

# Waihi Hospital (2001) Limited

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health Audit (NZ) Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

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

The specifics of this audit included:

<b>Legal entity:</b>	Waihi Hospital (2001) Limited
<b>Premises audited:</b>	Waihi Hospital & Rest Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 12 January 2015      End date: 13 January 2015
<b>Proposed changes to current services (if any):</b>	Click here to enter text
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	34

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

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

## General overview of the audit

Waihi Hospital provides care for up to 57 residents and clients. During the certification audit there were 34 residents living at the facility including 17 residents requiring the rest home level of care, 16 residents requiring hospital level of care, one maternity client (mother and baby) and one resident referred by the general practitioner for up to seven days support. The manager (registered nurse) is responsible for the overall management of the facility and had been in the role for a year.

Service delivery was monitored through a quality and risk management programme that included review of complaints, incidents and accidents, surveillance of infections, completion of internal audits and satisfaction surveys.

The staffing policy was the foundation for workforce planning. Staffing levels were reviewed for anticipated workloads and acuity with rosters indicating that staffing reflected resident acuity and bed occupancy. There was at least one registered nurse in the service at all times. Residents and family stated that they received a high standard of support.

Improvements are required to the following: communication of incidents to family, the quality programme, training, job descriptions, human resources processes, checks of the boilers, availability of material safety data sheets, cleaning of the drying room and chemical storage.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some standards applicable to this service partially attained and of low risk.
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Staff demonstrated an understanding of resident rights. This knowledge was incorporated into their daily work duties and in caring for the residents. Residents were treated with respect and received services in a manner that considered their dignity, privacy and independence. Information regarding consumers' rights, access to advocacy services and the complaint process was available to residents and their family. The residents' cultural, spiritual and individual values and beliefs were assessed and informed consent policy and processes were implemented by the service.

An improvement is required to ensure that there is documentation to confirm that families are informed after an incident.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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There was a documented quality and risk management system that supported the provision of clinical care and support. Policies were reviewed one to two yearly. Quality improvement occurred through review of incidents, accidents, complaints, implementation of an internal audit schedule, and a health and safety programme.

There were human resources policies with an orientation/induction and training programme implemented. There was a policy for determining staffing and skill mix for safe service delivery with 24-hour registered nursing in the facility. There were health care assistants identified to work in the maternity annex only with independent midwives providing care for residents.

## Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Service delivery was provided in a manner that supported the resident's wishes and individual requirements. Care was provided by trained staff. Services were planned, co-ordinated and delivered in a timely manner, with input from family and significant others. Activities for residents were varied and supported both physical and cognitive requirements of the individual. One of six files reviewed noted evaluation of the short term care plan was not completed in a timely manner.

## Safe and appropriate environment

<p>Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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All building and plant complied to legislation with fire safety checks by an external contractor. Residents rooms were of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Laundry was completed on site and the manager and staff monitored cleaning to ensure that the facility was clean at all times. An improvement is required to cleaning of the drying room.

Essential emergency and security systems were in place with regular fire drills completed. An improvement is required to ensure that the boilers are checked annually.

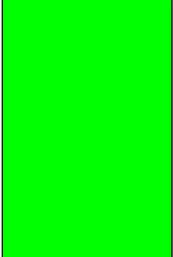
Improvements are required to storage of chemicals in a safe manner.

## Restraint minimisation and safe practice

<p>Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.</p>		<p>Standards applicable to this service fully attained.</p>
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Enablers were used to assist resident's independence. Restraints were only used after consideration of other options, and following detailed assessment of the resident, including discussion with the resident's family. Best practice guidelines for restraint management were followed.

## Infection prevention and control

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

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	40	0	5	5	0	0
<b>Criteria</b>	0	87	0	9	5	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	<p>FA</p>	<p>Staff received education on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) during their induction to the service and through the annual education programme. Interviews with staff including five health care assistants and two registered nurses specifically asked confirmed their understanding of the Code.</p> <p>Examples on ways the Code was implemented in everyday practice was sighted including maintenance of residents' and clients' privacy, giving of choices, encouragement of independence and ensuring that residents could continue to practice their own personal values and beliefs.</p> <p>The information pack provided to residents on entry included how to make a complaint, code of rights pamphlet and advocacy information.</p> <p>Training around the code of rights, privacy and confidentiality and complaints was last provided in 2014. The auditors noted respectful attitudes towards residents on the day of the audit.</p>

<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	<p>FA</p>	<p>Maternity – The client interviewed stated information had been given on the advantages and disadvantages of choices made about care options. Next of kin stated information had been given in a way to enable understanding and support decision making. Written information to enable informed choice with regard to formula feeding was sighted, as was the informed consent forms to be signed.</p> <p>Rest home and hospital- Records sighted contained signed consent forms to receive care. All residents spoken to confirmed they had been given informed consent prior to any care intervention. All family interviewed stated they had been given adequate information to support the family member make an informed choice.</p> <p>All clinical records sighted had signed advance directives.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Information on advocacy services through the Health and Disability Commissioner's (HDC) Office was provided to residents and families. Written information on the role of advocacy services was also provided to complainants at the time when their complaint was being acknowledged with a note on the complaints form reminding complainants that they could contact advocacy services.</p> <p>Resident, family and visitor information around advocacy services was available at the entrance to the service.</p> <p>Staff training on the role of advocacy services occurred last in November and December 2014.</p> <p>Discussion with family and residents identified that the service provides opportunities for the family/EPOA to be involved in decisions and relatives stated that they had been informed about advocacy services.</p> <p>The resident file included information on resident's family/whanau and chosen social networks.</p> <p>Staff were aware of the right for advocacy and how to access and stated that they provide advocacy information to residents if needed.</p>

<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>The service had an open visiting policy. Residents were able to have visitors of their choice at any time. The facility was secured in the evenings (earlier in winter to coincide with dusk) but visitors could arrange to visit after doors are locked.</p> <p>Families interviewed confirmed they can visit at any reasonable time and were always made to feel welcome. Family were seen coming and going freely on the days of the audit.</p> <p>Residents were encouraged to be involved in community activities and maintain family and friends networks. Links were also encouraged through church with some residents still engaged in community activities. The service activity programme included performing groups who entertain residents and outings during the week. Residents were included in shopping visits and outings with families.</p> <p>Communication with family members was recorded in progress notes.</p> <p>The maternity unit environment was welcoming for children and families and residents stated they felt comfortable and welcome.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The organisation's complaints policy and procedures was in line with the Code and included time-frames for responding to a complaint. Complaint's forms were available at the entrance, provided in information packs given to residents on entry to the service and provided in baskets and packs in the maternity annex.</p> <p>A complaints register was in place and the register included the date the complaint the complaint was resolved. Evidence relating to each lodged complaint was held in the complaint's folder.</p> <p>The manager confirmed that there had not been any complaints lodged with external authorities since the previous audit.</p> <p>Three complaints documented in 2014 were reviewed. All were documented on the complaints register with all signed off stating that they were resolved in a timely manner.</p> <p>Residents and family members stated that they would feel comfortable complaining. All stated that they had nothing to complain about.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>A registered nurse discussed the Code including the complaints process with residents and their family on admission. Discussions relating to the Code were also held during the monthly residents' meetings (meeting minutes sighted).</p> <p>Residents, clients and family interviewed including six residents (two rest home, one maternity, one under a general practitioner medical contract and two hospital) and three family members confirmed their rights are being upheld by the service.</p> <p>Information regarding the Health and Disability Advocacy Service was clearly displayed in multiple locations throughout the facility and in a brochure that was held at reception. Pamphlets around the Code were available at the front entrance of the service with posters displayed. If necessary, staff will read and explain information to residents as stated by the health care assistants and registered nurses interviewed. Information was also given to next of kin or enduring power of attorney (EPOA) to read to and discuss with the resident in private.</p> <p>Residents and family members interviewed were able to describe their rights and advocacy services particularly in relation to the complaints process. Family members interviewed confirmed that they know where the complaints forms were.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The service ensured that each resident had the right to privacy and dignity, which was recognised and respected. The residents' own personal belongings were used to decorate their rooms. Discussions of a private nature were held in the resident's room with a number of small areas and rooms available for family and residents to meet.</p> <p>Five of five health care assistants interviewed including one from the maternity annex reported they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas – observed on the days of the audit. Residents and families interviewed confirmed the residents' privacy was respected.</p>

		<p>Health care assistants interviewed reported that they encouraged residents' to be as active as possible. Health care assistants gave examples of assisting residents with their activity programmes.</p> <p>The service was committed to the prevention and detection of abuse and neglect through the provision of guidelines for staff to prevent, identify, report and correct any risk to residents and staff from abuse or neglect wherever or whenever this may arise. There was an expectation that staff will, at all times, work within the organisation's mission statement, values and objectives of service delivery, and have knowledge of legislation relating to human rights and the Code as stated by the manager. Staff received education and training on abuse and neglect during their induction to the service and in the training programme provided by the organisation. Staff interviewed were aware of the signs of abuse and neglect and had last training in November 2014.</p> <p>Resident files reviewed (six including one maternity, one medical, two rest home and two hospital) identified that cultural and /or spiritual values, individual preferences are identified as per individual needs. There were church services offered weekly and one resident chose to attend a church in the community.</p> <p>There were clear instructions provided to residents on entry regarding responsibilities of personal belongings in their admission agreement.</p> <p>Residents and family interviewed confirmed that personal dignity and respect was respected and there was no evidence of bullying from staff or of any abuse or neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The service implemented the Maori health plan and cultural safety procedures to eliminate cultural barriers. The rights of the residents/family to practise their own beliefs were acknowledged in the plan and policies.</p> <p>Links to local kaumatua Maori services were documented with a kaumatua offering support when required. There were links to iwi documented and there were three identified staff members who identify as Maori who can provide advice when needed.</p> <p>There was one resident who identified as Maori living at the facility</p>

		<p>during this certification audit. There were staff members who identify as Maori. Staff interviewed reported that specific cultural needs were identified in the resident care plans.</p> <p>Staff were aware of the importance of whanau in the delivery of care for Maori residents and staff interviewed could describe ways that they met cultural needs.</p> <p>Staff had training around Maori health in July 2014.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identified each resident's personal needs and desires from the time of admission. This was achieved with the resident, family and/or their representative. The service was committed to ensuring that each resident was supported to be as independent as possible.</p> <p>Residents and family were involved in the assessment and the care planning processes as confirmed in interviews with residents and families. Information gathered during assessment included the resident's cultural values and beliefs. This information was used to develop a care plan.</p> <p>Staff had training around cultural safety in July 2014.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The facility implemented policies and processes that ensured staff were aware of good practice and boundaries relating to discrimination, abuse and neglect, harassment and exploitation. Training included discussion of the staff code of conduct and prevention of inappropriate care.</p> <p>Job descriptions included responsibilities of the position, ethics, advocacy and legal issues with a job description sighted in nine staff files reviewed.</p> <p>The orientation and employee agreement provided to staff on induction included standards of conduct.</p> <p>Interviews with staff including staff in the aged care facility and maternity unit confirmed their understanding of professional boundaries, including the boundaries of the health care assistants' role and responsibilities.</p> <p>Family and visitors were encouraged to visit residents and relatives state that the service provided a welcoming and supportive environment.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>There were policies and procedures to guide practice and these were reviewed one to two yearly.</p> <p>There was a training programme implemented (refer 1.2.7.5). The staff interviewed described sound practice based on policies and procedures, care plans and information given to them via the registered nurses.</p> <p>Registered nurse specific training was in place for the registered nursing staff and for health care assistants.</p> <p>Projects were undertaken to improve the lives of residents, clients and staff were able to describe how these had benefitted residents.</p> <p>All residents, clients and families interviewed expressed a high level of satisfaction with the care delivered. All stated that they had no intention of complaining as the service was excellent.</p> <p>The general practitioner reported that a high standard of care was provided at the service and the registered nurses demonstrated good clinical assessment skills.</p> <p>Consultation to other services was available e.g. through contracted dietician, podiatrist, physiotherapist and others as required.</p> <p>The 2014 resident and family satisfaction survey indicated that all respondents were satisfied or very satisfied overall with the service.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>PA Low</p>	<p>Accident/incidents, the complaints procedure and the open disclosure procedure alerted staff to their responsibility to notify family/enduring power of attorney of any accident/incident that occurs. These procedures guided staff on the process to ensure full and frank open disclosure is available.</p> <p>Staff state that family were informed if a resident had an incident, accident, had a change in health or a change in needs, however documentation on the accident/incident form did not record this. Progress notes reviewed stated that family were informed in some cases.</p> <p>Interviews with family members confirmed they were kept informed. Family also confirmed that they were invited to participate in planning of care through discussions with the registered nurse.</p>

		<p>Family interviewed confirmed that they were invited to attend the monthly resident meetings.</p> <p>Interpreter services were available when required from the District Health Board and the manager stated that the staff use family members to interpret when needed. There were no residents requiring interpreting services during the audit.</p> <p>The information pack was available in large print and staff advised that this could be read to residents.</p> <p>The information packs had been redeveloped for residents using hospital and rest home services, maternity services and residents coming in for a short stay as referred by the general practitioner. Each pack was appropriate to the residents entering the service. Residents in the maternity annex also received extensive information around pregnancy, delivery and postnatal care along with pamphlets describing links into the community.</p> <p>All resident admission agreements were signed on the day of admission.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>PA Low</p>	<p>Waihi Hospital provides long-term residential hospital care, sub-acute care for residents referred by the general practitioner for a maximum of seven days support. A maternity annex provided delivery and postnatal care for residents. Antenatal checks and clinics were held on site by independent midwives. Maternity care was provided by independent midwives who hold access agreements. The maternity annex had a maximum of five beds with one woman and baby using the facility on the first day of the audit. The hospital and rest home had 57 beds of which 34 were occupied on the day of the audit. Of the 34 residents, 17 residents required rest home level of care, 16 required hospital level of care. One resident was referred by a general practitioner for short-term care.</p> <p>The manager and managing director meet weekly with a monthly report documented by the manager. The report was discussed at monthly management reviews.</p> <p>There is a clear philosophy and this was relevant to all aspects of the services offered including the maternity annex.</p> <p>The manager is responsible for the overall management of the facility</p>

		<p>and has been in the role since January 2014. The manager is a registered nurse (with current annual practicing certificate) and is new to the management Role. The manager has not yet had formal training in management but has worked as a registered nurse for over 20 years with most practical experience in aged care in Australia and New Zealand. The manager had a job description that focused on the hospital and rest home.</p> <p>Plans were documented however these were not linked or reviewed.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	PA Low	<p>In the absence of manager, one registered nurse was delegated as being in charge of the facility. The clinical charge nurse was delegated into the position in July 2014 and was being supported by the manager. The registered nurse had four years' experience in aged care and had a job description for registered nurse. The delegated registered nurse had completed over eight hours training relevant to the registered nurse role annually.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	PA Moderate	<p>There was a documented quality and risk management framework to guide practice. The business plan, health and safety plan and quality plan was documented (refer 1.2.1.1).</p> <p>The service implemented organisational policies and procedures to support service delivery noting that there was a need to document further policies and procedures for support for residents in the maternity annex. All policies were subject to reviews as required with all policies current. The manager reviewed all policies with input from the registered nurse designated as second in charge. Policies were readily available to staff in hard copy. There was a document control system in place that recorded review of policies.</p> <p>Service delivery was monitored through complaints, review of incidents and accidents, surveillance of infections, implementation of an internal audit programme with a corrective action plan documented and evidence of resolution of issues.</p> <p>All staff interviewed reported that they were kept informed of quality improvements.</p>

		<p>There were annual family and resident satisfaction surveys which last took place in 2014. These also included a survey of Maori residents, residents in the maternity annex and a survey of satisfaction with the food service. Residents and family were satisfied with the service provided.</p> <p>The organisation had a risk management programme in place. Health and safety policies and procedures, and a health and safety plan were in place for the service (refer 1.2.1.1). There was a hazard register documented. There was evidence that any hazards identified were signed off as addressed or risks minimised or isolated.</p> <p>There were a series of meetings held across the service that involved all staff however these were inconsistently held and not all aspects of the quality improvement programme was discussed with all staff.</p> <p>There was a monthly resident meeting with minutes documented by the diversional therapist. Family were able to attend.</p> <p>The manager was able to discuss quality improvements that had been put in place in 2014 including installation of a new call bell system and a review of process and systems.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The manager was aware of situations in which the service would need to report and notify statutory authorities including police attending the facility, unexpected deaths, critical incidents, infectious disease outbreaks. The manager confirmed that there had not been a need to contact authorities since the manager's appointment.</p> <p>The service was committed to providing an environment in which all staff were able and encouraged to recognise and report errors or mistakes. This was evidenced in interviews with staff and the manager.</p> <p>Staff received education at orientation on the incident and accident reporting process.</p> <p>Twenty incident reports selected for review had a corresponding note in the progress notes to inform staff of the incident. Staff stated that they were also informed through the handover process.</p>

		All 20 incidents were signed off appropriately by the manager.
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Moderate</p>	<p>All registered nurses and the manager held current annual practising certificates. Visiting practitioner's practising certificates included the three general practitioners and midwives, dietitian and pharmacists.</p> <p>Staff files included signed contracts, job descriptions, applications, references and interviews. There was an annual appraisal process in place with all staff having a current performance appraisal. Police checks were not completed.</p> <p>All staff underwent an orientation programme.</p> <p>Health care assistants stated that they were paired with a senior health care assistant for shifts or until they demonstrated competency on a number of tasks including personal cares. Annual medication competencies were completed for all registered nursing staff and health care assistants who administer medicines to residents.</p> <p>The organisation had an education and training plan with attendance records retained. There was evidence of good staff attendance and health care assistants stated that they valued the training. Education and training hours exceeded eight hours a year.</p> <p>Three registered nurses were qualified in India as midwives. This was not recognised in New Zealand however these registered nurses used knowledge of midwifery to support staff in the maternity annex.</p> <p>There were seven health care assistants allocated to work in the maternity annex. All completed first aid training, annex emergency training and annual breast-feeding training with La Leche. They were also required to complete training annually in infection control relevant to the maternity unit and be medication competent. The manager and registered nurse stated that the health care assistants who work in the annex were provided with training specific to supporting mothers and babies by the midwives.</p> <p>Independent midwives signed a contract to agree to act as on call for an emergency 24 hours a day. There was a list in the maternity annex of on call midwives.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The staffing policy was the foundation for work force planning. Staffing levels were reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflected staffing levels that met resident acuity and bed occupancy.</p> <p>There was always a registered nurse on duty.</p> <p>When there were patients in the maternity annex, there was always a health care assistant on duty 24 hours a day. The registered nurse provided support to the maternity annex if required. All health care assistants and registered nurses work under the direction of the midwife.</p> <p>The manager works full-time Monday – Friday.</p> <p>Residents and families interviewed confirmed staffing was adequate to meet the residents' needs.</p> <p>There were 72 staff on the payroll including the eight registered nurses, a diversional therapist, household and kitchen staff and 40 health care assistants. There are independent midwives to support residents in the maternity annex with an on call midwife available. The patient and family member in the maternity annex confirmed that they felt safe and secure at all times.</p> <p>As soon as a woman arrives to deliver, the staff call the midwife allocated. If that is not known, then a midwife on call is called immediately. Staff state that in most cases, the midwife has been rung by the patient prior to coming into the service.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The service retained relevant and appropriate information to identify residents and track records. This included comprehensive information gathered at admission, with the involvement of the family. There was sufficient detail in resident files to identify residents' on-going care history and activities. Resident files were in use that were appropriate to the service.</p> <p>There were policies and procedures in place for privacy and confidentiality. Staff could describe the procedures for maintaining confidentiality of resident records. Files and relevant resident care and support information could be accessed in a timely manner.</p>

		<p>Entries were legible, dates and signed by the relevant health care assistant, registered nurse or other staff member including designation.</p> <p>Resident files were protected from unauthorised access by being locked away in an office. Information containing sensitive resident information was not displayed in a way that could be viewed by other residents or members of the public.</p> <p>Individual resident files demonstrated service integration. This included medical care interventions. Medication charts were in a separate folder with medication and this was appropriate to the service.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Maternity – Clients were admitted following referral from the Lead Maternity Carer (LMC) for primary labour, birth and postnatal care. Clients who self-referred to the service were cared for by facility staff until the arrival of the LMC or on call midwife. LMC's advised their clients and their family/whanau of the facilities entry criteria.</p> <p>Rest home, hospital and medical - Residents were accepted for admission following assessment by Disability Support Link (DSL) and having met the facilities admission criteria. Relationships existed with local GP's to ensure assessment on admission to the service.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Maternity – Discharge planning was reviewed daily by the HCA and the LMC. The client was involved in identifying needs to effect a safe and timely discharge. Transfer to secondary services was co-ordinated by the LMC, with support from the facility HCA and RN as appropriate, and in conjunction with St John ambulance services.</p> <p>Rest home/hospital – Long term care plans stated that the resident and their family were aware that discharge was not an option and the reason why not.</p> <p>Medical – Discharge planning occurred throughout residents stay, and needs documented and discussed with the resident and family/whanau. Referral is made to support services such as DNS, OT to enable a safe transition home.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Safe medicine management policies and processes were embedded in the culture of the facility.</p> <p>All staff had completed annual medicine management training, part of which included an administration competency assessment. Records were sighted confirming staff had completed the programme. Registered Nurses have syringe driver education, delivered by the medicine management nurse specialist at Waikato hospital.</p> <p>All medication files reviewed meet current legislative requirements.</p> <p>On the day of the audit no residents were self-administering medication.</p> <p>All medication, including medications requiring refrigeration were stored in a locked room with no access to the public. All medications in this room were clearly labelled with the name of the resident the medication was for. No medications had expired. The medication fridges contained an approved thermometer, and records of the fridge temperatures were recorded daily. Controlled drugs were in a locked safe. The controlled drug register had been checked weekly by two staff members. The 6 monthly stock take had been completed.</p> <p>All medications arrive in blister packs, clearly identifying the day and time administration is required. An administration signing sheet is used, all administration sheets sighted were completed according to best practice guidelines. In the case where a medical resident was admitted for a short stay, the residents own medication was administered, enabling continuity of medication and accurate reconciliation by the GP and pharmacist at discharge.</p> <p>Standing orders were current for the hospital and rest home. The standing orders for medications the RN can administer in an emergency were dated 2012.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The menu has been developed by a dietician considering all the residents and maternity clients requirements, and had been reviewed six monthly. The menu rotated through a five week cycle. Morning and afternoon teas provided consisted of baking or fresh fruit. There was a board in the kitchen which identified the number of residents that had special dietary requirements. The contents of the day's menu were modified or substituted as required to meet individual needs. Cooks</p>

		<p>interviewed were able to describe how the individual components of the meal could be substituted to cater for individual requirements whilst maintaining the nutritive value. The day's menu was on display in both the hospital and rest home. The kitchen was staffed by a total of six cooks. One cook had completed a level three hospitality course; all six cooks had completed the ACE course. Food supplies arrived regularly to ensure fresh produce was served to residents. Records were sighted which confirmed that the fridge and freezer temperatures were monitored and recorded regularly. There was a process to follow in the event of a fridge or freezer not functioning. The temperature of the food leaving the kitchen was recorded. Food in the fridge and freezer was dated. Stores of food onsite indicated that sufficient stock was held to ensure residents likes/dislikes/ dietary allergy's etc. were catered for. A check list was sighted that ensured required stock was ordered as required. A stock take of supplies occurred monthly. The kitchen also provided food for the meals on wheels service. The maternity annex had a kitchenette, to enable clients to make snacks and drinks as desired. Records were sighted of the kitchenette's fridge temperature. Breast milk is not stored on site.</p>
<p><b>Standard 1.3.2: Declining Referral/Entry To Services</b> Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>Maternity - The LMC's have referred and transferred all clients at risk of developing a complication. Emergency maternity services have been provided to the client prior to transfer where indicated.</p> <p>Rest home/hospital/medical - Any person or persons who has approached the manager directly requesting admission had been referred to their GP for assessment. Any members of the public who had presented at the facility requiring first aid, had been given initial first aid treatment and transferred by ambulance to the GP's surgery or an accident and emergency department.</p>
<p><b>Standard 1.3.4: Assessment</b> Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Maternity – Assessment is ongoing by the LMC throughout the pregnancy and labour, and is documented in the clients hand held records contemptuously. Record sighted to confirm. The client and the next of kin described timely ongoing assessments while they had been in the facility. One LMC interviewed confirmed an appropriate process to enable clients' needs and preferences to be gathered and recorded in a timely manner.</p>

		Rest home/Hospital/Medical – A comprehensive admission assessment is carried out by a RN and GP within 24 hours of admission. The resident's needs, support and preferences are established in conjunction with the resident and family/whanau and these are documented in the residents file. All files reviewed confirmed this process. Next of kin interviewed reported that the resident's needs were identified and updated as required. Residents interviewed stated their needs were met in timely manner. The registered nurses interviewed described a suitable ongoing assessment and documentation process.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Maternity – Service delivery plans were developed in consultation with the client and LMC throughout the maternity care continuum. Antenatal and labour and birth records were contained within the file reviewed. The client interviewed stated their care had been delivered to meet their wishes and needs.  Rest home/Hospital/Medical – All files reviewed confirmed that clinical records were integrated with laboratory results, GP consultation notes, and diversional therapist assessments and records. This integration facilitated continuity of service delivery for residents.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Maternity – The facility HCA was available at all times to provide interventions as required by the client. The client stated they were able to get assistance whenever required, and all questions and requests were met.  Rest home/Hospital/Medical – Service delivery interventions were appropriate to meet the identified need of the resident. Interventions were developed following collaboration of a RN and GP, and documented on the care plan.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	Rest home/Hospital/Medical – A diversional therapist is employed four days per week, with an assistant employed three days per week. The diversional therapist interviewed stated that two activities were planned for each day. One with an emphasis on cognitive tasks and the other with a physical component. Attendance was records were sighted. Non-attenders were given the opportunity to feedback why they choose to decline. The diversional therapist met with residents who regularly declined, to assess if there may be other activities that could be

		introduced with would encourage their attendance. Any resident who regularly declined to attend was asked to sign the non-attendance record sheet.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Maternity – The midwife caring for the patient evaluates the effectiveness of the care plan and delivery. If required the HCA will make contact with the LMC to request her to attend to re-evaluate the care plan if changes are noted. The LMC visits the patient daily and updates the care plan.</p> <p>Rest home/Hospital/Medical – All long term care plans sighted used Interai and had been reviewed three monthly by a GP and RN in unison. Evaluation of the care plan was recorded in the clinical records, and discussed with the resident's family where appropriate. This was confirmed by family interviews. In one of six files reviewed (a tracer methodology file) there was not an evaluation of the short term care plan. (Refer criterion 1.3.3.3)</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Maternity – Clients with known or known potential risk factors are transferred to a secondary or tertiary facility. Referral to other health providers is made by the LMC as appropriate.</p> <p>Rest Home/ Hospital/ Medical – Other visiting health service providers visit the facility offering services to residents, these include an ear health nurse, podiatrist, dental therapist. Residents identified as having a change in the level of care required are referred to DSL for re assessment and/or mental health services for older people as required.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	PA Low	<p>Documented processes for the management of waste and hazardous substances were in place and incidents were reported on in a timely manner. Material safety data sheets were not readily available for staff.</p> <p>Staff received training and education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>The provision and availability of protective clothing and equipment that was appropriate to the recognized risks associated with the waste or hazardous substance being handled, for example: goggles/visors, gloves, aprons, footwear, and masks. Clothing was provided and used by staff. During a tour of the facility protective clothing and equipment</p>

		<p>was observed in all high risk areas including the kitchen and laundry.</p> <p>Visual inspection of the facilities provided evidence that hazardous substances are correctly labelled, and the container was appropriate for the contents. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>Placenta/whenua were double bagged and disposed of in the yellow waste system unless patients chose to take this home. The midwives used disposable birthing packs that were disposed of through the normal rubbish waste system.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Moderate</p>	<p>A current building warrant of fitness was posted in a visible location at the entrance to the facility (expiry date 24 April 2015). There were no buildings modifications since the last audit however there were room refurbishments. There was a planned maintenance schedule implemented and the service was planning to renovate west wing.</p> <p>The lounge areas were designed so that space and seating arrangements provided for individual and group activities with the activity programme offered in the main lounge on the day of the audit.</p> <p>Necessary equipment was available including pressure relieving mattresses, shower chairs, hoists and sensor alarm mats. There was a test and tag programme this was up to date having been completed in 2014. All medical equipment including equipment in the maternity unit had been calibrated in 2014. There were scheduled checks and a maintenance programme for the two coal fired boilers with an external contractor completing these. The last documented check was in October 2013.</p> <p>Interviews with staff confirmed there was adequate equipment and cupboards viewed indicated that there were plenty of supplies.</p> <p>There were quiet areas throughout the facility for residents and visitors to meet and there were areas that provided privacy when required. There were safe outside areas that were easy to access for residents and family members.</p> <p>Maintenance issues identified by staff were addressed in a timely manner.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There were adequate numbers of accessible toilets/bathing facilities. This included some ensuites in some rooms and access to communal toilet facilities and shower facilities for all others. There were visitors toilets and communal toilets conveniently located close to communal areas.</p> <p>Communal toilet facilities had a system that indicated if it was engaged or vacant with locking devices. Appropriately secured and approved handrails were provided in the toilet/shower/bathing areas, and other equipment/accessories were made available to promote resident independence.</p> <p>Residents and family interviewed reported that there were sufficient toilets and showers.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>There was adequate personal space provided in all bedrooms to allow residents and staff to move around within the room safely. Residents interviewed all spoke positively about their rooms.</p> <p>Equipment was sighted in rooms requiring this with sufficient space for both the equipment e.g. hoists, at least two staff and the resident. Residents requiring use of a hoist were sighted on the day with staff supporting them in their rooms with sufficient space for all and three residents asked specifically if they were always supported by two staff when using a hoist confirmed that this occurred at all times.</p> <p>Rooms could be personalized with furnishings, photos and other personal adornments.</p> <p>There was sufficient room to store mobility aids such as walking frames and motorised scooters.</p> <p>There are a number of four-bedded rooms and all had curtains around each bed to allow for privacy as required. Residents sharing a room interviewed confirmed that they had been asked and consented to sharing.</p> <p>In the maternity unit, there were individual rooms for the mother and baby. Rooms in the maternity unit allowed partners to stay with the</p>

		mother and baby.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The service had lounge/dining areas including a smaller areas that allowed people who required more privacy to access this. All areas were easily accessed by patients and staff. Furniture was appropriate to the setting and arranged in a manner which enabled patients to mobilise freely.</p> <p>There was a lounge in the maternity unit that provided space for family and patients to meet. The lounge in the maternity unit included age appropriate toys for family members and access to tea and coffee making facilities. Families were encouraged to visit during visiting hours and to use lounge areas as required.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	PA Moderate	<p>Laundry was completed on site. The laundry was separate from the other facilities and was staffed by a laundry assistant who was able to describe appropriate procedures for laundering clothes. There was a separate clean and dirty linen area observed to be in use on the day of the audit. A drying room had mould on the walls.</p> <p>There were cleaners on duty seven days a week and the cleaners were observed to have the trolley in the room with them when cleaning. All had appropriately labelled containers for chemicals. Cleaning was monitored in the aged care and maternity unit through the internal audit process with no issues identified in audits completed in 2014.</p> <p>Chemicals and cleaning cupboards could be locked however there were a number of cupboards not locked that held chemicals in them.</p> <p>Residents and family confirmed that the facility was kept clean and personal items were returned clean and ironed.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>An evacuation plan was approved by the New Zealand Fire Service. There have been no building reconfigurations. An evacuation policy on emergency and security situations was in place including procedures to manage any emergency in the maternity annex. Staff were trained annually in managing any emergency in the annex and there was always a staff member on duty with a first aid certificate. All registered nurses had first aid training and all health care assistants who worked in the annex had first aid training. A fire drill takes place six monthly with</p>

		<p>these being up to date in 2014. The orientation programme includes fire and security training. Staff confirmed their awareness of emergency procedures.</p> <p>All required fire equipment was sighted on the day of audit and all equipment had been checked within required timeframes by the external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency including food, water, blankets and generator.</p> <p>Back up emergency lighting is in place and this is fully checked and run for an hour annually.</p> <p>The doors were locked in the evening's doors. Systems are in place to ensure the facility is secure and safe for the residents and staff. External lighting was adequate for safety and security with sensor lights on the outside of the building.</p> <p>An electronic call bell system was in place and the maternity annex connected into the main system. The maternity annex has a panic button and there were instructions for the bell not to be turned off until the registered nurse had completed an assessment in the unit. The health care assistant interviewed in the maternity annex was clear around management of emergency procedures and the lead maternity carer interviewed stated that all staff working in the unit were familiar with emergency procedures.</p> <p>Staff in the maternity unit confirmed their awareness of emergency procedures. All staff had completed neonatal and adult resuscitation annually. Equipment in the maternity unit included equipment appropriate to neonates as well as adults.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>There were procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Documentation and visual inspection evidenced that the residents are provided with adequate natural light, safe ventilation, and an environment that was maintained at a safe and comfortable temperature. The service had a non-smoking policy for the building and grounds.</p> <p>Family and residents interviewed confirmed the facility was maintained</p>

		at an appropriate temperature.
<p><b>Standard 3.1: Infection control management</b></p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The facility environment was spacious, free of clutter and clean and tidy. An infection control programme was in place, and was understood by all staff interviewed. Evidence was sighted to confirm that the programme was reviewed annually. There were two RN's who held responsibility for managing and implementing the programme. These RN's reported to the facility manager, who summarised reports and presented them at staff meetings and to the facility owner. Residents who displayed signs of infection were assessed by the GP and laboratory investigations undertaken where appropriate. Residents with a suspected infectious condition were put in a single room, and managed as infectious until proven otherwise. Visitors were advised not to visit if they were feeling unwell. Staff who were unwell, or who become unwell on duty were sent home for a minimum of 48 hours and longer if required.</p>
<p><b>Standard 3.2: Implementing the infection control programme</b></p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>Infection control is co-ordinated by two RN's, one has a graduate diploma in infection control. The infection control nurse with the graduate diploma had two dedicated days per month to focus on managing, and the ongoing implementation of the programme. The infection control co-ordinators liaise with infection control nurse specialists at Waikato hospital when required. In addition networks exist with Thames hospital, the medical officer of health and the population health service in Hamilton. There is a plan to re-establish a regional infection control support group to share resources and knowledge. An infection control information folder is kept at the nurse's station for reference by all staff when required.</p>
<p><b>Standard 3.3: Policies and procedures</b></p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control group of policies were appropriate for the size and scope of the health service, and include waste management, outbreak management, single use items, MRSA management, standard precautions, specimen handling, hand washing and linen handling. The policies also include use of personal protective equipment and management of needles and sharps. The policies have been developed following best practice guidelines with a bibliography documented. The infection control documents and other relevant resources were available at the nurses' station and this ensures that there is 24 hour access for staff to policies.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>All staff interviewed (inclusive of maternity, rest home, medical and hospital) were able to discuss the infection control education they had received, they were also able to describe the management of infectious conditions that may arise within the facility. Records of staff education were sighted. Education is provided to residents to aid their understanding of infectious conditions and management and prevention of these. Residents interviewed confirmed nurses had spoken to them about prevention and management of infectious conditions.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance of diagnosed infections and the use of antibiotics was recorded. The surveillance record was sighted containing appropriate detail and contained current data. Any trends or recurring infections were discussed with the GP, and treatment was re-evaluated. The results of the surveillance data were correlated into three monthly reports, and reported to the facility manager. These were in turn disseminated to staff at meetings.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Restraints have been implemented only following the full assessment from a RN whose responsibility is to ensure safe enabler and restraint use in within the service. Residents who used an enabler had this documented in the long term care plan which included a rationale. One resident interviewed was able to describe what the enabler was and why and when it was used.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	<p>FA</p>	<p>Restraints were used to assist and support resident safety. An experienced RN who had undertaken extra training in restraint use, manages the restraint portfolio. An integrated policy/procedure was sighted that addressed all aspects of restraint assessment and care. Documents were available that facilitated safe restraint use and consisted of an information page for relatives/NOK/POA as appropriate, an informed consent page for the appropriate residents representative to sign, along with the GP and restraint RN. Restraint has been implemented following a review of the nursing reports and a medical review by the GP. Indications for the use of the restraint were documented as were other interventions used prior to the consideration of restraint. A plan of care was developed by the RN, and placed in the residents file in their room to ensure ease of access for HCA's at the</p>

		point of care.
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	An assessment form was sighted that was completed prior to restraint use, this considers alternative options suitable for the resident and any underlying causes/conditions that may be contributing to the behaviour causing concern. The residents' family/NOK/POA is consulted with prior to a restraint being used, and their comments are documented and considered prior to implementation.
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	All staff have training in the use of enablers and restraints, a newly developed enabler/restraint learning package has been developed, which all staff were required to complete. Staff were also taught techniques to manage aggressive and difficult behaviour. Residents have a file review by a RN and GP prior to a restraint being initiated. In addition the use of a restraint is discussed with the residents' family/POA to consider alternatives or the likely consequences. Restraints are initiated during day shifts, with consideration given to resident safety and staff availability to observe and monitor.
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	There was a monitoring form kept at the nurse's station for the RN to complete each duty. This recorded any problems that the resident may have experienced related to the use of the restraint. The restraints monitoring form was evaluated monthly, in conjunction with a review of the clinical file. In addition restraint use is reviewed three monthly by the RN and GP at the care plan review. A file review and family member interview was able to confirm the process described above.
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	Reports concerning restraint use were generated and discussed with the facility manager, who then shares the report with staff at meetings. Audits were carried out on the files of residents who have restraints in place to ensure all processes have been complied with. Trends in the use of restraints were identified and form part of the report. Discussion of this report at a meeting in February 2013 demonstrates that in the past the trend report has been discussed and had contributed to planning of ongoing education for staff and policy planning and management (refer 1.2.3.7).

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.9.1</p> <p>Consumers have a right to full and frank information and open disclosure from service providers.</p>	PA Low	Progress notes detailed in some cases that family were informed of an incident.	Incident and accident forms did not include documentation that family have been informed after an incident.	<p>Document that family have been informed after an incident or if not, why not.</p> <p>180 days</p>
<p>Criterion 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	PA Low	Business plans and goals of the business were documented. A business risk management plan including reference to risks in the maternity annex was documented.	The hospital and rest home business plan 2015, other goals documented (2015-16) and the health and safety continuous quality improvement plan January to December 2014 did not consistently include actions, timeframes or accountabilities and did not link. li) There was limited evidence of review of the business and other plans such as health and safety plan in the preceding year.	<p>Develop a consistent approach to business and quality planning. li) Document review of plans at regular intervals.</p> <p>90 days</p>

<p>Criterion 1.2.1.3</p> <p>The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.</p>	<p>PA Low</p>	<p>The manager is a registered nurse who had worked in charge positions as clinical nurse specialist in operating theatre and in leadership in clinical areas in a multi-purpose centre in Australia. The manager had a job description that focused on the hospital and rest home.</p>	<p>The manager did not have formal qualifications in management. li) The job description for the manager was not focused on the maternity unit and the role in managing this.</p>	<p>Complete formal qualifications in management (note that the timeframe for completion of this will be 365 days with a plan submitted and progress to date in 90 days). li) Review the job description for the manager to include the role of management in the maternity annex.</p> <p>90 days</p>
<p>Criterion 1.2.2.1</p> <p>During a temporary absence a suitably qualified and/or experienced person performs the manager's role.</p>	<p>PA Low</p>	<p>The registered nurse had a job description for registered nurse.</p>	<p>The registered nurse delegated as second in charge did not have a job description that outlined the role of acting manager.</p>	<p>Document a job description for the second in charge position.</p> <p>180 days</p>
<p>Criterion 1.2.3.3</p> <p>The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.</p>	<p>PA Moderate</p>	<p>There were policies generic to all services offered i.e. maternity, rest home, hospital and transitional care. These were available in the annex and in the main rest home/hospital area. The policies were reviewed one to two yearly. There were some specific policies and protocols for the maternity annex that included breastfeeding, artificial feeding, storage of breast milk and cleaning of the birthing pool.</p>	<p>Policies and procedures relating to the support provided by health care assistants in the maternity annex were not sufficiently documented.</p>	<p>Document policies and protocols specific to the maternity annex including those related to the role health care assistants have in supporting mothers and babies.</p> <p>180 days</p>
<p>Criterion 1.2.3.7</p>	<p>PA Low</p>	<p>There was a schedule of meetings</p>	<p>Hold meetings regularly as planned.</p>	<p>Hold meetings regularly as</p>

A process to measure achievement against the quality and risk management plan is implemented.		documented that included registered nurse, staff, health and safety, kitchen and household, management.	li) Ensure that all aspects of the quality programme are discussed at the meetings.	planned. li) Ensure that all aspects of the quality programme are discussed at the meetings.  180 days
Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.	PA Low	Police checks were identified as requiring to be completed by the manager.	Police checks were not completed for staff.	Complete police checks for staff.  60 days
Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Moderate	The manager and registered nurse stated that the health care assistants who work in the annex were provided with training specific to supporting mothers and babies by the midwives.	Training for the health care assistants who work in the maternity annex specific to their role in supporting mothers and babies is not documented.	Provide training to health care assistants around their specific role in supporting mothers and babies and document attendance.  180 days
Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Moderate	Medication files reviewed had medications prescribed as per legal requirements. All files reviewed contained administration records that met legal requirements and best practice guidelines.  Medications were stored in a locked room. Medications for disposal were sent to the local pharmacy for destruction.  Medicine reconciliation, using pharmacy reports, GP records and	The standing order for medications to be used in a maternity emergency was last reviewed in 2012.	Standing orders for medication to be used in a maternity emergency is required to be reviewed annually.  30 days

		<p>facility records occurred on admission, discharge and at three monthly resident reviews</p> <p>Standing orders were documented for medication in the rest home and hospital residents, the standing orders for maternity medications were not current.</p>		
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	<p>Six files were reviewed. In five of the files reviewed each stage of service provision was identified, addressed and documented within suitable timeframes.</p>	<p>One of the six files reviewed (a tracer methodology file) did not include evaluation of the care provided in the short term care plan.</p>	<p>Ensure the service delivery plans include evaluation of care provided.</p> <p>90 days</p>
<p>Criterion 1.4.1.1</p> <p>Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.</p>	PA Low	<p>There were some material safety data sheets in one cleaning cupboard.</p>	<p>Material safety data sheets were not in readily available for staff.</p>	<p>Provide material safety data sheets in all key areas.</p> <p>90 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Moderate	<p>The boilers were required to be serviced and checked annually. The boilers were documented as checked last by an independent contractor in October 2013. The maintenance staff stated that they</p>	<p>There was no documentation available from the independent contractor to state that the boilers had been checked as per schedule in 2014.</p>	<p>Complete checks and servicing of the boilers annually.</p> <p>30 days</p>

		had been checked in 2014.		
<p>Criterion 1.4.6.2</p> <p>The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.</p>	PA Low	The facility was clean and residents and family confirmed that staff took pride in keeping resident areas clean and tidy.	The room designated for drying clothes had mould on the walls and the laundry staff member stated that it was worse in winter when windows were closed.	<p>Ensure that the drying room for clothes is free of mould.</p> <p>90 days</p>
<p>Criterion 1.4.6.3</p> <p>Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.</p>	PA Moderate	There were areas designated to store chemicals that could be locked. There was a room for the maintenance property that could be locked.	Ensure that all chemicals are locked away when a staff member is not present. li) Ensure that the room for maintenance equipment is locked when staff are not present.	<p>Ensure that all chemicals are locked away when a staff member is not present. li) Ensure that the room for maintenance equipment is locked when staff are not present.</p> <p>30 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display
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End of the report.