

# Presbyterian Support Central - Longview Home

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## 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:** Presbyterian Support Central

**Premises audited:** Longview Home

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

**Dates of audit:** Start date: 29 July 2021 End date: 30 July 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:** 59

# 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
	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

Longview is part of the Presbyterian Support Central organisation (PSC). The service provides rest home and hospital level of care for up to 59 residents. At the time of the audit there were 59 residents in total.

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

The facility manager has been in the role for two years and is a registered nurse with extensive health management experience. The facility manager is supported by a clinical nurse manager (CNM) who has been in the position for three weeks having moved from a sister home where she held the same role. The facility manager and clinical nurse manager are supported by a clinical coordinator and a team of registered nurses. Residents and family interviewed spoke positively about the service provided.

This service fully met the intent of all the standards.

## 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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Policies and procedures that adhere with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are in place. Cultural and spiritual needs are incorporated in the residents' care plan. There is a Māori Health plan. Residents and relatives are kept up to date when changes to health 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 and procedure are in place and complaints are managed and documented. A complaints register is held in an electronic format. The personal privacy and values of residents are respected.

## 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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Longview home has established systems and processes and a quality and risk management system. There are policies and procedures in place to ensure the service is meeting accepted good practice and adhering to relevant standards.

The business plan and quality goals are documented for the services. There is a health and safety committee who meets regularly to address issues in a timely manner. Regular audits take place as scheduled in the audit calendar.

Human resources are managed in accordance with good employment practice. An orientation programme is in place and there is ongoing training provided as per the training plan. Rosters and interviews indicated that sufficient staff are appropriately skilled, with flexibility of staffing to meet clients' needs.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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An admission package with information on the services provided at Longview is available prior to or on entry to the service.

Registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration. Electronic resident files included medical notes by the general practitioner, nurse practitioner and visiting allied health professionals. There is a three-monthly general practitioner (GP) or nurse practitioner (NP) review.

The residents' activities programme provides diversional therapy activities, and these are varied and include one-to-one and group activities, community involvement and outings.

Medication policies reflect legislative requirements and guidelines. Staff responsible for administration of medicines complete annual education and medication competencies. All medication charts have photo identification, allergy status and evidence of three-monthly reviews noted.

All meals are prepared on site. There is a food control plan in place. The four-weekly seasonal menu has been reviewed by a dietitian. Individual and special dietary needs and residents' dislikes are catered for, and alternative options are made available for residents.

## 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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PSC Longview has a current building warrant of fitness. All rooms are single, personalised, and have a hand basin and shared toilet. There is adequate room for the safe delivery of hospital and rest home level of care within the resident's rooms. Residents can freely access communal areas using mobility aids. There are communal dining areas, craft and recreational areas, and several lounges and seating areas. Outdoor areas and the internal courtyards are safe and accessible for the residents. There is wheelchair access to all areas.

Housekeeping staff maintain a clean and tidy environment. All laundry is completed at Longview. Chemicals were stored safely throughout the facility. Appropriate policies are available along with product safety charts.

There are emergency policies and procedures in place to guide staff should an emergency or civil defence event occur. Appropriate training, information and equipment for responding to emergencies are provided. A van is available for transportation of residents.

Systems are in place for essential, emergency and security services.

## 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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There are policies and procedures in place that meet the definition of enablers and restraint. There were no residents using enablers or restraint. Staff attend education around restraint minimization and challenging behaviours.

## 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.
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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 nurse (registered nurse) along with the clinical nurse manager (CNM) is responsible for coordinating education and training for staff. The infection control nurse has completed annual training. There is a suite of infection control policies and guidelines to support practice. The infection control nurse uses the information obtained through surveillance to determine infection control activities and education needs within the facility. There have been no outbreaks.

## 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	45	0	0	0	0	0
<b>Criteria</b>	0	93	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)
<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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Staff interviewed (four healthcare assistants, three registered nurses, two enrolled nurses, one cleaner, one diversional therapist, one laundry assistant and one food services manager) confirmed that they understand about the Health and Disability Commissioner Code of Rights, and they apply this knowledge to their daily practice. All staff receive training about the Code during their induction to the service. Three residents (one rest home and two hospital) and six relatives (three rest home and three hospital) interviewed stated they receive services that meet the Code of Rights.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Residents and their families are provided with all relevant information on admission. Policies and procedures for informed consent and resuscitation are in place. General consents and specific consents where applicable are obtained on admission and updated as required. These were sighted in the eight residents' files reviewed (five hospital and three rest home files). Resuscitation plans were appropriately signed. Copies of enduring power of attorney (EPOA) for care and welfare or welfare guardian documentation were in resident files for residents deemed incompetent to make decisions.</p> <p>Systems are in place to ensure residents, and their family/whānau (where appropriate), are provided with appropriate information to make informed choices and decisions. Discussions with staff confirmed consent is obtained when delivering care. A signed admission agreement was in place for the files reviewed. Discussions with family/whānau confirmed that the service actively involves them in decisions</p>

		that affect their relative's lives.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	Information on advocacy services is included in the resident information pack and is provided to new residents and their family on arrival. Advocacy brochures and contact numbers are available at the reception area. Interviews with residents and family confirmed their understanding of the availability of advocacy services. Staff receive regular education and training on the role of advocacy services.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	Residents are encouraged to maintain links with the community and attend community events and functions as able. Church services are held on-site. There are community volunteers involved in the activity programme. Residents have visitors of their choice who can visit at any time.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy describes the management of the complaints process. Information about the complaints policy and procedure is provided on admission and available at reception. Interviews with residents and family members confirmed their understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints.</p> <p>There is a complaint register held electronically. To date 13 complaints were lodged since January 2020. There was documented evidence of each complaint being acknowledged, investigated and resolved in a timely manner.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	The service provides information to residents that include the Code, complaints and advocacy. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are well informed about the Code of Rights. Regular resident meetings provide the opportunity to raise concerns. An annual residents/relatives survey is completed. Advocacy and Code of Rights information is included in the information pack.
Standard 1.1.3: Independence,	FA	Staff interviewed can describe correctly what 'privacy' means to them and the residents. Healthcare

<p>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>		<p>assistants interviewed reported that they always knock-on doors prior to entering the rooms, as observed during the audit. Resident's independence is encouraged at all times. Cultural and spiritual beliefs and information is incorporated in the residents' care plan. The chaplain visits Longview Home three times a week. Advisors are available when required. There is a policy on abuse and neglect. Staff receive education and training on abuse and neglect, which begins during their induction to the service.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There is a Māori health plan in place. At the time of the audit there was one resident who identified as Māori living at the facility. Cultural preferences were identified throughout the care plan. The staff interviewed were able to explain how to meet the culture needs of residents identifying as Māori. Longview has engaged with the local Porirua Marae, Taku Parai who provides Kaumatua services as necessary. PSC Longview have developed a cultural group internally.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The staff interviewed were aware of the importance of meeting individual needs of residents. Individual culture and spiritual beliefs are incorporated into their care plan and reviewed regularly. Family/whanau are invited to attend this process. Staff receive culture competence training during their induction to the service and continues regularly.</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>Code of conduct is part of the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Healthcare assistants interviewed confirmed their understanding of professional boundaries. Job descriptions outline scope of practice.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Longview Home has established systems and processes which are supported by the head office. The 20/21 business plan outlines a number of priorities such as reducing food waste and Eden alternative goal (increasing resident participation) etc.</p> <p>A three-year training plan is in place. All staff including care staff and non-clinical staff are encouraged to</p>

		<p>gain relevant qualifications. Kitchen staff are encouraged to complete their apprenticeship.</p> <p>Staff interviewed feel that they are well supported by the management with their professional development. Residents and families interviewed reported that they are satisfied with the services received. Resident's satisfaction survey was carried out in Nov 2020, and results were benchmarked against other homes of Presbyterian support Central.</p> <p>Since the previous audit, the service has implemented a number of quality initiatives including but not limited to; implementing an electronic resident management system, reviewing residents' common areas to reduce the risk of falls, reviewed the dining experience, and continue to provide a resident focused evidenced based service. Work had also been undertaken on ensuring quick access into the facility afterhours (rather than staff having to walk to let identified people in). A video camera and a system to release the door from the nurses' station has been installed.</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>Residents and their families receive explanation about the services and procedures on the entry. Resident meetings occur monthly, and matters raised from the resident meetings are communicated back to management or through staff meeting discussions. There are two residents who speak limited English. Processes were in place to assist communication, including sign cards and interpretation by others. Interpreter services are made available to those residents who have difficulties with verbal or written English. Families interviewed stated they were kept well informed on their resident's health status.</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>Longview Home provides rest home and hospital level care for up to 59 residents. On the day of the audit, 22 residents were receiving rest home level care and 37 residents were receiving hospital level care (two hospital level residents were being funded by ACC, another hospital level resident was under long term support – chronic health contract (LTS -CHC) funding and the balance were age related residential care (ARRC) funded). All beds are dual purpose.</p> <p>The board of Presbyterian Support Central (PSC) has the overall financial and governance responsibilities to govern the organisation. PSC has a well-established organisational structure. The philosophy, vision and values of the organisation are documented in the business plan. PSC adopted the 'Eden philosophy' of care some years ago. The 2020-2021 business plan has a specific Eden goal.</p> <p>The manager joined the PSC over 18 months ago and has over 40 years health experience (with 25 years of Health Management in NZ context) working in the public, private and not-for profit sectors. The manager is supported by a recently employed clinical nurse manager who started the role in early July 2021. She is a registered nurse of ten years plus experience and has been in the clinical nurse manager's role for over two years. A clinical coordinator/RN supports the clinical nurse manager. Both</p>

		manager and clinical nurse manager are supported by the business operations manager who was onsite briefly to provide support on the days of audit.
<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 manager has the overall responsibility to run day to day operations of the Longview home. The clinical nurse manager performs the manager's role in the absence of manager.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Longview Home has an established quality and risk management system. There are policies and procedures in place to ensure the service is meeting accepted good practice and adhering to relevant standards.</p> <p>There is a compulsory meeting schedule including monthly residents and staff meetings. Meeting minutes between January and June 2021 were sighted.</p> <p>There are monthly accident/incident and infection control reports completed by the clinical nurse manager. The data is collected across the rest home and are compared to other PSC homes. Infection control is also included as part of benchmarking across the organisation. Data is analysed via the monthly reports and corrective actions are implemented where indicated based on benchmarking outcomes.</p> <p>There is an annual audit calendar in place. The monthly audit results and corrective actions are discussed at the team meetings. A resident/family satisfaction survey is completed annually. The recent survey was conducted in November 2020. The overall satisfaction was improved compared to the previous year, especially the food services.</p> <p>The quarterly health and safety committee meeting has a regular agenda. The meeting minutes confirmed that the corrective actions were taken. The Health &amp; Safety officer who is an enrolled nurse has been with PSC for more than 17 years, and she attends health &amp; safety training regularly. 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 a health and safety competency completed by staff as part of orientation. There is a current hazard register which was reviewed in July</p>

		2021.
<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>	FA	<p>Incident/accident data is collected and analysed. Six incident/accident files (two unwitnessed falls, one skin tear and two medication errors and one near miss) between January 2021 and June 2021 were reviewed. Family members of those six incidents were notified. The appropriate actions were taken, and the appropriate clinical care had been provided. Neurological observations have been completed for unwitnessed falls or where there is a potential for head injury. Relatives have been notified appropriately.</p> <p>The incident reporting policy includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Longview home implemented a new resident management system in March 2019, and they use an internal benchmarking system utilising information from the electronic systems registers. Improvement plans are implemented when the benchmarking figure is in the 'outlier zone'.</p> <p>The manager was knowledgeable on what required notification. There had been no serious complaints or notifications required for over two years. There have been no outbreaks in the last two years.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></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 to support recruitment practices. Eight staff files (three health care assistants, three registered nurses (RN), one recreational therapist and one kitchenhand) were reviewed and all had relevant documentation relating to employment. Annual practicing certificates were maintained for qualified staff and allied health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. All orientation booklets are designed to cover and support the Level 2 qualifications required for the job. All staff are required to complete a Numeracy &amp; Literacy Assessment before they start their Level 2 qualifications. Staff interviewed were able to describe the orientation process and believed new staff were orientated well to the service.</p> <p>There is a three-year compulsory education plan for registered nurses and healthcare assistants. A competency programme is in place with different requirements according to work type including, (but not limited to), clinical care, handling and transfer, hand washing, and medication management. All nurses and the recreational officer (total of nine) have current first aid certificates. Each shift has a registered nurse on duty with a current first aid certificate.</p> <p>All staff are encouraged to gain qualifications through CareerForce. To date, seven HCAs have completed level 4 certificate in health and wellbeing, eight HCAs completed level 3 and five HCAs completed level 2; 4 new staff started the training process.</p>

		PSC provide three days per annum of education for registered and enrolled nurses. These include a range of topics and speakers. The hospice undertakes syringe driver training/competencies for the registered nurses. Seven registered nurses and one enrolled nurse are interRAI trained. A vaccinators certification had recently been undertaken by some of the RNs.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Staffing levels and skills mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. There are clear guidelines for increase in staffing depending on the acuity of residents. A staff availability list ensures that staff sickness and vacant shifts are covered, and a review of rosters confirmed that staff are replaced when on leave.</p> <p>Interviews with staff confirmed that they feel that staffing levels are sufficient to meet the needs of residents. The manager and clinical manager both work 40 hours per week from Monday to Friday and the clinical manager is available on call for any clinical support on a 24/7 basis.</p> <p>Longview has swing beds and rostering staff according to acuity on wings. Two RNs on am shift, Two RNs on pm shift and one RN on night shift.</p> <p>There are eight health care assistants for morning (6:45am to 2:45pm), and afternoon shifts (2:45pm to 10:45pm) and two health care assistants for night shifts (10:45pm to 6:45am). There are designated staff for activities, food services and laundry/housekeeping.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Information containing 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. Progress notes were dated, timed and signed with the designation of the writer. Care plans and notes were legible, signed, and dated by a registered nurse including designation. Individual resident files demonstrate service integration. An allied health section contained general practitioner notes and the notes of allied health professionals and specialists involved in the care of the resident</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful</p>	FA	<p>Prior to entry to PSC Longview, potential residents have a needs assessment completed. The service has an admission policy, admission agreement and a resident information pack available for residents/families/whānau at entry. The information pack includes all relevant aspects of the service. Eight admission agreements viewed were signed. Admission agreements in the files reviewed align with contractual requirements. Exclusions from the service are included in the admission agreement. The</p>

<p>manner, when their need for services has been identified.</p>		<p>clinical coordinator and registered nurses described the entry and 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>A transfer document, summary care plan and medication profile are electronically generated when residents are transferring to hospital along with Enduring Power of Attorney and resuscitation directives in the 'yellow envelope'. All relevant information is documented and communicated to the receiving health provider or service. Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</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 policies and procedures in place for safe medicine management that meet legislative requirements. The two medication trolleys are kept in a locked medication room accessed from a locked nurses' station. Controlled drugs are stored in a locked safe in the medication room.</p> <p>Registered nurses, enrolled nurses or medication competent healthcare assistants administer medications from robotic rolls on medication rounds. These staff have been assessed for competency on an annual basis and attend annual medication education. RNs attend syringe driver education. All medication is checked on delivery against the electronic medication chart. All medications were securely and appropriately stored. There were no residents self-medicating on the days of the audit. The medication fridge is maintained within the acceptable temperature range along with the medication room temperature. All eye drops, and ointments were dated on opening.</p> <p>Sixteen medication charts reviewed met legislative requirements; all charts had photo identification and allergies/adverse reactions noted, and 'as required' medications prescribed correctly with indications for use. Medications had been signed as administered in line with medication charts. The 16 medication charts included three monthly GP/NP reviews. Appropriate practice was demonstrated on the witnessed medication round. Controlled medication administration was fully documented.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site at PSC Longview. The Food Control Plan was verified on 7 July 2021. The food services team leader (a qualified chef) is responsible for the operations of food services. The kitchen team includes the food services team leader, a second chef and kitchenhands. There is a five weekly rotating summer and winter menu that is reviewed by the company dietitian. Food services policies and procedures manual are in place.</p> <p>All residents have their dietary requirements/food and fluid preferences recorded on admission and updated as required. The chef has access to the electronic patient management system and maintains a</p>

		<p>list of residents' dietary requirements that include likes/dislikes. Alternative choices are offered. The chef is informed of dietary changes and any residents with weight loss. Dietary needs are met including normal, pureed meals and finger foods. Specialised utensils and lip plates are available as required. Input from residents and food surveys, provide resident feedback on the meals and food services. There is also a comment book in the dining room where residents may record (or have recorded for them) comments about the meal they have just had. Residents and relatives interviewed confirmed likes/dislikes are accommodated and alternative choices offered. The service has redesigned the dining to improve the dining experience, a chef has been employed to ensure the food is presentable and palatable.</p> <p>Longview have moved the main meal to the evening which has proved to be a huge benefit to the residents with more attending the dining room in the evening rather than trays in their rooms. This allows residents freedom during the day to go out and return later as they are not going to miss out on the main meal, and more are inviting family and friends to join them for a meal. The lunch time meal is now the light meal and is soup/toast, savoury item i.e. bacon and egg pie, cold meat, salad, sandwiches and fruit. With the main meal now served at 6.00pm, staff report they have seen improvements for residents including more alertness and attendance at afternoon recreation activities and social interaction where mealtimes are being elongated with residents staying to chat and are also sleeping a lot better through the night. The Sunday meal is now at lunchtime, so provide an opportunity to families to join in, but also to provide a differentiation to the sameness of each day. The service has recently introduced a Saturday Brunch, with a view to this being a long-relaxed mealtime, again affording families with the opportunity to join in.</p> <p>A self-serve station in the main dining room is available for lunch and tea meals for those that wish to serve themselves. All other meals are dished direct from a bain-marie in the lounge and either served to residents in the main dining room or delivered on trays to residents in their room or smaller dining area.</p> <p>Daily hot food temperatures are taken and recorded for each meal. Holding temperatures are taken from the self-serve bain-marie. Fridge and freezer temperatures are recorded. Dry foods in the pantry are dated and sealed. Perishable foods in the chiller and refrigerators are date-labelled and stored correctly. The well-appointed kitchen has a separate dishwashing area, preparation, cooking, baking and storage areas.</p> <p>Chemicals are stored safely. Safety data sheets are available, and training provided as required. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons and gloves.</p>
Standard 1.3.2: Declining	FA	If entry is declined, the management staff at PSC Longview communicate directly with the referring agencies and potential resident or family/whānau as appropriate. The reason for declining entry to the

<p>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>service would be if there were no beds available or the service could not meet the assessed level of care. The CNM visits the resident prior to acceptance of admission.</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>There was evidence in files sampled that the RN completes an initial admission assessment within 24 hours which includes relevant risk assessment tools for all residents. These risk assessments are reviewed six-monthly as part of the evaluation. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident/relative and significant others.</p> <p>Of the eight files reviewed, seven included interRAI assessments all within required timeframes. The ACC resident was not required to have an interRAI assessment completed. This file evidenced full assessments were completed. Additional assessments for management of behaviour and wound care were appropriately completed according to need. Interventions in care plans reflected assessments undertaken.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The RN develops the long-term support plan from information gathered over the first three weeks of admission. Care plans are individually developed with the resident, and family involvement is included where appropriate. The RN is responsible for all aspects of care planning. Care plans included goals and specific interventions for all identified care needs. Assessments and care plans included input from allied health including the GP and NP, nurse specialist, and podiatry. Physiotherapy is available if needed.</p> <p>Care plans are updated with changes as they occur. Short-term care plans are integrated with wound management plans and provide direction for care staff.</p> <p>Medical GP and NP notes and allied health professional progress notes are evident in the residents integrated files sampled.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in</p>	<p>FA</p>	<p>A summary of health held in the resident's electronic records documents significant events, investigations, GP/NP visits and outcomes. The registered nurse initiates a review when there is a change in the resident's condition and arranges a GP or nurse specialist visit if required. There is evidence of three-monthly medical reviews, or the GP will visit earlier if there is a change in health status.</p>

<p>order to meet their assessed needs and desired outcomes.</p>		<p>Residents and relatives interviewed confirmed care delivery and support by staff is consistent with their expectations. Families confirmed they were kept informed of any changes to residents' health status. Resident files sampled recorded communication with family.</p> <p>Staff reported there are adequate continence supplies and dressing supplies. On the day of the audit supplies of these products were sighted.</p> <p>There were 14 wounds including one non facility acquired Stage II pressure injury being treated on the day of the audit. Three rest home residents had one wound each and one hospital resident had two wounds (including the pressure injury), one hospital resident had three wounds, one had two wounds and four had one wound each. All wounds were fully reviewed. Wound assessments, plan and evaluations had been completed for all wounds.</p> <p>There was evidence of GP involvement and wound nurse specialist involvement for the pressure injury and involvement of the HVDHB plastics clinic for another wound. Pressure injury prevention interventions were documented in the care plans for residents identified at risk of pressure injury.</p> <p>Healthcare assistants are alerted to the requirement to complete electronic daily monitoring charts and are advised of specific resident needs at handovers. The active short-term care plans and long-term care plans are in the electronic software system used for resident care. Monitoring charts such as weight, blood pressure and pulse, fluid balance charts, food and fluid intake charts, blood sugar level monitoring and behaviour monitoring charts are completed as required.</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 service employs two recreation officers. The full time (qualified) and part time recreation officers provide a seven day a week activities programme for rest home and hospital level care residents. A chaplain also provides spiritual and pastoral care to residents and chairs resident meetings. There are eight volunteers who work with recreation staff to provide entertainment and events to residents, including games, craft, outings and quizzes. There are two canine friends who have been visiting the residents regularly three times a week.</p> <p>The activities programme is displayed on a weekly A3 calendar with large font (a copy is also delivered to each resident). It includes (but is not limited to) chair exercises, moving to music, old fashioned morning tea, musical instruments and sing a longs, school visits fortnightly and church services. There are regular outings into the community with a volunteer van driver and a recreation officer with a first aid certificate.</p> <p>There is a range of activities to meet the recreational preferences and individual abilities of the residents. One-on-one time is spent with residents who choose not to participate in the group programme. The activities coordinator completes a resident social profile and activities assessment on admission. Each resident has an individualised activity plan which is reviewed six-monthly.</p>

		The younger resident has involvement in what they wish to do and has separate outings into the community twice a week and is assisted in cooking what they like at the facility. Residents have the opportunity to provide feedback on the programme through three monthly resident meetings and survey results and at the weekly Eden Circle 'high tea'. The residents and relatives interviewed commented positively on activities offered.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Six of the eight residents' files sampled had been in the facility for longer than six months. There was evidence in these files of evaluations and review of the care plan. There was at least a three-monthly review by the GP/NP. Evaluations clearly documented resident progress, or not, towards goals and care plans reflected any changes required.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The residents and their families are kept informed of the referrals made by the service. The RNs interviewed described the referral process to other medical and non-medical services including the wound nurse specialist, speech language therapist, dietitian, physiotherapist and podiatrist. Advice from allied health professionals is evident in resident care plans.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	The service has policies and procedures for the disposal of waste and hazardous material. There is an incident system for investigating, recording and reporting all incidents. The chemicals supplies are kept in locked cupboards in service areas. A chemical spills kit is available. The contracted supplier provides the chemicals, safety data sheets, wall product charts and chemical safety training as required. Approved containers are used for the safe disposal of sharps. Personal protective equipment (gloves, aprons, goggles) is readily available to staff.
Standard 1.4.2: Facility Specifications	FA	The building holds a current building warrant of fitness dated 19 March 2021. The maintenance person is employed eight hours per week and carries out minor repairs and

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>maintenance, reactive and preventative maintenance. There is an annual maintenance plan, with monthly checks, which include hot water temperatures, testing the generators, maintenance of resident equipment and safety checks. Electrical equipment has been tested and tagged. Clinical equipment is calibrated annually. Essential contractors are available after hours.</p> <p>The corridors are wide and promote safe mobility for the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There are outdoor areas with seating and shade. There is wheelchair access to all areas (except for one area at present – it is undergoing a revamp of the landscaping).</p> <p>The facility has a van available for transportation of residents, with a current warrant of fitness and registration. Those staff transporting residents hold a current first aid certificate.</p> <p>The healthcare assistants and RNs stated they have enough equipment to safely deliver the cares as outlined in the resident care plans. There are adequate storage areas for hoist, wheelchairs, products and other equipment.</p> <p>There is a designated external smoking area.</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>All resident rooms are single. There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. Call bells are available in all toilet/shower areas. All bedrooms have a hand basin and share an ensuite toilet. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All resident rooms in the facility are of an adequate size for rest home or hospital level of care. The bedrooms allow for the resident to move about the room independently or with the use of mobility aids. The hospital bedrooms are spacious enough to manoeuvre hoists (a number of the rooms have now had ceiling hoists fitted) and hospital level lounge chairs. The bedrooms have wide doors for ambulance or bed entry/exit. Residents and their families are encouraged to personalise the bedrooms as viewed. Residents interviewed confirmed their bedrooms are sufficiently spacious and they can personalise them as desired.</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 is a spacious lounge and dining area to meet the needs of the residents. There is also a chapel (used for a number of activities) and a large craft room to allow for activities, resident relaxation and to provide privacy for residents and visitors. Two wings have smaller lounge/dining areas and there is a conservatory which has been refurbished. The facility design allows for freedom of movement for all residents including those with mobility aids. Staff assist residents to access communal living areas as required and this was observed on the day of 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 personal clothing and laundry are laundered on site. There is a laundry person seven days a week from 9am to 3.30 pm. There is a defined clean and dirty area of the laundry and an entry and exit door. The laundry is well equipped, and the machinery is regularly serviced. Personal protective clothing is available including gloves, aprons and face masks. Adequate linen supplies were sighted. There are policies and procedures which provide guidelines regarding the safe and efficient use of laundry services.</p> <p>Two cleaners are rostered on for four and a half hours each day Monday to Sunday. The cleaners' cupboard containing chemicals is locked. Cleaners' trolleys are well equipped and kept in locked areas when not in use. All chemicals have manufacturer labels. Cleaning staff were observed to be wearing appropriate personal protective equipment. The environment on the day of audit was clean and tidy. There is a daily and monthly room clean schedule. The cleaning staff have completed chemical safety training.</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>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months at a minimum. The orientation programme and annual education and training programme include fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>A civil defence plan is documented for the service. There are adequate supplies readily available in the facility in the event of a civil defence emergency including food, water, and blankets. Two gas barbecues and generators are available in the event of a power outage. There are four large water tanks – one recently installed adjacent to the building which is easily accessed by staff.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. All registered nurses, enrolled nurses and diversional therapist hold a first aid certificate.</p>

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All resident rooms and communal rooms have external windows allowing adequate natural light. Windows can be opened safely to allow adequate ventilation. The facility is heated and kept at a comfortable temperature. Residents and relatives interviewed confirmed the environment and the bedrooms are warm and comfortable.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control coordinator (ICC) is an RN who has been in the role for three weeks and has a current job description. The ICC is in the position whilst the previous ICC is on leave. The ICC had undertaken training at Kenepuru Hospital in May 2021. The infection control coordinator is supported by the clinical manager. Infection control reporting is integrated into the senior team/clinical meeting for discussion around events, trends and corrective actions. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The scope of the infection control programme policy and infection control programme description is available. The programme is reviewed annually in consultation with all PSC infection control coordinators peer support day held with the PSC clinical director and nurse consultant.</p> <p>Visitors are asked not to visit if unwell. At the time of audit relatives had been asked to not bring children under twelve years of age to visit at the facility as there was respiratory virus currently active in the community. Hand sanitisers are appropriately placed throughout the facility. There is enough personal protective equipment available. Residents and staff are offered the influenza vaccine and covid vaccine. There have been no outbreaks.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator has attended training at the local public hospital and receives support and information from PSC IC Coordinator. On audit there was evidence of information relating to covid including information on outbreak management, education for staff, signage and audits. Along with ready support to expertise within the PSC organisation the infection control coordinator has access to the DHB infection control nurse specialist, public health, GP/NP and laboratory service.</p>
<p>Standard 3.3: Policies and</p>	FA	<p>The infection control manual outlines a range of IC policies, standards and guidelines and includes</p>

<p>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>		<p>defining roles, responsibilities and oversight, the infection control team, training and education of staff. The infection control policies and procedures are developed and reviewed by the organisational policy review group.</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>	<p>FA</p>	<p>Infection control education is part of the annual education schedule. All staff complete infection control education on orientation. Registered nurses and enrolled nurses complete self-learning packages and attend training days. Infection control training was held in May, June and July 2021 (link 1.2.7.5) including management of an outbreak. Infection control is discussed at all facility meetings and at handovers. Hand hygiene audits are completed annually. There is an infection control board in the staffroom with notices, meeting minutes, staff newsletters and graphs to keep staff informed on infection control matters.</p> <p>Resident education is expected to occur as part of daily activities.</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>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (RN) and the CNM uses the information obtained through surveillance to determine infection control activities, resources and education needs at PSC Longview. Internal infection control audits also assist the service in evaluating infection control needs. A monthly collation of reported infections from the electronic system is analysed with trends and corrective actions identified. Surveillance data is discussed at senior team meetings and clinical meetings. Infection Control data is benchmarked with fellow homes and the PSC infection control coordinator checks data overall to advise on actions, changes and education.</p>
<p>Standard 2.1.1: Restraint minimisation</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is consistent with the definitions in NZS 8134.0. The clinical nurse manager is the designated restraint coordinator and</p>

<p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>confirmed that she is responsible for completing restraint assessments. She also monitors staff compliance to restraint processes. Interviews with the staff confirmed their understanding of restraint minimisation.</p> <p>Staff training on restraint minimisation and management of challenging behaviours has been provided as per PSC three-year training programme.</p> <p>At the time of the audit there were no residents with restraint or enablers in the services.</p>
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## Specific results for criterion where corrective actions are required

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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
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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.