

Tairua Residential Care Limited

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](#).

The specifics of this audit included:

Legal entity:	Tairua Residential Care Limited
Premises audited:	Tairua Residential Care
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 2 March 2015 End date: 3 March 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:	44

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
	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

Tairua Residential Care is certified to provide rest home and hospital level care for up to 44 residents. On the day of the audit there were 37 residents at rest home level care and seven residents at hospital level care. The service is managed by the owner who is a registered nurse. She has managed the facility since 2006 and purchased the service in 2011. She is well supported by a registered nurse who acts as 'second in charge'. Family and residents interviewed all spoke positively about the care and support.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the District Health Board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

The service has addressed 11 of the 14 previous audit findings relating to training for the nurse manager, aspects of resident documentation including timeliness, signing and dating, assessments and care plans, first aid and food safety training, having suitable scales, wound documentation, food storage, one maintenance issue, chemical storage, and annual review of the infection control programme.

Further improvements continue to be required in relation to performance appraisals, competency assessments for residents who self-administer medicines and aspects of medication documentation.

This surveillance audit identified that improvements are required in relation to aspects of the quality and risk management programme.

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.		Standards applicable to this service fully attained.
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Communication with residents and families is appropriately managed. Complaints are actioned and include documented response to complainants. A complaints register is maintained.

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 low risk.
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Tairua Residential Care's philosophy of the organisation is reflected in business planning. Risk management processes are practised to promote the safety of residents and staff. Previous audit finding around training for the nurse manager has been met. The quality system includes a review of annual objectives, conducting quality activities and the collection of data related to the reporting of adverse events. Improvements are required in relation to development of corrective actions, completing all internal audits and communicating quality information with staff and residents. Policies and procedures are followed for the recruitment of staff, including police and referee checks. The service has not fully addressed the previous finding in relation to annual performance appraisals. Orientation of new staff is comprehensive and addresses all key policy areas. Regular in-service staff training is provided and is well attended. Staffing levels meet contractual requirements are planned, coordinated, and are appropriate to the needs of the residents. Day-to-day operations are being managed efficiently and effectively. The service has

addressed the previous finding relating to legible records and recording name and designation of person making documentation entries.

Continuum of service delivery

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.
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The registered nurses are responsible for each stage of service provision. The assessments and care plans are developed in consultation with the resident/family/whanau. The service has addressed previous findings in relation to completion of aspects of care planning within the required timeframes and care plans comprehensively reflect the residents assessed needs. The activity programme is varied and appropriate to the level of abilities of the residents. Medication management policies and procedures are implemented. Improvements continue to be required in relation to residents who self-administer medications, aspects of medication documentation, aspects of administration practices and medication competencies. Medication training has been conducted. Food is prepared on-site by qualified staff with individual food preferences, dislikes and dietary requirements assessed by the registered nurses and a dietitian. The service has addressed the previous finding relating to safe food practices and training for staff.

Safe and appropriate environment

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.
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The service displays a current building warrant of fitness which expires on 22 September 2015. Previous certification audit findings relating to the physical environment, safe chemical storage and first aid training have been addressed.

Restraint minimisation and safe practice

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.
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Documentation of policies and procedures and staff training demonstrate residents are experiencing services that are the least restrictive. There were two rest home residents requiring an enabler and one hospital resident with restraint.

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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The infection prevention and controlled programme has been reviewed. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

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)
Standards	0	19	0	2	1	0	0
Criteria	0	40	0	5	1	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)
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](#).

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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy and procedure in place and residents and their family/whanau are provided with information on admission. Complaint forms are available at the entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints. A complaints folder is maintained with all documentation which shows that complaints are managed and resolved. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Six residents (four rest home and two hospital) and two family members interviewed stated they are informed of changes in health status and incidents/accidents. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident/relative meetings occur monthly and the nurse manager and registered nurses have an open-door policy. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services and residents (and their family/whānau). If residents or family/whanau have difficulty with written or spoken English that the interpreter services are made available.</p>

conducive to effective communication.		
<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>	FA	<p>Tairua residential care can provide care for up to 44 residents with 37 rest home residents accommodated including one respite, and seven residents at a hospital level of care.</p> <p>The owner of the facility is the nurse manager, who holds a current annual practising certificate as a registered nurse. She purchased the facility in 2011 and continues to work full-time as the nurse manager. A business, quality and risk management plan describes the five key goals of the facility. Each goal describes the objectives, management controls, measurements and allocated responsibility. The nurse manager has completed in excess of eight hours of professional development in the past year and the previous finding has been addressed.</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 Low	<p>The service has a quality programme in place with the nurse manager having overall responsibility for the quality plan. Quality goals are defined for the service. A group of staff assist with the internal audit programme. The nurse manager is responsible for the document management process and review and updating of policies and procedures.</p> <p>Policies are in place for service delivery. Service delivery is monitored through resident surveys, internal audits, incident and accident reporting, complaints management, infection control monitoring, and health and safety compliance. Data is collected monthly with results provided to staff in the monthly staff meetings. Improvements are required whereby all internal audits are completed as per the schedule, corrective actions are developed for all identified shortfalls and outcomes of quality activities are communicated to staff and residents.</p> <p>The service has a risk management plan in place that documents risks associated with the service, along with minimisation strategies. The hazard register identifies hazards. All identified hazards have risk management strategies, such as minimisation, isolation or elimination. A safety audit is conducted annually.</p> <p>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. Residents are surveyed to gather feedback on the service provided.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically</p>	FA	<p>Incident and accident data is collected and analysed. Discussions with the service confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A sample of resident related incident reports for December 2014 and January 2015 were reviewed. All reports and corresponding resident files reviewed evidence that appropriate clinical care is provided following an incident. Reports were completed and family notified as appropriate. There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing.</p>

recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.		
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	The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates are kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Six staff files were reviewed and included all appropriate documentation. Staff turnover was reported as low. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals have been conducted for all clinical staff. Improvements continue to be required around annual appraisals for all employees. There is a completed in-service calendar for 2014 which exceeds eight hours annually. Caregivers are supported to complete an on-line caregiver training course. A registered nurse is responsible for facilitating the education programme. The nurse manager and registered nurses attend external training including conferences, seminars and education sessions with the local DHB.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	Tairua Residential Care has a four weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. There is at least one registered nurse and one caregiver on duty at all times. The full time nurse manager is also a registered nurse. There are either two registered nurses on duty every morning (may include one enrolled nurse). Caregivers advise that sufficient staff are rostered on for each shift. Staff turnover is low. All registered nurses are trained in first aid.
Standard 1.2.9: Consumer Information Management	FA	Previous certification audit identified that correction fluid had been used in resident files and not all entries identified that service provider's designation. On review of documentation, incident reports, resident care plans, progress notes and assessments, there is evidence that no correction fluid has been used and all entries included the service providers name and designation. The service has addressed this previous finding.

<p>Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</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>There are policies and procedures in place for safe medicine management that meet legislative requirements. Education around safe medication administration has been provided. Medication competencies are noted to be overdue for review. Registered nurses and care staff interviewed were able to describe their role in regard to medicine administration, however, observation on the days of audit did not fully support this. The service has addressed and monitored two aspects of the previous certification audit finding relating to administering medications as prescribed, and ensuring all resident's allergies are recorded on the medication chart. A contracted pharmacy supplies packed medications. All medications are stored appropriately in line with required guidelines and legislation. Ten medication charts were reviewed and evidence that charts sampled did not met all the prescribing requirements. Each drug chart has a photo identification of the resident and allergies or nil known allergies are recorded on the medication chart. Residents who wish to self-medicate are supported to do so, however, documentation of competency assessment and reviews have not been completed. Internal medication audits are conducted six monthly. The medication charts reviewed identified that the GP had seen and reviewed the resident three monthly.</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>All meals at Tairua Residential Care are prepared and cooked on site. There are four weekly summer and winter menus with dietitian review and audit of menus. Meals are prepared in a kitchen adjacent to the rest home dining room for serving. Food is transported to the hospital residents plated and covered on trays. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. The service has made improvements in this area. There is food available for residents outside of meal times. Residents who require special eating aids are provided for to promote independence. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen via the registered nurses or nurse manager. A dietitian is available to visit the service if required. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by the dietitian or GP. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Interviews with residents and family members indicate satisfaction with the food service.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The previous certification audit identified that not all assessments had been completed for all resident files reviewed. On review of six files, there is evidence that all assessments had been completed on admission and risk assessments have been conducted and reviewed. The service has addressed the previous finding.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Previous certification audit identified that resident's needs were not always documented in long term or short term care plans. On review of six resident files, there is evidence that resident needs are addressed and recorded in either long term care plans and/or short term care plans. Plans provide sufficient information and documented interventions to guide staff in the care and treatment of residents. The service has addressed this previous finding.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>A written record of each resident's progress is documented. Changes are followed up a registered nurse (evidenced in all residents' progress notes sighted). When a resident's condition alters, the registered nurses initiate a review and if required, a GP consultation or referral to the appropriate health professional is actioned. The clinical staff interviewed advised that they have all the equipment referred to in care plans necessary to provide care including a new set of chair scales. The service has addressed this aspect of the previous certification audit finding. Dressing supplies are available and a treatment rooms are well stocked for use. Wound documentation was reviewed and includes wound assessment, treatment plans and evaluations and progress notes. Advised that wound care nurse specialist advice is readily available. The service has addressed the aspect of the previous certification finding relating to wound documentation and time frames for wound dressings. Continence products are available and specialist continence advice is available as needed. Short term care plans are recorded for care issues including infections, wounds, and health changes. A physiotherapist is available to assess and assist resident's mobility and transfer needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as</p>	<p>FA</p>	<p>The activities staff at Tairua Residential Care provide an activities programme over five days per week. Group activities are voluntary and developed by the activities staff. Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. Tairua Residential Care has its own van which is</p>

<p>part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>used for resident outings. The group activity plans are displayed on notice boards around the facility. All residents who do not participate regularly in the group activities are visited by a member of the activity staff with records kept to ensure all such residents are included. All interactions observed on the day of the audit indicated a friendly relationship between residents and activity staff. The resident files reviewed included a section of the lifestyle care plan was for activity and is reviewed six monthly. Residents interviewed spoke very positively of the activity programme with feedback and suggestions for activities made via meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>A review of five long term resident files identified that the initial care plans were evaluated within three weeks of admission. Long term care plans were reviewed and evaluated by the registered nurses at least six monthly or when changes to care occur. A multi-disciplinary team meeting is conducted annually for each resident and involves all relevant personnel. Advised that the house GP examines the residents and review the medications three monthly. Short term care plans focus on acute and short term needs as evidenced in the sample of files reviewed.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The service displays a current building warrant of fitness which expires on 22 September 2015. Previous certification audit identified that an area between the hospital lounge and dining room (where a wall had been removed) was uneven and unsealed. The area is now sealed with new carpet and there are no uneven surfaces. The service has addressed this previous finding.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being</p>	<p>FA</p>	<p>Previous certification audit identified that chemicals in several places throughout the facility were not stored securely, and that there were unlabelled chemicals in the cleaning cupboard. The service has addressed and monitored this previous finding.</p>

provided.		
<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>Previous certification audit identified that a volunteer van driver did not hold a current first aid certificate. Advised that the volunteer has completed a first aid course, however, is not currently working for the service. The activities coordinators drive the residents on van outings and both hold a current first aid certificates. The service has addressed the previous finding.</p>
<p>Standard 3.1: Infection control management</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>Previous certification audit identified that an annual review of the infection control programme had not been conducted. The service conducted a review in July 2014 around policies and procedures, education, surveillance, audits and orientation for new staff. The service has addressed the previous finding.</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</p>	FA	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in infection monitoring policy. A registered nurse is the designated infection control nurse. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections are entered on to a monthly facility infection summary and staff are informed. This data is monitored and evaluated monthly. No outbreaks have been reported in the past 12 months.</p>

control programme.		
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Documented systems are in place to ensure the use of restraint is actively minimised. The facility was utilising restraint for one hospital resident (bedrails) and two rest home residents have been assessed for enabler use (bedrails). Advised that bedrails are used as a falls prevention method and to promote residents safety and security. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. The nurse manager and registered nurses review restraint policy, use, education and audits.</p>

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 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	<p>The nurse manager is responsible for the implementation of the quality programme. Quality activities include conducting internal audits, collecting monthly incident and accident data, annual resident surveys, collecting monthly infection rates, complaints processes, and conducting monthly staff and resident meetings. On review of the 2014 and 2015 internal audit schedule it is noted that audits have not been conducted since November 2014. The general staff meeting includes reports on the various aspects of the quality programme with the exception of reporting on internal audit outcomes. The annual resident survey is currently underway. The previous survey completed in February 2014 identified positive feedback from residents with minor issues requiring attention. Resident meetings include discussion on food, environment, laundry and activities. Meeting minutes and resident newsletters reviewed did not evidence that the service had provided staff and residents on the outcomes of the previous survey.</p>	<p>a) The internal audit schedule for 2014 has been completed up until November 2014. Audits for December 2014, January 2015 and February 2015 have not been completed; b) internal audit outcomes were not evidenced as having been discussed at the general staff meeting on previous meeting minutes reviewed and residents and staff have not been informed of the outcome of the resident survey conducted in February 2014.</p>	<p>a) Ensure that the internal audit schedule is completed as per the plan; and b) provide evidence that quality activity outcomes and results are communicated to staff and residents.</p> <p>90 days</p>

<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	<p>PA Low</p>	<p>The quality programme activities are conducted to identify where the service is required to make improvements. However, the outcomes of these activities have not been recorded as corrective actions. The gaps have been identified but there is no documentation around corrective actions required to meet the short falls in care and service delivery.</p>	<p>Corrective actions have not been developed for all areas of improvement identified through quality activities including internal audits, and resident survey.</p>	<p>Develop corrective action plans to evidence that the service has a plan to address the identified shortfalls and interventions required to make improvements.</p> <p>90 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	<p>PA Low</p>	<p>Previous certification audit identified that not all staff had had annual performance appraisals completed. Six staff files were reviewed as well as the completed education programme for 2014. Annual staff appraisals have been completed for three registered nurses and two caregivers. One file did not evidence a completed annual staff appraisal.</p>	<p>One staff file reviewed did not evidence that any annual performance appraisals had been conducted. The staff member has been employed since 2006.</p>	<p>Ensure that all employees have an annual performance appraisal completed to identify training needs, goals and accomplishments.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management</p>	<p>PA Moderate</p>	<p>Medications are provided by a contracted pharmacy who delivers four weekly blister packed medications. Medications are stored and managed in line with current guidelines and legislation. Ten medication charts were reviewed and evidence that the GP has reviewed resident's medications three monthly.</p>	<p>a) As required (PRN) medications on 8 of 10 charts do not record reasons for use; b) 10 of 10 medication orders for regular, PRN and short term</p>	<p>a) Ensure that all PRN medication orders record reasons for use; b) cease transcribing</p>

<p>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.</p>		<p>On review of the charts it was noted that the registered nurses have been writing up the medication charts for the GP to sign. As required (PRN) medication orders are provided however, the reason for use is not documented in the sample of charts reviewed (previous audit finding). One short term medication (verbal order) has not been signed by the GP (previous finding). Three medication rounds were observed. Medication charts evidence that allergies or nil known allergies are recorded and there is a photograph of the resident on each chart.</p>	<p>medications evidence transcribing by a registered nurse; c) one short term medication order for antibiotics has not been signed for by the GP; d) staff were observed on three medication rounds to sign for medications prior to administration and in some cases, did not stay with the resident to observe safe ingestion; e) only one signature was noted on controlled drug medication administration signing sheets.</p>	<p>of medication orders; c) ensure all medication orders are signed by the GP; d) ensure that all staff with medication administration responsibilities follow correct and safe procedures; e) provide evidence that two staff sign the administration sheet for controlled drugs.</p> <p>30 days</p>
<p>Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	<p>PA Low</p>	<p>Medication education has been provided in January 2015. Medications are administered by registered nurses, enrolled nurses and senior care givers. Medication competencies for staff are required to be reviewed annually, however, staff files reviewed evidence that this is now overdue.</p>	<p>Staff with medication administration responsibilities are overdue for competency assessment. Competencies were last conducted in December 2013 and are due on an annual basis.</p>	<p>Provide evidence that all staff who are responsible for medication management are assessed as competent to do so on an annual basis.</p> <p>90 days</p>
<p>Criterion 1.3.12.5 The facilitation of safe self-</p>	<p>PA Low</p>	<p>Residents who are cognitively and physically able are supported to self-administer medications if they wish to do so. Currently, there is one rest home resident who self-administers medications. All medications are stored securely. The resident has signed an authorisation form accepting responsibility for</p>	<p>One resident who self-medicates has not been assessed as competent to do so, and reviews by the RN and GP have not been</p>	<p>Ensure that all residents who self-medicate have been assessed as competent to do so</p>

administration of medicines by consumers where appropriate.		managing medications. This form has also been signed by an RN and the GP. A competency assessment by the registered nurses, and subsequent three monthly reviews, have not taken place.	conducted.	and that three monthly reviews are conducted. 60 days
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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, 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

End of the report.