

The Hillview Trust Incorporated - Hillview Home and Hospital

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: The Hillview Trust Incorporated

Premises audited: Hillview Home and Hospital

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

Dates of audit: Start date: 20 November 2024 End date: 20 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: 53

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 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
Yellow	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
Red	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

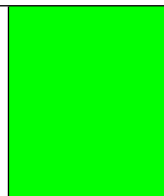
Hillview Home and Hospital (Hillview) provides rest home and hospital aged residential care for up to 54 residents. The only significant change since the previous certification audit in May 2023 is the appointment of a new general manager in November 2023.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents whānau/family members, the board chairperson, managers, staff, and a general practitioner.

Three areas requiring improvement were identified as a result of this audit. These include documentation of administered medicines, resident care plans not reflecting all assessed needs, and an annual review of infection control had not occurred. The corrective action required from the previous audit has been addressed. There are sufficient registered nurses (RNs) employed to have a RN on site 24 hours a day, seven days a week.

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 fully attained.

Hillview 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.

There were systems in place to ensure Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

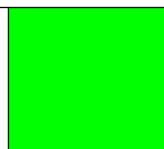
Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination, or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints were resolved promptly, equitably and effectively in collaboration with all parties involved.

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.



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were 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.

Staffing levels and skill mix met 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 are 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Files reviewed demonstrated that care was evaluated on a regular and timely basis.

Medicines were administered by staff who were competent to do so.

The food service met the nutritional and cultural needs of the residents. Food was safely managed supported by an approved food control plan.

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 fully attained.
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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 equipment was being tested as required.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, and is linked with the quality improvement programme.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The service is maintaining a restraint-free environment, which is supported by the governing body and policies and procedures. There have been no residents using restraints since 2022. The organisation has established systems and forms for restraint

assessment, approval, monitoring, and reviews in the event that any restraint is used. Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

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	15	0	1	2	0	0
Criteria	0	47	0	1	2	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.</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>	FA	<p>Hillview has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with a local kaumatua/katiaki, who supports service integration, planning, equity approaches, and individual support to Māori residents during fortnightly visits. Residents who identified as Māori said they felt culturally safe. A Māori team lead health care assistant has been designated to provide extra support to palliative residents and their whānau, to ensure kawa is adhered to. This quality improvement is still being assessed and evaluated. Feedback from whānau has been positive, with one family presenting the facility a Kaitātaki korowai (feather cloak) with symbolic designed feathers representing their experience of the 'wairua' and 'outstanding' care provided by staff.</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.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to</p>	FA	<p>Hillview provides services that are underpinned by Pacific worldviews. 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. Although there were no Pasifika residents, the processes and resources</p>

<p>achieve tino rangatiratanga. 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>in place provide sufficient guidance for staff to ensure a resident's cultural and spiritual needs and beliefs are considered.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<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 records sighted verified staff had received training on the Code.</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. The Code was displayed in posters around the facility and brochures were available at the front entrance.</p>
<p>Subsection 1.5: I am protected from abuse 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>Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples of such identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property was respected, and their finances protected.</p>
<p>Subsection 1.7: I am informed and able to make choices 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. 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</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate, their whānau, felt empowered to actively participate in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p>

<p>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>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. The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission, and those interviewed said they understood how to raise concerns and would not hesitate to do so.</p> <p>Staff confirmed their understanding of the complaints process and stated they always refer complainants to the managers, who are responsible for managing them.</p> <p>The complaints register recorded one verbal concern received from a family member. Minutes from a meeting with the family, the board chair, GM and CNM confirmed the matter was resolved within 12 days of the concern being raised.</p> <p>There have been no known complaints submitted to Health New Zealand – Te Whatu Ora or to the office of the Health and Disability Commissioner (HDC) since the previous audit. The service assures the process works equitably for Māori by offering independent and culturally safe advocacy and support.</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 governing body, a six-person trust board, assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the general manager (GM) and clinical nurse manager (CNM) in collaboration with the governance group. External advice is sought as required.</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>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed, and through interview with the board chairperson. A commitment to the quality and risk management system was evident. Members of the senior leadership team interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the trust board.</p> <p>The clinical governance structure comprising the RNs and the CNM is appropriate to the size and complexity of the organisation, with reporting to the board, general practitioner and nurse practitioner, and monitoring of resident safety.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora, for aged residential care, hospital medical, geriatric, and rest home care. The agreement includes provision for respite/short-stay and long-term support–chronic health conditions (LTS–CHC) and post-acute care.</p> <p>On the day of audit, there were 53 residents receiving services. Of these, 34 were assessed at rest home level care, and 19 at hospital level care. One rest home resident was there for a short stay/respite, four residents were under the LTS–CHC scheme, one was funded by Whaikaha – Ministry of Disabled People and one was funded by the Accident Compensation Corporation.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes policies and procedures, management of incidents, infections and complaints, internal audit activities and monitoring of outcomes. Annual resident and relative satisfaction surveys are conducted. There was a very low return from the May 2024 survey, so another survey was implemented in October. Results from this had not been evaluated at the time of the audit.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of</p>

<p>health care and support workers.</p>		<p>contractual requirements and were current.</p> <p>The board chairperson described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The CNM and board chairperson understood and have complied with essential notification reporting requirements. The only notification since the previous audit was the appointment of a new GM in November 2023 and notifications of outbreaks in 2023. There have been no police investigations, coroner's inquests, or issues-based audits.</p>
<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>	<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 facility adjusts staffing levels to meet the changing needs of residents. 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 this. A majority of staff are maintaining first aid certificates, and there is always at least one person on duty who has a current certificate.</p> <p>There are now eight RNs employed, providing 24/7 RN coverage. The previous corrective action has been resolved.</p> <p>A sample of rosters sighted showed that two RNs are allocated on each morning shift, one in the afternoon and one on night shift, plus the RN clinical manager is on site Monday to Friday and on call after hours. Eight health care assistants (HCA) plus a team lead HCA are rostered on each morning shift and four in the afternoon, plus two short shifts 'floaters' who start at either 4.30 pm or 5 pm until 7 pm or 8 pm. Two HCAs are allocated for each night shift. One diversional therapist and two casual activities staff ensure there is at least one activities person on site seven days a week.</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 supports equitable service delivery. This is planned on an annual basis, and all staff attendance is monitored. The sighted 2024 training plan contained evidence of regular and relevant aged care education including training sessions on equity and high-quality care for Māori.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the funder. Of the 28 HCAs, 17 have achieved Level 4 of the National Certificate in Health And Wellness, two are at Level 3, four are at Level 2 and five new staff are enrolled to start. Staff records reviewed demonstrated completion of the required training and competency assessments.</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. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in the staff records sampled.</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>PA Moderate</p>	<p>Five files were reviewed at this audit, three rest home and three hospital files, and included a resident receiving care under a Whaikaha (young person with a disability) contract, a resident receiving care under an Accident Compensation Corporation (ACC) contract and residents receiving care under the Age-Related Residential Care (ARRC) contract.</p> <p>The multidisciplinary teamwork 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 which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were not always recorded (refer criterion 3.2.4). Residents who had experienced an unwitnessed fall were evidenced to have an RN post fall assessment and neurological observations for the required timeframes. Residents with identified swallowing deficits had a meal consistent with their needs and were enabled time and support to eat their meal slowly. Residents with diabetes had their blood sugars monitored as requested by the general practitioner (GP) or the nurse practitioner (NP).</p> <p>Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. Interviews and observations verified staff supported Māori and whānau to identify their own pae ora outcomes; however, this was not evident in the documentation in their care plan (refer criterion 3.2.4). This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau.</p> <p>Management of any specific medical conditions was, except for one file, 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 are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p>
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<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>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were deemed competent to perform the function they managed. However, the observed practice of medication administration by RNs during this audit requires attention.</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 are used, were current, and complied with guidelines.</p> <p>Self-administration of medication is 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>	<p>FA</p>	<p>The menu has been developed 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 operated with an approved food safety plan and registration.</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</p>	<p>FA</p>	<p>Transfer or discharge from Hillview 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 recent transfer of</p>

<p>supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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>their relative.</p>
<p>Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>FA</p>	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current building warrant of fitness, electrical and bio-medical testing, and regular checking of all plant, furniture and equipment. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p>
<p>Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. 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>PA Low</p>	<p>The clinical manager at Hillview is the infection prevention and control nurse (IPCN) and is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governing body. The programme is linked to the quality improvement programme; however, it has not been reviewed yearly. This was confirmed by the IPCN and the programme documentation. A finding was identified. Staff were familiar with policies and practices 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 5.4: 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 surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) 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 includes ethnicity data. Results of the surveillance programme are shared with staff and reported to the governing body.</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 Hillview and this has been the case since July 2022.</p> <p>The organisation's policies and procedures meet the requirements of this standard. Staff regularly attend training about the least restrictive and alternative practices, safe restraint practice, cultural-specific interventions, and de-escalation techniques.</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 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments</p>	<p>PA Moderate</p>	<p>A review of five files identified that, in general, most areas of support the resident required was identified and monitored. Three of those files, however, had not identified some area of support the resident required to meet their assessed needs. Two files of residents who identified as Māori included a Māori assessment that highlighted several tikanga guidelines important to those residents; however, these were not documented in the care plan. A resident developed a pressure injury. No pressure injury risk had been identified on admission, despite the resident’s condition being a mitigating factor. A resident who had been admitted displayed several challenges that were being managed well was an insulin-dependent diabetic. The care plan documented they were a diabetic and</p>	<p>Three of the five care plans reviewed did not identify all areas of support the resident required to meet their assessed needs.</p>	<p>Provide evidence care plans address all the support the resident requires to address their assessed needs.</p> <p>90 days</p>

<p>are an ongoing process and that any changes are documented.</p>		<p>required blood glucose monitoring (BGLs); however, there was no mention of insulin, or subsequent alerts. The resident also had an ileostomy; however, there was no documentation regarding this and the reasons for it. The medical notes, from a previous GP, had not been received for this resident. Potential risks were unknown, preventing the monitoring of any early warning signs.</p>		
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>An observed medication round was undertaken during this audit. Safe practices were observed at the time. A review of ten medication charts verified overall compliance, with one exception. A resident was admitted, and according to the medication chart from the previous care home, requires insulin. However, the care plan does not identify that the resident is on insulin, only that they are diabetic and require BGL monitoring. Interviews identify that when the resident was admitted there was very little clinical data available, and the GP has not received any medical notes from the previous GP. The Hillview GP admitted the resident and did not include insulin on the medication chart. The RN stated they contacted the GP. The GP verified this. The RNs for the past three weeks have been administering the insulin off the old medication chart. A phone conversation with the GP, on the day of audit, stated they verbally authorised it via a phone order. No evidence was sighted of a phone order. BGL records verify the resident was having high BGLs prior to when the insulin is given. The</p>	<p>The system being used to administer medication by the RNs, when the electronic system has not been updated, has the potential to expose residents to risk.</p>	<p>Provide evidence that processes are in place to ensure medications are administered as per the resident's present medication chart.</p> <p>30 days</p>

		GP addressed the finding by amending the electronic medication chart on the day of audit.		
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	The IP programme has been developed by those with IP expertise and approved by the governing body. The programme is linked to the quality improvement programme. It has not been reviewed yearly.	The infection control programme has not been reviewed within the last year.	<p>Provide evidence the infection control programme is reviewed yearly</p> <p>180 days</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.