Heartland Care Limited - New Vista

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:

Legal entity:	Heartland Care Limited
Premises audited:	New Vista
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 September 2021 End date: 1 October 2021

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 57

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

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

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

HealthCERT has requested comments relating to a complaint investigation by the Health and Disability Commissioner that has been closed. Evidence is provided in the body of this report under the standards required for a surveillance audit plus three other standards including informed consent and continuation of service delivery - assessment and planning.

An area requiring improvement from this audit relates to residents' care plan support and interventions.

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.

Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form, including for photographs, outings, invasive procedures, and collection of health information. Effective communication to residents and their family members/friends occurs. Interpreter service can be accessed as required.

A complaints register is maintained with complaints resolved promptly and effectively. The complaint to the HDC referenced in the previous certification audit report has been investigated by the HDC and closed. There have been no further complaint investigations by an external agency since the previous audit.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.

Heartland Care Limited is the governing body and is responsible for the service provided. A business plan and quality and risk management systems are fully implemented at New Vista and include a mission statement, expectations and strategic direction. Systems are in place for monitoring the service, including regular reporting by the facility manager to the owners.

The facility is managed by a facility manager/registered nurse who has been in the role for two months. Prior to this role, the facility manager was the clinical nurse manager for the facility. The facility manager is supported by a quality manager and a clinical nurse manager. The clinical nurse manager is responsible for the oversight of clinical services at the facility.

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

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

The hazard and risk registers evidenced review and updating of risks and the addition of new risks and hazards.

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

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.

Residents' needs are 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. Short term care plans are developed to manage any new problems that might arise. Residents and families interviewed reported being well informed and involved in care planning and evaluation.

The planned activity programme is overseen by a diversional therapist and two recreation officers. The programme provides residents with a variety of individual and group activities. When Covid-19 restrictions are not in place, the programme is seen to maintain New Vista's 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 nurses, an enrolled nurse, or a senior care staff member. All have been assessed and deemed as competent to administer medications.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. 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.

The building warrant of fitness is displayed at the main entrance to the facility. There have been no structural alterations since the previous 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.

The facility has clear policies and procedures that meet the requirements of the restraint minimisation and safe practice standard. There were 10 residents using restraint and two residents using enablers at the time of audit.

Infection prevention and control

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

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	18	0	0	1	0	0
Criteria	0	44	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)
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
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Nursing and care staff interviewed at New Vista understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings, invasive procedures, vaccinations, and collection of health information. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented where relevant in the resident's file. Staff demonstrated their understanding by being able to explain situations when this may occur. Staff were observed to gain consent for day-to-day care on an ongoing basis. Interviews with residents and their family/whanau verified they were kept informed regarding all care needs and changes in care needs. Residents and family/whanau specific requests or wishes were documented in the care plan and complied with. A resident who is non-compliant with many aspects of the required assessed care, has their care plan adjusted to meet the resident's agreed care needs, as per the resident's wishes.
Standard 1.1.13: Complaints	FA	The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information is provided to residents and families on admission and there is complaints information available at the main entrances. Residents and the families interviewed stated that communication about anything they are concerned about is

Management The right of the consumer to make a complaint is understood, respected, and upheld.		actioned immediately. Review of the register and interview of the FM evidenced eight complaints have been received since the previous audit. Review of documentation for three complaints evidenced they were managed well and the timeframes meet Right 10 of the Code. Staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaint investigations undertaken by external agencies since the previous audit. The complaint investigation by the Health and Disability Commissioner referred to in the previous certification audit report has been closed. The request by HealthCERT for comments relates to this complaint investigation.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Residents and the families interviewed stated they are kept well informed about any changes to their/their relative's status and outcomes of regular and any urgent and routine medical reviews. The resident/family survey for 2021 and residents' files confirmed this, including communication recorded on a 'family communication form' and 'family instructions for being contacted form'. Staff understood the principles of open disclosure, which is supported by policy and procedures that meet the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). Staff reported communication across all levels is effective and they are kept well informed through staff meetings, handovers, memos and informal discussions. Interpreter services can be accessed via the District Health Board (DHB) when required. The facility manager (FM) advised residents' family members and staff act as interpreters, where appropriate.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	The business plan 2021-2023 includes the mission, expectations and strategic direction with six key result areas. The service philosophy is in an understandable form and is available to residents and their family/representative or other services involved in referring clients to the service. The facility is managed by a manager who is an RN. The manager has been in their current position since August 2021 and prior to this appointment had been the clinical nurse manager at New Vista since July 2015. The management of clinical services is the responsibility of the clinical nurse manager (CNM) who has been in the role since August 2021. Prior to this role, the CNM was employed in June 2021 as an RN at New Vista. The CNM has resigned and stated they have come to realise they need more management and clinical experience before taking on the responsibilities of the position of CNM. (Refer to 1.3.5.2). The FM reported they are currently supporting the CNM in their role as well as maintaining their own role. The FM stated they are currently interviewing for a new CNM. Both candidates are experienced CNMs and have worked in the aged care sector for a number of years. The annual practising certificates for the facility manager and clinical nurse manager were current. There was evidence on the facility manager's and clinical nurse manager's files of attending seminars, forums and conferences to keep up to date. The FM reported they were booked to complete a management course; however, this has been put on

		hold at present due to the pandemic. The FM stated the owners visit at last two weekly for at least two days and during Covid-19 lockdowns either via phone or via zoom. All activities concerning New Vista are discussed and recorded. New Vista has contracts with the DHB for aged related residential care (52 residents - 20 rest home (RH) level and 32 hospital level), intermediate care services (3 residents - 2 RH and 1 hospital), dedicated respite bed services (no residents at the time of audit). The facility also has a contract with the MoH for YPD (2 residents, I hospital and 1 RH). Of the 60 beds available, 55 have been approved as dual purpose and five are dedicated rest home level beds. Two double rooms are currently used for single accommodation.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	A quality improvement plan and a risk management plan guide the quality programme. Included is a mission statement, quality commitment, quality philosophy, and quality principles. An internal audit programme is in place and internal audits completed for 2021 were reviewed, along with processes for identification of risks. Meetings are held monthly including quality, RNs/ENs, health and safety, restraint and infection prevention and control combined meetings and full staff meetings. Residents' meetings include topics of interest. Meeting minutes, including quality data, are available in the nurses' stations for staff to read and sign off. Meeting minutes evidenced reporting of completed internal audits, quality data, including clinical indicators which are graphed. The quality manager is responsible for ensuring the organisation's quality and risk management systems are maintained. The monthly quality report is comprehensive and covers all quality activities. Quality improvement data is being collected, collated, comprehensively analysed and reported. Quality improvement data evidenced adverse events, including falls, skin tears, bruising, pressure areas and medicine errors, internal audits, meeting minutes, satisfaction surveys, infection rates and health and safety. Corrective action plans are being developed, implemented, monitored and signed off as being completed. Graphs and analysis of pressure injuries in August evidenced eight in total and discussion with the FM and review of corrective actions and minutes of RN/EN meetings evidenced this is being addressed. (Refer criterion 1.3.5.2). Relevant standards are identified and included in the policies and procedures manuals. Policies and procedures reviewed are relevant to the scope and complexity of the service, reflected current accepted good practice, and referenced legislative requirements. Policies and procedures are reviewed two yearly and a policy for document update reviews and a document control policy were in place. Staff confirmed they are advised of updated policies and that they provide appropriate guidance for service delivery. Health and safety policies and procedures are available. Actual and potential risks are identified associated with human resources management, legislative compliance, contractual and clinical risk. The hazard register identifies hazards and evidenced the actions put in place to isolate or eliminate risks. Newly found hazards are communicated

		to staff and residents as appropriate. The current health and safety coordinator has resigned and a new one is currently being sought to take over the role. The health and safety coordinator was not available for interview, however, the FM demonstrated sound knowledge of health and safety requirements. Staff confirmed they understood and implemented documented hazard identification processes.
Standard 1.2.4: Adverse Event Reporting 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.	FA	Adverse, unplanned or untoward events are documented by staff on incident/accident forms. These are reviewed by the RNs on duty who forward to the FM who investigates as required. Documentation reviewed and interviews of staff indicated appropriate management of adverse events. The quality manager is responsible for entering all incident/accidents into the register. Residents' files evidenced communication with families following adverse events involving the resident, or any change in the residents' health status. Families confirmed they are advised in a timely manner following any adverse event or change in their relative's condition. Policy and procedures comply with essential notification reporting. Staff stated they are made aware of their essential notification responsibilities through job descriptions, policies and procedures, and professional codes of conduct. Review of staff files and other documentation confirmed this. The FM reported there have been three section 31 notifications to HealthCERT since the previous audit. These included two for pressure injuries and one for RN shortage. The FM advised and documentation evidenced HealthCERT has been notified of the change of FM and CNM since the previous audit.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	Policies and procedures relating to human resources management are in place. Staff files are managed well and included job descriptions which outline accountability, responsibilities and authority, employment agreements, references, completed orientation, competency assessments, education records and police vetting. New staff are required to complete the orientation programme prior to their commencement of care to residents. The entire orientation process, which is role specific and includes completion of the workbook and competencies, takes up to three months to complete and staff performance is reviewed at the end of three months and annually thereafter. Orientation for staff covers the essential components of the service provided. The education programme is the responsibility of the FM. In-service education documentation evidenced this is provided in several ways including monthly sessions, some taken by external educators, 'toolbox' talks, with RNs attending sessions at the DHB and hospice when these are provided. On-going training covers all core subjects and a variety of other subjects, including manual handling/preventing skin tears on the 28 September 2021 and additional 'toolbox talks. Falls education is on the programme for December 2021 and was last provided December 2020. Clinical staff demonstrated sound knowledge of manual handling procedures. Individual certificates of training including competencies are held electronically and in hard copy. Four of the seven RNs are interRAI trained plus the

		FM and CNM and have current competencies. Current first aid certificates were sighted in staff files. A New Zealand Qualification Authority education programme (Careerforce) is available for staff to complete, and they are encouraged to do so. The programme is currently suspended due to the pandemic. Nineteen care staff have attended level 2, nine have attained level 3 and one has level 4. Staff performance appraisals were current. Annual practising certificates were current for all staff and contractors who require them to practice. Staff confirmed they have completed an orientation, including competency assessments. Staff also confirmed their attendance at on-going in-service education and the currency of their performance appraisals.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	There is a documented rationale for determining staffing levels and skill mix to provide safe service delivery. The policy includes the staffing requirements in-line with the contract with the DHB. The FM reported the rosters are reviewed continuously and dependency levels of residents, skill mix and the physical environment are considered. The FM and CNM work full time Monday to Friday. Registered nurse cover is provided seven days a week over the 24-hour period. Two RNs and nine caregivers are rostered on the morning shift with one shift a week covered by an RN and an EN. Two RNs and six caregivers are on the afternoon shift with an RN and an EN working two shifts a week. One RN and three caregivers are on the night shift. The FM and CNM are rostered on-call after hours. The RNs have two to 20 years' experience working in the aged care sector. The FM, RNs and caregivers stated the clinical team is in a rebuilding phase after several resignations and that 'this is a work in progress'. The FM reported there have been several discussions around this with the clinical staff and is now considering inviting an external person to provide a team building session to help with this. Care staff reported there are adequate staff available and that they were able to complete the work allocated to them. Residents and families reported there were enough staff on duty that provided them or their relative with adequate care. Observations during this audit confirmed adequate staff cover is provided.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative	FA	The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. 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 staff who administer medicines are competent to perform the function they manage. 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

requirements and safe practice guidelines.		pharmacist input is provided on request. Pain management medication when prescribed on a regular basis or as required (pro re nata – PRN), are checked before administering to ensure time frames and administration instructions are being complied with. Residents are followed up to ensure pain management is effective. 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. The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range. 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. There was one resident who self-administers medications at the time of audit. Appropriate processes were in place to ensure this is managed safely. 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, and compliance with this process was verified. Standing orders are not used at New Vista.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	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 and has been reviewed by a qualified dietitian on 15 October 2020. Recommendations made at that time have been implemented. An up-to-date food control plan is in place, with a verification audit of that plan being carried out 10 November 2020 by the Whanganui District Council. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. Food temperatures, including for high-risk items, are monitored appropriately, and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training. 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.

		A review of two residents nutritional assessments following a CVA, details a normal diet and the resident eating independently. The accuracy of this data was clarified based on documentation, observations, and interviews. Speech language assessment had been undertaken where swallowing could be a potential problem. One resident is receiving Speech Language Therapy. Evidence of resident satisfaction with meals is verified by resident and family interviews, satisfaction surveys and 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.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	On admission, residents of New Vista are assessed using a range nursing assessment tools, such as pain scale, falls risk, skin integrity, nutritional screening, and depression scale, to identify any deficits and to inform initial care planning. Within three weeks of admission residents are assessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI assessment tool, in conjunction with additional assessment data, occurs every six months or more frequently as residents changing conditions require. In all files reviewed, initial assessments are completed as per the policy and within 24 hours of admission. InterRAI assessments are completed within three weeks of admission and at least six monthly unless the resident's condition changes. Interviews, documentation, and observation verified the RNs are familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing levels of need. Files reviewed identified residents who are a falls risk, have the level of risk identified and a falls plan in place. Residents who have suffered a fall have been assessed by the RN and when a potential bang to the head occurs, neurological observations were implemented. Wound care management included ongoing assessments as did pain assessments and pain management. Residents reported staff respond promptly to requests for assistance. All residents have current interRAI assessments completed by the six trained interRAI assessors on site. InterRAI assessments are used to inform the care plan.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and	PA Moderate	Plans reviewed reflected the overall support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by the interRAI assessments are reflected in the care plans reviewed. However, care plans did not always evidence service integration with progress notes, activities note, medical and allied health professionals, particularly when changes to care were made.

promote continuity of service delivery.		Any change in care required was documented in the progress notes and verbally passed on to relevant staff. Three care plans did not fully capture the residents nursing needs related to potential problems exposed by a medical diagnosis, or the care plan had not been updated to reflect a change in the resident's needs. This is an area identified as requiring a corrective action. Residents and families reported participation in the development and ongoing evaluation of care plans.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Except for that documentation referred to in criterion 1.3.5.2, 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. The GP interviewed, verified that medical orders are followed. Care of three residents who had a CVA was well documented in the care plans, and staff at interview could describe the associated deficits that are likely with a CVA and nursing management strategies to manage those deficits. Care staff confirmed that care was provided as outlined in the progress notes and verbal orders from the RN. Evidence was sighted of residents receiving the cares required, and residents and family/whanau verified satisfaction with the care provided by New Vista. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.
Standard 1.3.7: Planned Activities 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.	FA	The activities programme is provided by a diversional therapist (DT), and two activities officers (one who is nearly a trained DT), five days a week. 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 residents' activity needs are evaluated regularly and as part of the formal care plan review every six months. The planned monthly activities programme sighted matched 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 news reading, exercises, 'knit and natter', bingo, indoor bowls, music, church services, quiz sessions and daily news updates. Due to Covid-19 restrictions outings and visiting groups have been put on hold at New Vista. A facility van and a facility car (that can take a wheelchair) are available for outings. The activities programme is discussed at the bi-monthly residents' meetings and are run by one of the five volunteers who assist the activities staff at New Vista. Meetings enable residents to request any activities they would like to occur, or complain about activities or anything else, they are dissatisfied with. Any complaints or concerns are directed to the FM, acted on and results fed back at the next meeting. A review of minutes November 2020 to May

		2021 identified no areas of concern. Resident and family satisfaction surveys demonstrated a high degree of satisfaction with the services offered by New Vista. Residents interviewed confirmed they find the programme meets their needs.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN. 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. Except for that referred to in 1.3.5.2, where progress is different from expected, the service responds by initiating changes to the care provided. Short-term care plans are used at New Vista and were consistently reviewed for infections, pain and weight loss with progress evaluated as clinically indicated. Other plans, such as wound management plans were evaluated each time the dressing was changed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	A current building warrant of fitness is displayed at the main entrance to the facility that expires on the 22 June 2022. There have been no structural alterations since the last audit.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified	FA	Surveillance of infections at New Vista 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. 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 shift 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

in the infection control programme.		years. A good supply of personal protective equipment is available. New Vista has processes in place to manage the risks imposed by Covid-19.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The restraint minimisation and safe practice policy includes a definition, assessment and evaluation details and complies with the requirements of the standard. The FM is the restraint coordinator. There were 10 residents using a restraint and two residents using an enabler at the time of audit. The FM advised equipment including high/low beds, sensor mats and 'landing mats' are used so that restraint is not used where possible. Staff interviewed demonstrated sound knowledge of the difference between a restraint and an enabler and the process should a resident request an enabler. Staff have received on-going education relating to challenging behaviours, enablers and restraint.

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)
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by	PA Moderate	Five of eight care plans reviewed described fully the overall support needs of the residents, and the outcomes of the integrated assessment process and other relevant clinical information. Three of the eight files reviewed did not address fully the residents’ needs. - A resident admitted with a history of renal failure had no acknowledgement of this in the care plan, and the associated nursing interventions required to monitor this. - A resident with a recent change in care from active to palliative care did not have the plan of care updated to reflect this and the associated cares required (this was subsequently updated on the day of audit). The resident also had a potential for a bowel obstruction related to a previous investigation finding, and had no actions documented to describe potential obstruction symptoms and required actions should this occur. - A resident with a history of seizures, had an increase in the number occurring. Nursing management of these events was as required; however, no management strategies were documented in the care plan (this was also subsequently updated the day of audit). The family was informed; however, the GP was not, and this has caused the GP some concerns, (see 1.3.3.3) with regard to not being kept informed. The family has a good relationship with the GP and contacted	Care plans do not always describe fully the care the resident requires to meet their assessed needs.	Provide evidence care plans fully describe the care the resident requires to meet their assessed needs. 180 days

the ongoing assessment process.		the GP, who then initiated changes to the medication regime. This is recorded in the progress notes and is being implemented, however the care plan has not been updated to capture this change. - A resident who suffered a recent cerebral vascular accident (CVA), has been reassessed as requiring hospital level care, and was recently updated, though this care plan does not acknowledge the resident has had a recent CVA, and the changing needs associated with this. The resident is observed to be receiving the care that is required, and this includes management of some pressure injuries, and access to specialist services to assist with this. However, the care plan does reflect fully the care being provided. There was a high number of pressure injuries at New Vista in August 2021, eight in total. This has been noted by management and is being addressed. Three of these pressure injuries were in residents with peripheral vascular disease. Of the eight files reviewed, three included residents with stage one or two pressure injuries. The residents had been assessed as at risk of developing pressure injuries; however, the prevention management plan was vague (eg, 'regular turns'). The CM was interviewed in relation to the lack of documentation available to guide staff with clinical car. The CM revealed she has recently resigned from the CM role (refer standard 1.2.1) having recognised a lack of critical thinking skills and the ability to provide the necessary clinical expertise and leadership is an area she needs to gain more experience in.		

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.

No data to display

End of the report.