

# Heartland Care Limited - New Vista

---

## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Heartland Care Limited

**Premises audited:** New Vista

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

**Dates of audit:** Start date: 5 November 2024 End date: 6 November 2024

**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:** 54

# 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 tātou 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service are unattained and of moderate or high risk

## General overview of the audit

New Vista provides rest home and hospital services for up to 60 residents. The service is owned and operated by Heartland Care Limited.

This surveillance audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contracts held with Health New Zealand – Te Whatu Ora. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents and whānau, governance representatives, staff, allied health providers, and a general practitioner.

The facility is managed by an experienced manager, supported by an experienced clinical services manager who is a registered nurse and has clinical oversight of the facility. Residents and whānau were complimentary of the care being provided.

Improvements identified at the previous (certification) audit related to partnerships with Pasifika communities, quality and risk activities, evaluation of ethnicity data to support equity, individualised care planning, staff orientation, staff training and competencies, performance appraisals for staff, infection prevention and antimicrobial stewardship, and restraint management. All have been addressed. An improvement is required from this audit relating to staff availability.

## Ō tātou 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 are fully attained.

New Vista provided an environment that supported residents' rights. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori and that endorses Te Whare Tapa Whā model of care. Staff at New Vista worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori residents, their whānau, and staff interviewed.

There was also a health plan in place to support staff caring for residents of Pasifika origin, with an appropriate model of care (Fonofale) available for use. There were no Pasifika residents in New Vista at the time of the audit.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents were safe from abuse.

Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were followed wherever possible.

Internal complaints were resolved promptly and effectively in collaboration with all parties involved. The service had one Health and Disability Commissioner complaint open at the time of audit.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of low risk.
---	--	---

The organisation is governed by two owners who are directors of Heartland Care Limited. The governing body is accountable for the delivery of a quality service that is inclusive of, and sensitive to, the cultural needs of Māori. Both directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau 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.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

There are sufficient staff employed to meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe, equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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 are fully attained.
---	--	--

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

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any recent problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

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

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

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

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

Includes two 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 are fully attained.
---	--	--

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical and biomedical equipment was evaluated as required.

There have been no changes to the buildings or services since the previous (certification) audit.

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

Includes five 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 are fully attained.
---	--	--

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

The infection control coordinator participates in procurement processes and any facility changes.

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

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission.

## Here taratahi | Restraint and seclusion

Includes four 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 are fully attained.
---	--	--

The service is currently a restraint-free environment; restraint was last used in August 2024. Restraint elimination is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Restraint is used only as a last resort and when all other interventions/strategies have failed.

The restraint coordinator for the service is an experienced registered nurse. The restraint coordinator has a defined role to provide support and oversight for restraint management should this be required in the future.

Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions and restraint monitoring.

## 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	23	0	1	0	0	0
Criteria	0	70	0	1	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.

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. 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>	FA	<p>New Vista provided an environment that supported residents’ rights. There was a health plan in place that was specifically directed at Māori. Staff have access to a culturally appropriate model of care to guide culturally safe services which has been utilised for Māori residents in the service.</p> <p>The service works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori residents and their whānau. The service can access support through staff employed in the service and through a kaumatua from the local Te Whatu Ora (Whanganui) who is also a member of the Ratana Church.</p>
<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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	FA	<p>New Vista identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes; this addresses a corrective action identified at a previous (certification) audit.</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>		
<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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Training on the Code had been provided. The Code is displayed all around the facility in English, te reo Māori and New Zealand Sign Language (NZSL), with brochures accessible in the entrance foyer and at reception.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Poster on the Advocacy Service were on display in English and te reo Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff were noted to be maintaining professional boundaries during the audit. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission with photographs taken of valuables on admission (with permission). Valuables can be stored securely in the resident's room. Residents and whānau reported that property is respected and finances protected.</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 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>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice</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>of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</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>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements were made as a result of the investigation.</p> <p>There have been no complaints from Māori in the service, but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There has been one complaint received by the service via the Office of the Health and Disability Commissioner (HDC) since the previous (certification) audit. The service has responded to the complaint within the appropriate timeframes set by the HDC. The complaint remains open at the time of audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the 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</p>	<p>FA</p>	<p>The two directors of Heartland Care Limited assume accountability for delivering a high-quality service. Policies in place for Māori and Pasifika support meaningful inclusion of Māori and Pasifika in governance activities, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Policies and procedures also ensure compliance with legislative, contractual and regulatory</p>

<p>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>requirements.</p> <p>The purpose, values, direction, scope and goals of the organisation are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., trilingual signage in English, te reo Māori, and New Zealand Sign Language) and information in other languages for the Code of Rights, advocacy services, and infection prevention and control). New Vista promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika.</p> <p>Governance commits to quality and risk via policy, procedures and processes; a feedback mechanism is in place from the management team at New Vista to governance. The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation. The FM at New Vista is an enrolled nurse (EN) with significant aged-care and management experience. The FM is supported by an experienced clinical nurse manager (CNM) who is a registered nurse and who oversees clinical services. This addresses two corrective actions identified at a previous (certification) audit and meets the contractual requirements of the service's contracts with Health New Zealand – Te Whatu Ora (Te Whatu Ora).</p> <p>The service holds contracts with Te Whatu Ora for age-related residential care (ARRC) at rest home and hospital levels. It also holds contracts with Te Whatu Ora for short-term care (respite), Long Term Support-Chronic Health Conditions (LTS-CHC), and intermediate care (nexus between the public hospital and the resident's home). Contracts are also held with Whaikaha for younger disabled people and with the Accident Compensation Corporation (ACC).</p> <p>Fifty-four (54) residents were receiving services on the first day of audit. Twenty-five (25) residents were receiving rest home services (20 under the ARRC rest home contract, one on an ARRC respite contract, three on an intermediate care contract and one on a Whaikaha contract), 29 residents were receiving hospital level care services (24 under the ARRC hospital level contract, one on an intermediate care contract, three on Whaikaha contracts, and one on an ACC contract). No residents were receiving</p>
--	---

		services under the LTS-CHC contract.
<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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. Relevant corrective actions are developed and implemented to address any shortfalls. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner.</p> <p>Internal audits were being completed and corrective actions from these were being followed up, addressing a corrective action identified at a previous (certification) audit.</p> <p>Quality and risk management information is collected, and this is communicated with the owners/directors of the service and with staff. Organisational practices to improve health equity are occurring through the Māori and Pasifika health plans and through staff who identify as Māori or Pasifika. Staff were aware of the outcomes from quality activities. Ethnicity data was being collected by the service and this is used to promote health equity for service users, and together these address two corrective actions identified in the previous (certification) audit.</p> <p>The FM and CNM understood and have complied with essential notification reporting requirements. There have been six Section 31 notifications completed to Manatū Hauora in the last 12 months. Three of these related to changes of CNM (which has been a challenge for the service), one due to RN shortage (the service is now fully staffed), one due to an unstageable pressure injury, and one due to a resident wandering away from the facility. The FM and CNM were aware of the reporting requirement to Te Tātū Hauora – Health Quality and Safety Commission (HQSC) for all severity assessment code (SAC) reporting at SAC1 and SAC2 as well as pressure injury at stage 3 and above. No notifications have been made to Te Tātū</p>

		Hauora.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen 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>	PA Low	<p>There is a documented 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). However, while the facility adjusts staffing levels to meet the changing needs of residents, staff are not always available in sufficient numbers throughout the day (refer criterion 2.3.1).</p> <p>A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported care delivery, but also said that call bells were not always answered promptly (refer criterion 2.3.1). At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the facility.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements, addressing a corrective action identified at the previous (certification) audit. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service, and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Health care assistant (HCA) staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora. Staff reported feeling well supported with development opportunities.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role, including</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>specific responsibilities for infection prevention and control (IPC) and restraint. Professional qualifications and registration (where applicable) had been validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs, ENs, and associated health contractors (the general practitioner (GP), pharmacists, podiatrist, and dietitian).</p> <p>Induction, orientation and annual performance review was sighted in all files reviewed; this addresses two corrective actions (orientation and performance review) identified in the previous (certification) audit. Staff reported that the induction and orientation programme prepared them for their role and that they had input into the performance appraisal process.</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 at New Vista works in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes met contractual requirements. Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, from interviews of clinical staff, people receiving services and whānau.</p> <p>The services provided at New Vista were consistent with meeting the residents' assessed needs. Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the</p>

		<p>process.</p> <p>The above findings address the corrective actions identified at a previous (certification) audit, whereby care plans did not consistently describe the support required to address the residents' needs or record the risks and early warning signs that may adversely affect the residents' wellbeing. The previous audit also found the provision of services was not consistent with meeting the residents' assessed needs, and that there was no planned review of care plans that included any changes required. These too have now been addressed.</p> <p>Interviews with seven other residents identified they were happy with the care; however, six of these residents also made mention of the time it took for call bells to be answered. This was observed during the one and a half days of audit (refer criterion 2.3.1).</p> <p>An interview with the GP reported that they felt that the team at New Vista had stabilised since the previous (certification) audit. The team in place had the skills and knowledge to support multidisciplinary care; they could be relied on to refer residents to the GP in appropriate timeframes and follow up on any instructions given.</p>
<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>	<p>FA</p>	<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 were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were used at New Vista and the relevant guidelines were in place.</p> <p>Self-administration of medication was facilitated and managed safely.</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 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>	FA	<p>The menu was reviewed by a dietitian in January 2023 and verified as being in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from residents and whānau interviews, satisfaction surveys and resident meeting minutes.</p> <p>The service operates with an approved food safety plan, which expires in June 2025.</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>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative.</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>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</p>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits. The building has a building warrant of fitness which expires on 22 June 2025.</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</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 and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Staff have been trained in fire and emergency procedures in 2024, addressing a corrective action identified at the previous (certification) audit. Staff interviewed were able to describe what to do in a fire or civil defence emergency.</p> <p>There have been no building changes at New Vista since the previous audit.</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>A documented pathway for IP and AMS issues to be reported to the owners/directors of the service has been established, addressing a corrective action identified at the previous (certification) audit. Significant events are reported immediately.</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</p>	<p>FA</p>	<p>The infection control coordinator (ICC) at New Vista is responsible for overseeing and implementing the IP programme, with reporting lines to the owners of the service. The ICC is a RN who has appropriate skills, knowledge and qualifications for the role, and confirmed access to the necessary resources and support. There is a job description in place which describes the role. There is a clearly defined infection prevention (IP) programme that has been provided by an external advisory company. This had been developed by those with IP expertise and links to New Vista's</p>

<p>and navigate and messages are clear and relevant. 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>quality improvement programme. This is reviewed annually. Evidence was sighted of IP and antimicrobial stewardship (AMS) training, which is being provided by the ICC and the infection control nurse from the local Te Whatu Ora (Whanganui) hospital. Interviews and documentation verified advice is sought from the ICC when making decisions around care delivery, facility changes and procurement. Educational resources were available in te reo Māori. These findings address a number of corrective actions identified at the previous (certification) audit.</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.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</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. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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>Responsible use of antimicrobials is promoted at New Vista. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and shows a reduction in antimicrobial use. This finding addresses a previous corrective action that identified there had been no evaluation of the AMS programme and no consideration given to the use of strategies to reduce the use of antimicrobials.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) at New Vista is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance data includes ethnicity data. A corrective action at the previous (certification) audit identified the results of surveillance and recommendations were not</p>

<p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>reported to staff, management, or the governing body; this has been addressed. Results of the surveillance programme and required actions are shared with staff, management and the governing body, in a timely manner, as evidenced by interviews and in documentation.</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 mitigation of transmission of antimicrobial-resistant organisms. The ICC has oversight of the testing and monitoring programme for the environment, and education has been delivered to ensure that the ICC understands their responsibilities. This addresses a finding from the previous (certification) audit, which identified the ICC had no oversight of these areas.</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>The FM and owners/directors of New Vista have shown their commitment to reducing restraint use in the facility, addressing a finding from the previous (certification) audit. Since the previous (certification) audit, restraint use has reduced (with input from the resident, their EPOA or whānau) from 14 residents to none; restraint was last used until 6 August 2024. At the time of audit, no restraint was seen to be in use. Any plan to use restraint is reported to the owners/directors of the service.</p> <p>Policies and procedures meet the requirements of the Standard. Review of historic restraint use since the previous (certification) audit showed that these were being implemented by the service, addressing a corrective action identified at the previous (certification) audit.</p> <p>Other corrective actions identified during the previous (certification) audit which have been addressed related to the absence of executive leadership to guide the restraint elimination process, restraint reporting to the owners/directors of the service and to staff, and training for staff in least restrictive practice, safe practice, the use of restraint, alternative cultural-</p>

		<p>specific interventions, and de-escalation techniques.</p> <p>New Vista now has an executive leader who is the restraint coordinator (RC), and a RN who is responsible for ensuring the commitment to restraint minimisation and elimination is implemented and maintained. The RC has the knowledge and skills to manage the role, with a job description for the role in place to guide practice.</p> <p>Processes are now in place to allow restraint to be reported at all levels of the service.</p> <p>Policies are in place that require the use of restraint to be part of the holistic assessment of the person's care or support plan; this was evident in the historic records of three residents' files reviewed. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process. This was evidenced in the consent forms on the files of residents who had been using a restraint, and in their care plan from that time.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2024 training programme.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability in place to make sure that all restraints would be approved, and the overall use of restraint monitored and analysed.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>There were corrective actions identified across all criteria from this subsection at the last (certification) audit; all have now been addressed.</p> <p>When restraint is to be used, this would be as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring, and evaluation were documented on the three historic records sighted and included all requirements of the standard. Documentation showed that whānau were involved in decisions around restraint use. Access to advocacy can be facilitated as necessary.</p> <p>Restraint is overseen by the RC, who is a RN. Processes (assessment and evaluation) took into consideration the person's cultural, physical,</p>

		<p>psychological, and psychosocial needs, and addressed wairuatanga in the resident files sighted. Evaluation of restraint was carried out monthly in the files sighted.</p> <p>A restraint register was maintained and reviewed at each restraint approval group meeting, which were held three-monthly when restraint was in use and now six-monthly. The register contained enough information to provide an auditable record, including all requirements of the standard.</p> <p>No emergency restraint has been used at New Vista. If emergency restraint was used, a person-centred debrief would follow any episode of emergency restraint, using the most appropriate member of the workforce to do so.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint committee had undertaken a three-monthly review of all restraint in use when there were residents using a restraint. Now that the service is restraint-free, a six-monthly review of all residents who might be considered for restraint is conducted. Review of restraint includes all the requirements of the standard, addressing a corrective action from the previous (certification) audit. The outcome of the review is reported to the owners/directors of the service. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has been reduced from 14 to none since the last audit.</p>

## 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The service has sufficient staff of appropriate skill on the service’s roster to cover the facility 24/7. During the audit, residents and their whānau reported that call bells were not always being answered promptly and this was observed during the audit. Investigation of rosters showed that there were two ‘pressure points’ where there were insufficient staff available to residents; at around 1pm and 4pm. The reason for this was that staff who had completed their shift left at 1pm at a time when the two remaining staff on duty were needing to take breaks. When one person left the floor to do this, it left one staff member in the two care areas (one in the rest home and one in the hospital) to care for residents, some of whom in the hospital care area required two-person assists. In the afternoon, staff who had completed their shift left at 4pm and staff starting their shift started at 4pm going straight into handover. This meant that there was again only one staff member in each care area</p>	<p>Staff are not always available in sufficient numbers to provide culturally and clinically safe services to residents at all times.</p>	<p>Provide evidence to show that the roster has been reviewed to make sure there are staff available in sufficient numbers to provide culturally and clinically safe services to residents at all times.</p> <p>180 days</p>

		<p>caring for residents.</p> <p>This was brought to the attention of the FM during the audit, and they have committed to work with the CNM to adjust roster times to make sure there are sufficient staff available to residents at all times to meet care requirements. An interim solution will be put into place until a full roster review has been completed.</p>		
--	--	--	--	--

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

No data to display
--------------------

End of the report.