

The Kawerau Social Services Trust Board - Mountain View Home & Hospital

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

Legal entity:	The Kawerau Social Services Trust Board
Premises audited:	Mountain View Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 31 May 2023 End date: 1 June 2023
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:	52

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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. 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 subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections 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 subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections 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 subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Mountain Home and Hospital provides rest home and hospital level care for up to 54 long term residents. On the days of audit there were 52 long term residents present.

There have been no changes to the services provided or the buildings since the surveillance audit in May 2021.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's aged residential care contract (ARCC) with Te Whatu Ora - Health New Zealand Hauora a Toi Bay of Plenty (Te Whatu Ora Bay of Plenty). The audit process included a review of policies and procedures, review of residents' and staff files, observations and interviews with family/whānau, managers, staff, the contracted physiotherapist and a general practitioner. All interviewees spoke positively about the care provided.

No areas for improvement were identified as a result of this audit. A quality improvement project designed to reduce resident admissions to public hospital has been rated continuous improvement.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Mountain View Home and Hospital (Mountain View) works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities. Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

Residents are referred or transferred to other health services as required.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service has eliminated the use of restraint interventions. This is supported by the governing body and policies and procedures. There have been no residents using restraints in the past year. The organisation has established systems and proforma for restraint assessment, approval, monitoring and reviews in the event that any restraint is used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

The following table summarises the number of subsections 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)
Subsection	0	27	0	0	0	0	0
Criteria	1	165	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The organisation has embedded a Māori model of health into their care planning process. The principles of Te Tiriti are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed in interview with residents who identified as Māori. The organisation’s Māori health plan reflected a commitment to Te Tiriti and providing inclusive person-centred and whānau-centred support.</p> <p>A moderate percentage of staff who work at the facility identify as Māori. (More than twice the percentage of residents who identify as Māori). A local group of kuia/kaumatua visit the service regularly to engage in group and one-to-one activities with all residents. Whānau and Māori residents interviewed were very satisfied with the culturally safe personal care and overall service delivery.</p> <p>The service actively recruits for all levels of staff and does not discriminate based on ethnicity. Māori staff employed are long serving. Māori residents and their whānau reported that their mana is protected and that they are treated with dignity and respect and that they are not</p>

		afraid to speak up if they feel their world view has not been fully considered.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The organisation has knowledge of local Pacific communities and organisations who are available to advise and provide information. The Pacific plan, which was developed with input from Pacific communities, supports culturally safe practices for Pacific peoples using the service.</p> <p>Although there were no Pasifika residents on the days of audit, the processes and resources in place provide sufficient guidance for staff to ensure a resident's cultural and spiritual needs and beliefs are taken into account. A small number of staff identify as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>There was information about the Code of rights in posters/brochures in English and te reo Māori throughout the facility and evidenced in resident admission information folders. Residents and whānau interviewed reported being made aware of the Code and Advocacy Service and were provided with opportunities to discuss and clarify their rights on a day-to-day basis, during everyday conversation and at residents' meetings.</p> <p>Policy and the day to day procedures observed, demonstrated that staff recognise and support mana motuhake (self-determination). This also confirmed by resident and whānau interviews.</p> <p>Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people</p>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p>

<p>in a way that is inclusive and respects their identity and their experiences.</p>		<p>Staff were observed to maintain privacy throughout the audit. There are three couples who reside in double rooms. All other residents have a private room.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through e kōrero ana i roto i te reo Māori (speaking in Māori between staff and residents), activities, waiata and bilingual signs on all doors. Residents are frequently visited by local Māori/kaumatua community groups.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect has been completed by staff. Staff said that they had not experienced any institutional racism. The service provides a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</p> <p>On the day of audit, staff were observed to ask for consent from residents prior to having care provided. Professional boundaries are maintained. Residents' and whānau interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe to discuss with staff if they had any concerns.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format and information is available in a range of different languages including Māori. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Staff knew how to access interpreter services, if required.</p> <p>Staff understood the principles of open disclosure, which were supported by policies and procedures that met the requirement of the Code.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt</p>

<p>be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents who are able and unable to consent are documented, as relevant and were evidenced in resident records. Information included in-depth discussions with residents, with family/whānau about advance directives for care, and involving family early in decisions about treatment.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed said they understood how to raise concerns and would not hesitate to do so. The described processes include making this fair and equitable for Māori by offering support from a Māori advocate. Staff confirmed their understanding of the complaint process and said they always refer complainants to the manager who is responsible for the management of these.</p> <p>There had been one written complaint received from a family member since July 2021 which raised concerns about resident care. Interview with the facility manager (FM) and documents sighted showed that prompt investigations and appropriate responses to the complaint had occurred. Improvements required as a result of the concern were implemented.</p> <p>There have been no known complaints submitted to Te Whatu Ora or the office of the Health and Disability Commissioner (HDC) since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	<p>FA</p>	<p>Mountain View Home and Hospital is governed by a nine-member board of trustees, and day-to-day operations are overseen by a facility</p>

<p>knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>manager (FM) who is a registered nurse (RN) with a current practising certificate. This person has been employed at Mountain View for 11 years in senior clinical roles and was appointed as manager three years ago.</p> <p>Telephone interview with the board chairperson confirmed ways in which the board assumes accountability for delivering a high-quality service and is inclusive and sensitive to the cultural needs of Māori. The board had been informed about the new requirements of Ngā Paerewa and their additional obligations. All have completed the Ministry of Health online training about Te Tiriti o Waitangi and understand or have knowledge about equity and cultural safety. Two new board members identify as Māori. The board chair and board meeting minutes confirmed that they are regularly provided with detailed information on day-to-day operations, quality and risk data including adverse events, infections, restraint and the percentage of Māori residents and staff.</p> <p>Personnel records and interview with the manager confirmed their nursing portfolio. Clinical skills and knowledge are maintained by attending networking meetings with other aged care providers and regular professional development/education in subject areas related to management of an aged care service. The manager is supported by two charge nurses, a support services manager, and administrator/receptionists. There is also a team leader for food services, and other allied staff for resident activities, housekeeping and building maintenance. The FM, charge nurses, support service manager and team leaders fulfil the role of the clinical governance committee.</p> <p>Senior management and whānau confirmed that services are delivered safely and appropriately for tāngata whaikaha/people with disabilities to facilitate improvement in their health outcomes and achieve equity. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery. This was further demonstrated by interviews with staff, residents and their whānau/family, results of satisfaction surveys, and the demographic population of residents.</p> <p>The service holds contracts with Te Whatu Ora Bay of Plenty for aged residential care - hospital medical, geriatric, and rest home care. The agreement includes provision for respite/short stay, palliative and</p>
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		<p>Long-Term Support-Chronic Health Conditions (LTS-CHC).</p> <p>On the days of audit all 52 residents were receiving services under the aged residential care agreement. Of these 17 were assessed at rest home level care, and 33 plus two palliative residents were receiving hospital level care (total 52) .</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the management team and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies.</p> <p>The effectiveness of service delivery is overseen by the quality committee and monitored through complaints, internal audit activities, regular resident and relative satisfaction surveys and the organisation's reporting systems. Reporting systems utilise clinical indicators for incidents and accidents; surveillance of infections; pressure injuries; falls data and medication errors. Quality improvement data is collected, collated and analysed to identify trends. Where audits or quality data indicate the need for improvement, corrective action plans are developed, implemented, and evaluated before being closed out. There is communication with staff of any subsequent changes to procedures and practice through meetings and staff notices. A range of meeting minutes (quality, health and safety, and staff meetings) confirmed how this information is reported and discussed with all levels of staff. Residents and family are notified of relevant updates in one-to-one meetings, and at resident meetings or through regular newsletters.</p> <p>Mountain View continues to demonstrate a commitment to quality improvement. The quality improvement project teams that were put in place in 2019 are ongoing. Each of these teams has a nominated RN champion in the following care subjects: elimination of restraint, prevention of infections, wounds and pressure areas, falls prevention, palliative care and nutrition. Mountain View is maintaining low overall rates of falls and infections. For example, monthly fall rates fluctuate</p>

		<p>from between 2% to 5% and very few infections (less than three per month, apart from COVID-19 cases). The service started implementing changes in 2020 to the way it delivers services, to minimize risk and reduce the number of resident admissions to public hospital. From an average of 20 per year, the number of admissions has reduced to less than 10 each year. Criterion 2.2.2 is rated continuous improvement.</p> <p>Annual resident and relative surveys are conducted which provide valuable feedback used to monitor improvement or decrease in satisfaction with services. The September 2022 resident survey (26 respondents) revealed a high level of satisfaction across all areas of service delivery. Where ratings were less than 100% the residents' issues were followed up to a satisfactory outcome. The next of kin survey taken at the same time revealed no issues.</p> <p>Essential notification reporting is occurring as required. Since the previous audit, a change in board membership was notified in May 2023, two notifications related to unstageable pressure injuries were notified in January and March (same resident, different site), and a notification about a police intervention in March 2023 was submitted. Public Health were notified about positive COVID-19 infections in August and December 2022 and March 2023. There had been no other significant events.</p> <p>All staff have attended Te Tiriti o Waitangi and tikanga courses which encompass provision of quality health services to Māori, identifying inequities, discrimination and unconscious bias. The organisation is establishing equity as an integral component of its quality systems. This includes ensuring all aspects of service delivery are experienced as fair and acceptable to Māori, which is measured by admission rates and feedback from Māori residents and their whānau. The service also records examples of Māori health gain and uses best known practice in cultural assessment and care planning. A local kaumatua group visit each month to sing waiata and engage with residents. Interviews with members of this group confirmed that the facility and its service delivery was acceptable to them.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service employs</p>

<p>to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>seven RNs, plus two charge nurses and the FM. The number of RNs has not fluctuated in the past three years and ensures there is RN cover on all shifts. Policy states that staffing will be evaluated at least annually or when change occurs in residents, core business, goals or size. Reviews and adjustments to staffing had to occur during COVID-19 lock down periods but there was always enough staff on site to provide for the needs of each resident. A sample of rosters and interviews with clinical and care staff, residents and whānau supported this. Care staff work a rolling roster of four days on and two off and the RNs work a fixed number of hours each fortnight. All staff, including casual staff, said they are offered and are available to work extra hours when needed. At least one staff member on each duty has a current first aid certificate.</p> <p>On the days of audit, the staff allocation for 33 hospital residents was one RN on the floor 24 hours a day and seven days a week (24/7), plus the RN charge nurse who works 32 hours per week Tuesday to Friday and one day a fortnight on the floor. There were four care givers rostered on each morning, and three care givers in the afternoon.</p> <p>Staff allocated for care of rest home residents are the charge nurse who works 32 hours per week Monday to Thursday and eight hours per fortnight as an RN on shift, three caregivers in the morning, and two in the afternoon. Putauaki, an open wing for up to 10 people with confusion and memory loss, is allocated two caregivers with RN oversight and other short shift carers. One RN and two care givers are rostered on for each night shift.</p> <p>The RN manager who lives on site, is employed to work five days a week between the hours of 8 am to 5 pm and shares the 24/7 on call with the charge nurses.</p> <p>There are 12 cooks who work various hours seven days a week. Two activities staff are employed for a total of 54 hours a week to provide group and individual activities. Frequent and reliable community volunteers also contribute to the activities programme. The volunteers complete an orientation programme and sign confidentiality agreements. Other allied staff, such as the cleaners, laundry staff, administrator and maintenance/grounds staff, are employed for sufficient hours to complete their tasks.</p>
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		<p>Continuing education supports equitable service delivery. This is planned on an annual basis, and all staff attendance is monitored. The 2023 training plan contained education on consumer rights, cultural competency, identifying and preventing inequities, discrimination and unconscious bias, tikanga best practice and Te Tiriti o Waitangi, infection control, restraint, health and safety including manual handling, plus a range of essential resident care topics. For example, falls prevention, medication and pain management, syringe drivers, palliative/end of life care, skin tear and wound management, diabetes, incontinence and first aid refresher training. All staff have attended specific education on equity and ensuring high quality care for Māori.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the funder. Of the 38 care givers, 11 have achieved level four of the national certificate in health and wellness, 15 are at level three, three are at level two and nine new carers are yet to engage. Staff records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, proof of vaccination status and confirmation of qualifications before an offer of employment is made.</p> <p>Staff records sampled confirmed the organisation's policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept confirming all regulated staff and contracted providers had proof of current certification with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, and the NZ Pharmacy, Physiotherapy and Podiatry Boards.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements</p>

		<p>of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded subject to the staff member's approval.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. Formal performance appraisals occur at least annually, and all staff had completed or were scheduled to attend a performance review for 2023.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Mountain View Home and Hospital is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. The facility has access to Māori cultural support through staff and their cultural facilitator. The facility is acknowledging ethnicity of all residents' admissions, declines and queries, however, is yet to complete an analysis to show entry and decline rates for Māori.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations. At time of admission and as required the resident is seen by a physiotherapist, and a plan of support is provided regarding mobility, transfers and appropriate use of equipment/aides.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The residents at Mountain View Home and Hospital are supported six days a week by the activities team, which includes an activities co-ordinator and an activities assistant who provide a programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity and cultural beliefs. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori and tikanga are facilitated and integrated into everyday living.</p> <p>Residents and whānau are involved in evaluating and improving the programme through the satisfaction survey, resident meetings and</p>

		day-to-day conversations. Those interviewed confirmed they found the programme meets their needs.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and 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. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>There were no residents who were self-administering medicines at the time of audit. Appropriate policy and procedures were in place to ensure this is managed in an appropriate manner when required. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications. Interview with the charge nurses and GP confirmed that over the counter or alternative medications were added to the medication chart by the GP following discussion with the resident and/or their whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural</p>	FA	<p>The food service is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in April 2023. Outcome of recommendations made at that time were required by 2 June 2023 and are currently being implemented.</p>

<p>beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>The facility operates with an approved safety plan and registration which expires 21 August 2023. An audit of the food control plan on 9 February 2023 by an external provider identified recommendations that were closed on 2 March 2023.</p> <p>All aspects of food management comply with current legislation and guidelines.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. The service uses the Te Whatu Ora yellow envelope system to facilitate transfer of residents to and from acute care services. Whānau reported being kept well informed during the transfer of their relative. A sample of progress notes stated underlying reasons for the resident's transfer and who was notified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There is a current building warrant of fitness with expiry date 12</p>

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>November 2023. Maintenance staff follow a planned maintenance schedule. Evidence of monthly maintenance and compliance checks of call bells, wheelchairs and hoists, hot water temperature testing, egress, emergency systems and inspection of internal and external areas was confirmed by interview and in completed record keeping. Reactive maintenance is addressed in a timely manner. The testing and tagging of electrical equipment is conducted annually by registered electricians and as required when residents bring in their own electrical devices. This last occurred in May 2023. Servicing of biomedical equipment occurred in January 2023.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces are culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. All bedrooms have a hand basin, and six have ensuite bathrooms. Thirty-four bedrooms are approved as hospital level care, two as dual purpose, and eighteen are designated for rest home use.</p> <p>Residents and whānau expressed a high level of satisfaction with the environment, including heating and ventilation, privacy and maintenance. Residents and whānau are consulted and involved in the design of any new buildings. Senior management are aware of the need to consult and invite participation in co-designing environments that reflect the aspirations of Māori. Māori residents interviewed said they felt very comfortable in the home. The Code is on display in English and te reo Māori. Cultural art works and bilingual signs are in place.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. This includes sufficient water for all residents and staff</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>for at least three days, battery radios, torches, food supplies and blankets and other items that may be needed. The fire suppression systems are tested regularly. Trial fire evacuations occur at least every six months. The most recent fire drill occurred on 7 May 2023.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells and this was observed on the days of audit. Appropriate security arrangements are in place. Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service, has been approved by the governing body, is linked to the quality improvement system and the board are kept informed of all infections each month. The programme is reviewed and reported on yearly.</p> <p>Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. There was ample stock of personal protective equipment and outbreak kits sighted throughout the environment.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Infection control audits were completed, and where required, corrective</p>

		<p>actions were implemented.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Education resources in te reo Māori were available. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Residents who identify as Māori expressed satisfaction with the information provided.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes antibiotic usage.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. 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 and the governing body.</p> <p>Residents were advised of any infections identified and whānau where</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and whānau. There were three COVID-19 outbreaks reported since the previous audit. All outbreaks were managed effectively with appropriate notification completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. The governance group demonstrated commitment to this. Any restraint activities are reported to them. At the time of this audit there was no restraint being used at Mountain View and this has been the case since December 2022. The service has removed all detachable bed rails, and residents at risk of falls from bed sleep in an ultra-low bed with a mattress beside the bed on the floor. Perimeter guards and sensor mats are also in use.</p> <p>The organisation's policies and procedures were reviewed in January 2023 and meet the requirements of this standard. The rest home charge nurse is appointed as the restraint coordinator. The role is described as providing support and oversight for any restraint management. Staff regularly attend training about the least restrictive and alternative practices, safe restraint practice, cultural-specific interventions and de-escalation techniques.</p> <p>Annual audits and an analysis of organisational wide restraint are</p>

		<p>continuing despite there being no restraint.</p> <p>The restraint coordinator stated that if restraint is required, a restraint approval group which includes the FM and other CN, the resident's whānau/ EPOA and the GP would assemble to make an informed decision on approval of the use of restraint and monitor the restraint processes.</p>
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Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection 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 subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>Prior to 2020, residents were frequently transferred to public hospital for reassessment, antibiotics or pain/symptomatic relief. The service has used a multipronged risk-based approach to reduce the number of hospital admissions. The first step in this was to implement electronic medicines prescribing and work collaboratively with the GP to ensure timely changes to treatment and/or medicine regimes. The GP now responds to staff text messages/requests for medicines changes within hours (and after hours) rather than the day it used to take for faxing requests and prescriptions. The GP interviewed expressed a high level of confidence in the RNs' clinical judgements. This GP who visits weekly, knows each of the residents and uses the hospital geriatrician for back up when required. Changes to improve the frequency, timing and effectiveness of communications between different designations of staff and all shifts, family/whānau and allied health professionals were initiated. This included in-depth discussions with family/whānau about advance directives for</p>	<p>Admissions to public hospital have significantly reduced over a three-year period. The number of admissions prior to 2020 was 20-25 transfers each year. Admissions to public hospital dropped to no more than nine recorded for each year.</p>

		<p>care and involving family even earlier in decisions about treatment. Handovers between RNs are now conducted at the bedside of unwell residents. Staff also eliminated the use of dip sticks for urinalysis to prevent misdiagnosis and reduce unnecessary use of antibiotics. This produced proactive rather than reactive interventions for management of symptoms that could be caused by infection or masking other conditions. These, in addition to the ongoing focus on specific areas of care with designated RN champions for nutrition, falls, palliative care, infections/wounds and restraint, has resulted in the service minimising and reducing clinical risks to residents that lead to rapid or unexplained deterioration and the need for admission to public hospital.</p>	
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End of the report.