

# The Hillview Trust Incorporated - Hillview Home and Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	The Hillview Trust Incorporated
<b>Premises audited:</b>	Hillview Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 6 July 2021      End date: 6 July 2021
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	52

# Executive summary of the audit

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## 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

Hillview Home and Hospital provides rest home and hospital level care for up to 52 residents. The service is operated by Hillview Trust Board Incorporated and managed by a general manager and a clinical services manager.

Changes reported since the previous certification audit in May 2019 are the appointment of a new general manager (GM) in November 2019, the transition from paper records to an electronic consumer and quality management information system upgrades to hospital bedrooms, bathrooms and other enhancements to the building interior.

The service provider has plans to add on two purpose-built rooms for use by people requiring respite/short stay services in the near future.

This surveillance audit was conducted against the Health and Disability Services Standards and the service provider's contract with Waikato District Health Board (WDHB). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, a visiting district health nurse and a general practitioner. All interviewees spoke positively about the care provided.

This audit identified one area requiring improvement which is related to the food control plan. The continuous improvement rating from the 2018 certification audit for reducing resident falls is ongoing.

## 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.
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Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required.

A complaints register is maintained with complaints resolved promptly and effectively

## 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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Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes internal audits, and the collection and analysis of quality improvement data. This is benchmarked with seven other facilities and identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and families.

Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review.

Staffing levels and skill mix meet the changing needs of residents.

## 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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Residents of Hillview Home and Hospital have their needs assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers and communication sheets guide continuity of care.

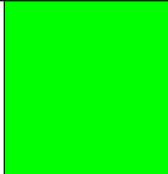
Care plans are individualised, based on a comprehensive and integrated range of clinical information. All residents' files reviewed demonstrated that needs, goals, and outcomes are identified and reviewed on a regular basis. Residents and family members of residents when interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is good.

The planned activity programme is implemented by a diversional therapist and a diversional therapy assistant, five days a week. The programme provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered or enrolled nurses, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. The kitchen was well organised and clean. Residents verified overall satisfaction with meals.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There is a current building warrant of fitness. The non-conformance related to the wet walls in one shower room was remedied within weeks of the last audit.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Staff have implemented policies and procedures which prevent and minimise the use of restraint interventions. Five restraints and four enablers were in use at the time of audit. The service is successfully preventing and minimising the use of restraints.

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

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	16	0	0	1	0	0
<b>Criteria</b>	0	39	0	0	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed said they understood how to raise concerns and would not hesitate to do so.</p> <p>Staff confirmed their understanding of the complaint process and said they always refer complainants to the GM who is responsible for the management of these.</p> <p>The complaints register recorded 17 complaints and concerns received from staff, residents and family members since November 2019. Interview with the GM and documents sighted showed that prompt and appropriate actions were being taken. Evidence was sighted that showed all parties were kept informed throughout the process until resolution was achieved. Improvements or changes required as a result of complaints were being implemented where possible.</p> <p>There have been no known complaints submitted to the DHB or HDC since the previous audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers</p>	<p>FA</p>	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. The open disclosure policy meets the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and staff clearly described the various</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>ways they maintain frank and honest communication and adhere to the principles of disclosure.</p> <p>Staff know how to access interpreter services, although this is rarely required as all residents speak English. A number of Maori residents are fluent in Te reo Māori as are a number of staff who converse and provide interpretation as and when needed. Non-verbal residents are supported to communicate using communication cards, and gestures.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents described annual and longer term objectives which are linked to operational plans. A sample of monthly reports to the trust board showed adequate information to monitor performance is reported including emerging risks and issues.</p> <p>The general manager took up the role in November 2019. This person has a background in business management and in the service industry. The GM is supported on the floor by the clinical manager (CM) and the household manager with advice and support from board members as needed.</p> <p>The GM, CM and the board maintain knowledge of the sector, regulations and reporting requirements by attending external forums and regular meetings with other aged care managers in the Community Trust Care Association (CTCA). This is a business entity of rurally located, not for profit aged care providers.</p> <p>The service provider holds contracts with Waikato DHB for hospital-geriatric, rest home, palliative, long term support-chronic health conditions (LTS-CHC) and respite care.</p> <p>The facility is approved for a maximum of 52 residents configured as 31 rest home beds, 13 dual purpose beds and 8 hospital only beds. The service provider is planning to construct two more rooms to accommodate respite/short stay residents as they have been operating at 100% occupancy and have a small waiting list for long term placements.</p> <p>On the day of audit, there were 52 residents on site. Seventeen of these were rest home level care and thirty-five were hospital level care. Three residents were receiving care under the LTS-CHC scheme. Two were assessed at hospital level care and one at rest home level care. There were no respite residents.</p> <p>Hillview also provides a community day activities programme which was not assessed during this audit.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	<p>FA</p>	<p>The organisation has an established quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents including infections and complaints, audit activities, regular resident and family satisfaction surveys, internal audits and the monitoring of outcomes. All incidents/accidents, infections, restraints and complaints are collated as quality data, analysed and compared month by month for trends. An overview of this data is reported to the board each month. A sample of meeting minutes confirmed that</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>this data and other related information is also discussed at the weekly senior leadership/management team meetings, and to the monthly health and safety meetings, registered nurse (RN), health care assistant (HCA) and general staff meetings. Staff reported their involvement in quality and risk management activities through audit activities, training and information shared at their meetings. Staff were still in the process of transferring quality data on to the new electronic system. Meanwhile they are still benchmarking quality data with the seven other aged care facilities who form part of the CTCA group.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family satisfaction surveys are completed annually. Results of the most recent survey showed a high level of satisfaction and no significant issues.</p> <p>The sample of policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>Interviews with all members of the senior leadership/management team demonstrated how they monitor and manage risks, and their responsibilities under the Health and Safety at Work Act (2015). There had been no staff injuries that required reporting to Worksafe NZ since the previous audit in 2018.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></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>Staff document adverse and near miss events on an accident/incident form. The sample of incident forms reviewed revealed these contain all necessary information including who had been notified of the event. All incidents are reviewed by the senior leadership team and then signed off by the CM. Where further investigation or improvement is required, corrective actions are developed and implemented in a timely manner then monitored for improvement before being closed off. A range of adverse event data, for example, falls-with and without injury, urinary tract infections (UTIs) and skin tears, is collated and reported to CTCA for benchmarking each month. Hillview's month by month data analysis reports are discussed at all staff meetings and pictorial graphs are on display in the staff training and handover room.</p> <p>The previous rating of continuous improvement in criterion 1.2.4.3 for success in significantly reducing resident falls is ongoing.</p> <p>The GM demonstrated an understanding about essential notification reporting requirements. Four notifications of significant events were made to the Ministry of Health and DHB since the previous audit. These include an unstageable pressure injury (not facility acquired) was reported in February 2020, the change of general manager in November 2019 and two notifications about the appointment of an interim CM in January 2020 and return of the CM in July 2020. A change of Board members was notified in July 2021.</p> <p>There had been no police investigations, or issues-based audits.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Staff management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes police and referee checks, and validation of qualifications and practising certificates (APCs), where required. The sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review at the end of 90 days.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Of the total 26 HCAs employed (including four casuals) 13 had achieved level 4 of the national certificate in health and wellbeing, five had achieved level 3 and two had achieved level 2. Six HCAs were both newly employed and preparing to commence or progress educational achievement or they had been employed for more than five years and receiving pay parity for their length of service.</p> <p>Three of the five registered nurses employed were maintaining their annual competency requirements to undertake interRAI assessments.</p> <p>Each of the staff records reviewed contained evidence of attendance at regular training and participation in an annual performance appraisal. Kitchen staff are experienced but required to complete regular training in safe food handling as mentioned in standard 1.3.13. All of the RNs hold current first aid certificates and are peer assessed annually for medicine competencies. A number of senior HCAs were maintaining competencies in medicine administration. These HCAs were not administering medicines but acting as verifiers for administration of controlled drugs.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). Staffing levels are adjusted to meet the changing needs of residents as determined by their currently assessed health status and acuity. On call after hour's duty is covered by the CNM, or a senior RN is appointed as an interim CNM if the CNM is absent. Staff reported this works well and said reliable advice is available when needed.</p> <p>Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. Typically, the facility is staffed as follows:</p> <p>Morning shifts eight HCAs are rostered on site. Two of these are short shifts which finish at 12.30 or 1.30. Two RNs or one RN and an EN are on the floor, with the CNM providing oversight Monday to Friday. This provides a ratio of</p>

		<p>four staff to 20 residents.</p> <p>Afternoon shifts there are four HCAs and one RN, plus an EN until 6pm.</p> <p>Night shifts are staffed by two HCAs and one RN.</p> <p>The GM has implemented changes to alleviate pressure on HCAs by allocating tea trolley services and bed linen changes to household staff, and another part time activities assistant has been appointed to assist with meeting residents' needs.</p> <p>All RNs and 10 of the 22 full time employed HCAs hold a current first aid certificate ensuring at least one person on site is certified to provide first aid. There is an RN on site 24/7.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff member observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All RNs or enrolled nurses (ENs) who administer medicines are competent to perform the function they manage. If a second RN or EN is not available, healthcare assistants can check the accuracy of medication provided; they have been deemed competent to perform this role.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three monthly GP review was consistently recorded on the electronic medicine chart.</p> <p>There were no residents who self-administer medications at the time of audit, but systems are in place should this be required.</p> <p>Medication errors are reported to the RN and CM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors,</p>

		<p>and compliance with this process was verified.</p> <p>Standing orders are used at Hillview and orders meet the required guidelines.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>PA Moderate</p>	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns was reviewed by a qualified dietitian in December 2019. Recommendations made at that time have been implemented.</p> <p>There is a document issued by the Waitomo District Council that verifies Hillview has a Registered Food Control Plan. This was issued 2 March 2021 and expires 6 March 2022. The last verification audit of the food control plan was undertaken on 27 September 2018. A review of kitchen practices, finds there is no ongoing evidence of the required systems being in place to ensure all aspects of hazard analysis and critical control point monitoring or training is occurring and this requires attention.</p> <p>All aspects of food storage and disposal comply with current legislation and guidelines.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and in resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There are sufficient staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p>
<p><b>Standard 1.3.6: Service Delivery/Interventions</b></p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Hillview provides care to a range of residents, many with complex needs. Documentation, observations, and interviews verified the care provided to residents was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision and included management of percutaneous endoscopic (PEG) feed regimes, the management of a peripherally inserted central catheter line (PICC), challenging behaviours and the safe management of a resident waiting for transfer to an available bed in a secure unit.</p> <p>The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation.</p> <p>A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</p>

<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by a trained diversional therapist and a diversional therapy assistant, five days a week. The assistant has only been recruited recently as residents needs increased and were not being met by only having one person attending to the residents' activities. This new role has enabled more one-on-one time to be provided to the hospital residents.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities, and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal care plan review every six months.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Examples included exercise programmes, visiting entertainers, quiz sessions, 'Housie', quizzes, visits from a range of community groups and daily news updates.</p> <p>The activities programme is discussed at the residents' meetings each month and, minutes indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with the activity programme provided at Hillview. Residents interviewed confirmed they find the programme meets their needs.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN or the clinical manager (CM).</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Other plans (eg, wound care management, behaviour management, PEG feed management plans, weight loss management), were consistently reviewed if there were any changes required. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate,</p>	<p>FA</p>	<p>A current building warrant of fitness with expiry date 01 July 2022 is publicly displayed. There had been no changes to the physical layout of the building.</p>

<p>accessible physical environment and facilities that are fit for their purpose.</p>		
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Remedial work had been carried out on the wet wall linings in the bathroom identified at the May 2019 certification audit. These linings were replaced on 5-6 June 2019 thereby ensuring the surfaces are intact and provide good infection control and hygiene. The matter is now closed.</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 of infections at Hillview is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The CM reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is benchmarked internally within the group's other aged care providers.</p> <p>A good supply of personal protective equipment is available. Hillview has processes in place to manage the risks imposed by Covid-19.</p> <p>All staff and residents who have consented to being vaccinated against Covid-19 have been fully vaccinated. Influenza vaccinations for those who have consented will be undertaken once the timeframe following the Covid-19 vaccines has been complied with. The organisation has a Covid-19 pandemic plan in place that identifies for all staff</p>

		actions to be taken at each alert level.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service provider's policies meet the requirements of these standards and provide guidance on the safe use of both restraints and enablers.</p> <p>On the day of audit, the restraint register listed five residents using bed rails and/or lap belts as restraint interventions and four residents using bedrails as enablers which were the least restrictive and used voluntarily at their request. A similar process is followed for the use of enablers as is used for restraints.</p> <p>Observations, interviews and documents confirmed that restraint is used as a last resort when all alternatives have been explored. Hillview continues to actively prevent and minimise the use of restraints. The CNM/restraint coordinator regularly monitors and reports restraint trends. Use has decreased since October 2020 when seven restraints were in use.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	<p>PA Moderate</p>	<p>There is a document issued by the Waitomo District Council that verifies Hillview has a Registered Food Control Plan. This was issued 2 March 2021 and expires 6 March 2022. There is no evidence, however, of a verification audit of the food control plan. The last verification audit of the food control plan was undertaken on 27 September 2018. Ten areas were identified as requiring corrective action and these were addressed in October 2018. The food control plan at that time was verified for twelve months. There is no evidence of a verification audit in October 2019. Interview with the food services manager verifies they were waiting for the council to notify them when this was to take place. In July 2020, an inspector arrived onsite to carry out the audit; however left again as the residents were having lunch. Instructions were that they would return. This has not happened.</p> <p>There is a cleaning schedule in place, however no evidence of compliance with ensuring the cleaning has been carried out was evident. The monitoring of the temperature of cooked chicken is recorded; however, no monitoring of temperatures of other food is recorded. There is no evidence of food temperatures being taken prior to the food going into the Bain</p>	<p>There is no systematic approach to food safety in place at Hillview.</p>	<p>Provide evidence there is a systematic approach to food safety in place at Hillview.</p> <p>90 days</p>

		<p>Marie and no monitoring of temperatures prior to serving. Chiller and freezer temperatures are being recorded. Interviews with staff verified that staff have little understanding of the processes required to ensure food safety standards are maintained. The cook is new and has had no recent training in ensuring compliance with the requirements of Hillview's food control plan is maintained.</p> <p>The kitchen team leader has had food control training on October 2018. Kitchen staff employed in the past three months have had no training on the processes required to meet the requirements of the food control plan. The food services manager is aware of the requirements and will ensure processes are put in place immediately to evidence processes are occurring but just have not being recorded. The kitchen and the equipment were observed to be clean, with evidence of a regular cleaning regime being in place. Calibration of equipment was up to date.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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

No data to display
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End of the report.