities coordinator, resident and family/whānau members and any other relevant person involved in the care of the resident. Care plan interventions are updated as necessary as a result of the evaluation. Activities plans are in place for each of the residents and these are also evaluated six-monthly. There are three-monthly reviews by the GP for all residents, which family are able to attend if they wish to do so. Short-term care plans are in use for acute and short-term issues. These are evaluated at regular intervals.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p>	<p>FA</p>	<p>Monte Vista facilitates access to other medical and non-medical services. Referral to other health and disability services is evident in the sample group of resident files. The RNs initiate referrals to nurse specialists, and allied health services. Other specialist referrals are made by the GP. Referrals and options for care were discussed with the family, as evidenced in medical notes.</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>		<p>Referral documentation is maintained on resident files. The registered nurse interviewed could describe examples of where a resident's condition had changed, and the resident care plan had been changed to reflect updated interventions accordingly. Discussion with the registered nurses identified that the service has access to a wide range of support either through the GP, specialists, and allied health services as 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 result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff. A spills kit is available.</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 building holds a building warrant of fitness which expires May 2022. There is a comprehensive planned maintenance programme in place. Reactive and preventative maintenance occurs.</p> <p>Electrical equipment has been tested and tagged, expiring March 2023. The hoist and scales are checked annually and are next due to be checked April 2022. Hot water temperatures have been monitored in resident areas and are within the acceptable range. Flooring is safe and appropriate for residential care. All corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and decked areas are well maintained. All external areas have attractive features, including views of Lake Taupo and are easily accessible to residents. All outdoor areas have some seating and shade. There is safe access to all communal areas.</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</p>	<p>FA</p>	<p>All bedrooms are single occupancy, and each have a hand basin. Four of the bedrooms have an ensuite with toilet, shower, and basin. There are adequate numbers of communal toilets located near the communal areas. Communal toilet/shower facilities have a system that indicates if it is engaged or vacant. Regular audits of the environment are completed as per the quality programme. Liquid soap and paper towels are available in all toilets. Fixtures, fittings, floorings, and wall coverings are in good condition and are made from materials which allow for ease of cleaning.</p> <p>Privacy curtains are in shower rooms. Residents interviewed reported their privacy is maintained at all times.</p>

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	<p>All resident rooms are single and spacious enough to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms. The doors are wide enough for ambulance trolley access. Staff interviewed reported that they have more than adequate space to provide care to residents.</p> <p>Residents are encouraged to personalise their bedrooms with personal belongings as viewed on the day of audit.</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 large and small communal areas within the facility including a large main lounge and adjacent dining room. Activities occur in the main lounge which is large enough to cater for the activities on offer, is accessible and can accommodate the equipment required for the residents. There are also private/quiet seating areas where residents who prefer quieter activities or visitors may sit. The lounge and dining area are spacious, inviting, and appropriate for the needs of the residents. Residents are able to move freely through and around these areas and furniture is placed to facilitate this. Residents were seen to be moving freely both with and without assistance during the audit.</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 done on site. There is a defined clean and dirty flow, and a separate clean sorting room for folding and ironing of laundry. There is a cleaning manual available. Cleaning and laundry services are monitored through the internal auditing system. The cleaners' equipment was attended at all times or locked away in the cleaners' cupboard. All chemicals on the cleaner's trolley were labelled. Sluice rooms were kept locked when not in use.</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>There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence, or other emergencies. All staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available within the facility and include water, food, and supplies (torches, radio, and batteries), emergency power and barbeque. The facility keeps sufficient emergency water for 3 litres per person, per day for more than 3 days for resident use on site.</p> <p>There is an approved fire evacuation scheme in place and six-monthly fire drills have been completed. A resident building register is maintained. Fire safety is completed with new staff as part</p>

		<p>of the health and safety induction and is ongoing. All shifts have a current first aider on duty.</p> <p>Residents' rooms, communal bathrooms and living areas all have call bells. Call bells and sensor mats when activated show on a display panel and also give an audible alert. Security policies and procedures are documented and implemented by staff. The buildings are secure at night and there is security lighting externally. The local community patrol checks external doors as part of a night routine.</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>All bedrooms and communal areas have ample natural light and ventilation. All heating is thermostatically controlled with staff and residents interviewed, stating that heating and ventilation within the facility is effective. There is a monitored outdoor area where residents may smoke. All other areas are smoke free.</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 programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Staff are well-informed about infection control practises and reporting. The infection control coordinator (clinical coordinator) is an RN who is responsible for infection control across the facility as detailed in the infection control coordinator job description (signed copy sighted on day of audit). The coordinator oversees infection control for the facility, reviews incidents on the electronic resident management system and is responsible for the collation of monthly infection events and reports. The facility management team are responsible for the development of, and annual review of the infection control programme.</p> <p>Hand sanitisers are appropriately placed throughout the facility. Visitors are asked not to visit if they are unwell. Residents are offered the influenza vaccine. There have been two outbreaks (respiratory and scabies) since the last audit. The respiratory outbreak was post flu vaccine and during Covid lockdown. All affected residents were swabbed for Covid-19, isolated and cared for using appropriate PPE until a negative result was obtained. Public health were involved, and both outbreaks were managed appropriately.</p> <p>An organisational Covid-19 strategy and pandemic plan was available to staff on site with links to education and associated resources relating to hand hygiene, PPE, and donning/doffing procedures. Covid-19 education was also provided for all residents, including hand hygiene and use of PPE, these details being passed on to families via email, skype and in writing. During Covid lockdown the service implemented weekly staff briefings which allowed for updates, education, and discussion. All</p>

		visitors are required to provide contact tracing information.
<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>There are adequate resources to implement the infection control programme at Monte Vista. The infection control coordinator liaises with the heads of departments who meet regularly and as required (more frequently during Covid lockdown). Information is shared as part of staff meetings and also as part of the registered nurse meetings. The infection control coordinator has completed annual training in infection control through the local DHB.</p> <p>External resources and support are available through an external specialist, microbiologist, GP, wound nurse and DHB when required. The GP monitors the use of antibiotics. Overall effectiveness of the programme is monitored by the facility management team.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection, and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies have been developed by an external consultant and then adapted to be facility specific by the clinical coordinator.</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 is responsible for coordinating education and ensuring staff attend the annual eight-hour mandatory education sessions which include an infection control dedicated section. Training on infection control is also included in the orientation programme. Staff have completed infection control study in the last 12 months. The infection control coordinator has also completed infection control audits.</p> <p>Resident education occurs as part of providing daily cares and as applicable at resident meetings.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme and the purpose and methodology are described in the Monte Vista surveillance policy. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Monthly infection data is collected for all infections based on standard definitions as described in the surveillance policy. Infection control data is monitored and evaluated monthly and annually. Trends are identified, and analysed, and preventative measures put in place. These, along with outcomes and actions are discussed at the registered nurse, staff, and head of department meetings. Meeting minutes are available to staff.</p> <p>Infections are entered into the electronic database to facilitate trend analysis. Corrective actions are established where trends are identified.</p> <p>Systems in place are appropriate to the size and complexity of the facility.</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 current policies and procedures around restraints and enablers. A registered nurse is the restraint coordinator and has a job description outlining the responsibilities of the role. The restraint coordinator has been in the role for 10 years. The philosophy is to have a restraint free service. There are no residents using restraint. One resident has a bedrail as an enabler. Voluntary consent was obtained for the resident using an enabler with clear documentation of risks of the device and rationale for the enabler in the care plan. Staff complete hourly intentional rounding and the use of the enabler is checked at this time. Staff receive training around restraint minimisation and challenging behaviours at least annually. Care staff interviewed were knowledgeable around challenging behaviours and de-escalation strategies to minimise use of 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
Criterion 1.1.12.1 Consumers have access to visitors of their choice.	CI	Managers and staff welcome family/whānau into the service. The service also offered additional forms of communication to residents and family/whānau so that they could remain connected through lockdown.	<p>There is a strong sense of manaakitanga in the service. Family described being welcomed at any time when they chose to be with family. Māori residents and family/whānau interviewed confirmed that their cultural needs were met, and the extended whānau were encouraged to visit and engage in the activities offered. On the day of audit, family members were observed being welcomed and being encouraged to participate in activities.</p> <p>During the Covid-19 pandemic and particularly during levels of lockdown, residents were provided each day with timeslots where they were supported by a dedicated staff member to skype with family. A Facebook page for the service was set up and family/residents informed that this was the source of information. Information was updated in real time. The activities coordinator also posted videos of residents engaging in activities. Residents were supported to use tablets and to engage in conversations through that medium. It was noted that a number of residents have continued to use these. Communication was also made on a daily basis with family through emails and phone calls.</p> <p>Facebook has continued to provide a forum to display activities and to</p>

			communicate with family. The residents now post activities through the activities coordinator who supports this including messages to loved ones.
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	CI	<p>The notice of registration had achieved verification of the Food Control Plan with the expiry date 30 September 2021. A further verification of the food control plan took place following the audit for certification.</p>	<p>The food control plan previously verified had no corrective actions or opportunities for improvement identified. The verification of the audit that occurred on the 26 May 2021 confirmed that the service did not have any corrective actions or opportunities for improvement. The residents and relatives unanimously praised the food services for variety, quality, and the choice with other options offered if the resident asked for this. Examples were given by staff around food services for residents losing weight including asking the resident what they wanted and providing this at the time. An emphasis is placed on providing food to meet cultural preferences including for Māori. The food satisfaction survey completed last in September 2020 showed that 96% of residents were satisfied with meal times, 91.3% were satisfied with portion size and temperature of served food.</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The 2019 and 2020 satisfaction surveys show high satisfaction relating to activities in the service. The approach that is implemented relating to activities is a focus of 'making a difference in the community'.</p> <p>The community programmes and events that have been implemented are supported and enjoyed by the residents, family, and the wider community.</p> <p>The facility held a gala in December 2020 and advertised in the local newspaper. The public and the facility arranged stalls with items for sale for fundraising for the local hospice. The residents from Monte Vista ran various stalls including a knit and knatter club</p>	<p>The activities programme shows evidence beyond the expected full attainment. The residents who wish to have an opportunity to contribute in a meaningful way to the wellbeing of the community are supported by the service and provided with opportunity. The 2019 and 2020 satisfaction surveys show high satisfaction relating to activities in the service. The approach that is implemented relating to activities is a focus of 'making a difference in the community'. The community programmes and events that have been implemented are supported and enjoyed by the residents, family, and the wider community. The activity programme evidenced the actions taken to make the programme meaningful to the residents.</p>

		<p>stall where residents knit goods for sale, with the proceeds being donated to the charity of the resident's choice (the local hospice for 2020). Interviews with the residents who participate in the 'knit and knatter' club confirmed their enjoyment in being able to make items for the benefit of the local community.</p> <p>The facility also takes residents to visit and participate in local community groups including the local community garden project, kohanga and kindergarten. Families and friends are able to view resident activities that have occurred in and out of the facility via the resident Facebook page set up by the activity's coordinator.</p> <p>Other residential care facilities in the area participate with Monte Vista residents in competitions and activities, Covid lockdowns apart.</p>	
<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</p>	CI	<p>Residents can voluntarily request and consent to enabler use. The service has reduced the use of restraint to zero since August 2020 when there had been one resident using a restraint.</p>	<p>This has been through a combination of reassessing residents and looking at other strategies to manage behaviour and falls. In the past, strategies to reduce or minimise the use of restraint have been minimal. The restraint coordinator has reflected on practice of using a restraint for one in 2020 with a commitment to use other interventions to manage any challenges. This includes hourly intentional rounding, use of a touch call bell when required, sensor mats, lo beds, air mattresses, regular toileting schemes, and implementation of strategies used to prevent skin injuries, continence, and urinary tract infections with discussion around safety and risk at each meeting (clinical and staff meetings). There is a proactive review of any issues through the multi-disciplinary meetings and care planning. Staff training is provided around restraint minimisation and management of challenging behaviours at least annually with the frequency of training</p>

independence and safety.			increased to three times in 2020 (April, August, and December) and once in 2021. All care staff and activities coordinator attend the training.
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End of the report.