# Golden Age Rest Home Limited - Hoon Hay

## Introduction

This report records the results of a Surveillance 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 and Disability Auditing New Zealand 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Golden Age Rest Home Limited

**Premises audited:** Hoon Hay Village

**Services audited:** Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services - Psychiatric

**Dates of audit:** Start date: 12 February 2015 End date: 13 February 2015

**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:** 77

# 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 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** |
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|  | 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 |
|  | 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

Hoon Hay Village and Hoon Hay dementia operate as two separate facilities on the same site. The service is owned by Golden Healthcare. The village provides care for up to 40 residents at rest home level and residential disability – psychiatric level of care and the dementia units (two) each provides care for up to 20 residents. On the day of the audit, there were 77 residents in total.

This unannounced surveillance audit was conducted against a subset of Health and Disability standards and the aged residential care contract with the District Health Board. The audit process included a review of policies and procedures; the review of resident’s and staff files, observations and interviews with residents, relatives, staff and management.

The two managers are appropriately qualified and experienced. There are quality systems and processes being implemented. Feedback from residents and relatives is positive about the care and services provided. An induction and in-service training programme is provided.

Four of five previously identified shortfalls have been addressed. These are around incident reporting, resident documentation, staffing levels and care interventions. Improvement continues to be required around medication documentation.

This audit has identified further improvements required around corrective action planning, neurological observations, staff training, performance appraisals and aspects of medication management.

## Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. |  | Standards applicable to this service fully attained. |

Documentation reviewed and staff, resident and family interviews demonstrate a culture of open disclosure with effective communication channels. Complaints and concerns have been managed and a complaints register is maintained.

## Organisational management

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| 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 low risk. |

Hoon Hay Village and Dementia each has a quality and risk management system in place that is implemented and monitored, which generates improvements in practice and service delivery. Key components of the quality management system link to facility meetings. The service is active in analysing data. Corrective actions are identified. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. There is a comprehensive orientation programme that provides new staff with relevant and specific information for safe work practice. The in-service education programme exceeds the expected standard. The staffing levels provide sufficient and appropriate coverage for the effective delivery of care and support. Staffing is based on the occupancy and acuity of the residents.

## Continuum of service delivery

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| 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. |  | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |

The service is in the process of adopting InterRAI for its assessments and care planning process. The residents' needs, interventions, outcomes/goals have been identified and these are reviewed on a regular basis with the resident and/or family/whanau input. Care plans demonstrate service integration. Care plans are reviewed six monthly, or when there are changes in health status. Resident files include notes by the GP and allied health professionals.   
Medication policies and procedures are in place to guide practice. Education and medication competencies are completed by all staff responsible for administration of medicines. The medicines records reviewed include documentation of allergies and intolerances.   
The activities programme is facilitated by a diversional therapist in the dementia unit and an occupational therapist in the village. The activities programme provides varied options and activities are enjoyed by the residents. The programme caters for the individual needs. Community activities are encouraged; taxi van outings are arranged on a regular basis.  
All food is cooked on site by the in house cook. All residents' nutritional needs are identified, highlighted and choices available and provided. Meals are well presented.

## Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. |  | Standards applicable to this service fully attained. |

The site has a current building warrant of fitness that includes both buildings.

## Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |

There is a restraint policy that included comprehensive restraint procedures and aligns with the standards. A restraint free environment is provided and there are no residents using enablers. Staff are trained in the management of behaviours that challenge and restraint minimisation.

## Infection prevention and control

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| 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. |

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

## Summary of attainment

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

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| **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)** |
| **Standards** | 0 | 15 | 0 | 3 | 1 | 0 | 0 |
| **Criteria** | 0 | 46 | 0 | 3 | 1 | 0 | 0 |

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| **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)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | A complaints policy and procedures are implemented and residents and their family/whanau are provided with information on admission. Complaint forms are available at the entrances of the services. Staff are aware of the complaints process and to whom they should direct complaints. A complaints folder is maintained. Review of complaints for 2014 and 2015 to date shows appropriate processes and adherence to time frames. Residents and family members advised that they are aware of the complaints procedure and how to access forms.  E4.1biii: There is written information on the service philosophy and practices particular to the dementia unit included in the information pack. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Hoon Hay village mental health: Staff are aware of open disclosure principles. Staff discuss how they involve residents in all aspects of the care provided; starting with assessments of residents’ needs based on their strengths and goals. Residents indicate they understand and are able to communicate easily with staff. One family interviewed stated the communication they received from the service was good. Staff are aware of how interpreters can be accessed. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Hoon Hay dementia and Hoon Hay Village are two facilities privately owned by Golden Healthcare on the same site. Hoon Hay dementia has two secure 20-bed units with occupancy of 39 residents on audit day. Hoon Hay Village is a unit with four 10 bed wings. On audit day there were 24 mental health residents, eight residents under long term chronic conditions contracts, five aged care clients and two other clients.  Hoon Hay dementia is managed by a manager with significant management experience in aged care that has been in the role since November 2013. She has well exceeded eight hours of training relating to the management of a rest home in 2014. Hoon Hay Village is managed by a registered nurse who has been in the position since October 2014. She is supported by a registered nurse and occupational therapist.  The 2015 strategic plan for the Golden Healthcare group plan documents the mission and philosophy of the organisation and objectives for the year. Hoon Hay dementia and Village have a set of site specific goals against which they report. The 2014 goals have been reviewed. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | PA Low | Hoon Hay dementia and village: The quality plan outlines quality improvement processes and goals. The risk management plan describes objectives, management controls and assigned responsibility for both units. Progress with the quality and risk management programme has been monitored through the bi monthly quality meetings in each unit. Meeting minutes have been maintained and staff are expected to read the minutes and sign off when read. Minutes for all meetings have included actions to achieve compliance where relevant. Discussions with staff (including two caregivers, three support workers, one registered nurse and one diversional therapist) confirmed their involvement in the quality programme. Resident meetings occur and relative meetings have been held six monthly. Data is collected on complaints, accidents, incidents, infection control and restraint use (of which there is none). The internal audit schedule for 2014 has been completed and the 2015 schedule commenced in each unit. Areas of non-compliance identified at audits have been actioned for improvement in the dementia unit. Corrective actions have not always been completed and signed off in the village. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/ procedures to support service delivery. Policies and procedures align with the client care plans. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. The death/Tangihanga policy and procedure that outlines immediate action to be taken upon a resident’s death. Falls prevention strategies are implemented for individual residents. Residents’ are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. |
| Standard 1.2.4: Adverse Event Reporting  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. | PA Low | Incident and accident data is collected and analysed. Discussions with the service confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Public Health were promptly informed of an outbreak in September 2014. A sample of resident related incident reports for December 2014 and January 2015 were reviewed. A review of resident files, interviews with staff indicates that incident forms are completed for every incident. This is an improvement since the previous audit. Hoon Hay dementia and aged care: -Two of four incident forms sighted where residents had a knock to the head had neurological observations completed. The incident reporting policy includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Monthly review of incidents informs corrective action planning and quality initiatives. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | PA Low | Hoon Hay Village mental health: The practising certificates of registered nurses are current.  Appointment documentation is seen on six staff files sampled including signed contracts, job descriptions, orientation, reference checks and training. There is an annual appraisal process in place.  The service has focused on ensuring that all staff meet minimum training qualification expectations e.g. for support staff in mental health services to have the national certificate level four.  The 10 mental health support workers either have or are working towards their level four qualification or level six diploma in mental health and addictions.  There is a two yearly training plan in place and this includes core topics although staff have not been trained in abuse and neglect in the past two years. All staff are expected to complete annual performance appraisals.  Managers and staff talked of the value of the training programme.  Residents state that staff are knowledgeable and skilled. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | Hoon Hay dementia has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. There is a registered nurse on duty or on call at all times. In the registered nurses absence another registered nurse from within the group provides cover. The sighted rosters show a full complement of staff with agency staff being used when a shift is not able to be filled with employed staff. This is an improvement since the previous audit. Caregivers, residents and family interviewed advised that sufficient staff are rostered on for each shift. All staff have been trained in first aid and CPR.  Hoon Hay Village mental health: There is a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty match the needs of different shifts. Staffing is adjusted to reflect the acuity of residents and there is an on call system that allows staff to be called in if needed.  There is a manager who is a registered nurse and works Monday to Friday and a registered nurse who works Sunday to Thursday. There are staff on duty 24 hours per day. Interviews with three support workers across shifts confirm that staffing levels are adequate and residents confirm that there are enough staff. |
| Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The previous audit identified that documents pertaining to other residents were found in resident files reviewed. All resident files sampled for this audit (five mental health, one rest home level care and five dementia residents) demonstrate that only the specified residents information is in that resident’s file. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | Hoon Hay Village mental health: Transition and exit becomes part of the personal plan when the person is ready to be considered for independent living.  There is a Hoon Hay Village mental health discharge plan form which was completed in a recent discharge file reviewed. For the person to be discharged they must be referred to the Residential Options Group where a package of care and/or links to a community support worker are allocated to support the resident to transition into the community.  Discharge is documented in the progress notes. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Moderate | Hoon Hay Village mental health:  There are medication policies and procedures that are well implemented. All medication is kept in a designated locked area and residents come to the medication office when they require medications. There are no residents who self-administer medications. There is photo ID for all residents and all ten medication charts reviewed evidence good prescribing practices as per policy. There was a shortfall around the recording of allergies or nil known allergies identified at the previous audit. This continues to require improvement. Medicines management information is recorded to a level of detail and communicated to the residents within the framework of legislation. Continuity of treatment and support is promoted and residents have the opportunity to choose and make input into the decisions relating to their on-going treatment, their choice of GP and treatments are discussed with the residents prior to administration, confirmed at resident and staff interviews.  Education and training relating to medicines management competencies are conducted at orientation and induction and all staff involved in administering medications have annual competencies completed. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | Hoon Hay has a large, well equipped kitchen that caters for the entire site. The menu is reviewed by a dietitian. There is a summer and winter four week rotational menu.  All meals are prepared in the main kitchen and served from the kitchen directly to the residents’ in the North dementia unit dining room and in hot boxes to other dining rooms. Diets are modified as required. The cook confirmed that there is an alternative available. Any changes to nutritional requirements are communicated to the cook by the registered nurse.  Kitchen fridge, freezer and food temperatures are monitored and documented. In the dementia care units additional snacks were available to residents 24 hours a day. |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Hoon Hay Village, mental health: The crisis prevention plan and individual development/treatment plan outlines management of individual risk.  This includes documentation of early warning signs and relapse prevention when the person enters the service.  This is reviewed six monthly or as required.  The plan is developed in partnership with the resident and five files reviewed indicate that there is an initial risk assessment and documentation of early warning signs with on-going review as planned.  All residents personal plans reviewed on the days of the audit are individualised, resident focussed and promote continuity of care.  Staff interviewed report that they are familiar with the individual development/treatment plans, find them easy to follow and that they reflect the resident wishes.  Residents and family state they are involved at an appropriate level in the planning and management of their care. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Hoon Hay Dementia and aged care: All residents’ interviewed stated their needs were being appropriately met and are in line with current best practice. This is an improvement since the previous audit.  Dressing supplies are available and a treatment room is stocked for use  Continence products are available and were identified for daytime and night use, plus any other management.  Procedures for wound assessments, evaluation and nursing interventions were in place as evidenced in the wound management folder for the one current skin tear.  Hoon Hay Village mental health: Service provision and interventions meet the needs of the residents as described in individual development/treatment plans.  Residents receive services that are aligned with their needs and are the least intrusive and restrictive. This was confirmed at staff and resident interviews.  All five files reviewed indicate that goals are measurable and outcomes based. |
| 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 | Hoon Hay dementia and aged care: The diversional therapist provides an activities programme over five days each week with separate programmes in each dementia unit and some combined activities. One to one activities are provided for those who do not wish or are not able to join the group activities. The programme is planned monthly and residents receive a personal copy of planned monthly activities. An activities plan is developed for each individual resident based on assessed needs. Residents are encouraged to join in activities that were appropriate and meaningful and are encouraged to participate in community activities. Taxi vans are hired and used for resident outings. Residents were observed participating in activities on the day of audit. Resident meetings provided a forum for feedback relating to activities. Family members interviewed discussed enjoyment in the programme and the diversity offered to all residents.  Hoon Hay Village mental health:  Residents describe a range of personal interest, work and community groups they participate in that are based on individual strengths and interests. Residents also have input into and participate in activities run within the Hoon Hay Village mental health. Staff discussed how residents goals, interests and strengths form the basis of the support offered. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Hoon Hay dementia and aged care: The evaluation and care plan review policy require that long term care plans are reviewed six monthly, or as residents’ condition changes. The evaluations describe progress against set goals and needs identified in the care plan. Short term care plans are utilised when required. Any changes to the long term care plan were dated and signed by the registered nurse.  All initial care plans cited were reviewed by the registered nurses within three weeks.  Hoon Hay Village mental health: Reviews are undertaken formally every six months by the occupational therapist and registered nurse.  Resident goals that have been updated are discussed at handovers and staff notified of reviews and updates which they are expected to read.  Where progress is different from expected, the service in partnership with the resident changes the plans according the needs of the residents and this was confirmed by the staff interviewed.  Evaluations includes input from clinicians, the resident and their family where needed as stated by residents and family interviewed. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | There is a current building warrant of fitness that includes the entire site. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection surveillance and monitoring is an integral part of the infection control programme and is described in infection control policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. Monthly graphs of organism and types of infection are developed and provided to staff and the annual review of infection rates included quality improvement initiatives to reduce infection rates. Surveillance data is discussed at every monthly staff meeting. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | The service is committed to restraint minimisation and safe practice was evidenced in the restraint policy and interviews with staff. A restraint free environment is provided and there are no enablers in use.  There is a documented definition of restraint and enablers in the policies, which is congruent with the definition in NZS 8134.0.  Training and competencies have been completed by staff, where appropriate including the management of behaviours that challenge. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.3.8  A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented. | PA Low | Corrective action plans are developed when a service shortfall is identified. The corrective action plan includes the issue, the person responsible and the time frame. At Hoon Hay dementia these have been completed, implemented and signed off. | Hoon Hay Village mental health: There has been no signing off of the completion of corrective action plans for internal audits since July 2014. | Ensure all corrective action plans are completed and signed off.  90 days |
| Criterion 1.2.4.3  The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk. | PA Low | Hoon Hay dementia and aged care: When an incident occurs the registered nurse on duty or on call is immediately notified. Staff have had training around completing neurological observations in 2014. | Hoon Hay dementia and aged care: Two of four incident forms sampled where the resident had hit their head did not have neurological observations completed. | Hoon Hay dementia and aged care: Ensure that neurological observations are completed when a resident has knocked their head.  90 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 Low | Hoon Hay Village mental health: There is a monthly staff in service program running to cover all training needs. There has been training around Maori culture (11 attended), fire evacuation/civil defence (eight attended), wound management (seven attended), manual handling (six attended) and diabetes (11 attended). Staff also attended external training for infection control, first aid, challenging behaviours, calming and de-escalation and recovery.  One of six staff files reviewed had a current performance appraisal (three had not yet worked for the service for twelve months). | Two of six staff files reviewed did not have a current performance appraisal. | Hoon Hay Village mental health: (i) Ensure staff have abuse and neglect training. (ii) Ensure all staff have a current performance appraisal.  90 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 charts reviewed had appropriate prescribing and administration procedures demonstrated.  Seven of ten medication charts reviewed recorded allergies or nil known allergies. | Three of ten medication charts reviewed did not record allergies or nil known allergies. | Ensure all medication charts have a record of allergies.  90 days |

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

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

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End of the report.