

Ngati Porou Hauora Charitable Trust Board

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 The DAA Group 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:	Ngati Porou Hauora Charitable Trust Board
Premises audited:	Te Whare Hauora O Ngati Porou
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
Dates of audit:	Start date: 7 July 2016 End date: 7 July 2016
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:	10

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

Te Whare Hauora O Ngati Porou provides rest home level care, medical services and hospital level primary maternity services for 15 patients. The service is owned by Ngati Porou Hauora Charitable Trust Board. The hospital has an experienced hospital services manager and the ward is led by a registered nurse team leader. Patients and whanau spoke positively about the care provided.

This surveillance audit was conducted against the Health and Disability Service Standards and the services contract with the district health board. The audit process included review of policies and procedures, review of patients` and staff records, observations and interviews with patients, whanau, the service manager, staff and a general practitioner.

There were two areas for improvement required from this audit in regard to staff education records not being maintained and infection prevention and control records not being available for audit verification.

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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Policies direct all staff to ensure that communication is in a manner which tangata whaiora can understand, that interpreter services will be used when needed, staff members will take whatever steps are needed to ensure that people can participate in communication and that staff will identify themselves to tangata whaiora when providing services. Patients indicated this is the case and that they are satisfied with communications and interactions with staff.

Patients are readily able to complain and stated they know how to do this and to whom. There is a robust complaints management system which is a key part of the quality and risk system. Complaints are dealt with openly and in line with the requirements of the Code of Health and Disability Services Consumers' Rights (the Code).

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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The Ngati Porou Hauora strategic plan 2014 – 2018 includes the purpose, values, scope, direction and goals of the organisation. The goals link to the Te Runanga O Ngati Porou, the governing body of the Ngati Porou Hauora Charitable Trust Primary Health Organisation, which operates the health services on the East Cape. The goals related to leadership, whanau, quality, infrastructure, and finances, provide a basis for each business unit within the organisation to develop strategic plans. There are objectives and actions under each goal with time frames that are measured and tracked for progress.

The chief executive reports monthly against the strategic plan. Clinical and financial risks are monitored by the board. Trend reports are provided by the quality coordinator to managers for this purpose.

There is a risk management plan and a continuous quality plan which guide staff and provides the quality and risk framework. Monitoring and analysis of identified indicators occurs at each level within the organisation. Incident reporting and management complies with best practice and forms part of the quality and risk system.

Registered staff are satisfied with the skill mix and staffing numbers, which match to patients' needs. Staff described a sound orientation process and excellent opportunities for ongoing education.

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.		Standards applicable to this service fully attained.
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The hospital provides continuum of care for acute, long term care, medical and primary maternity patients. The long term care patients all have service agreements which are signed and dated.

Services are provided by suitably qualified and skilled staff to meet the needs of patients. Assessments and evaluations are performed within acceptable timeframes for all patients receiving services and care plans are developed and implemented relevant to each individual.

The general practitioner reviews all patients medically at the required timeframes and more frequently as needed. The manager of the primary maternity unit, also a lead maternity carer midwife and one other lead maternity carer who accesses the service, ensure all contacts with the wahine/pepe are documented and timeliness is promoted.

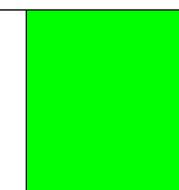
The activities programme for the long term patients meets their social and recreational needs. Activities are planned and are meaningful. The patients are encouraged to maintain links with the community and family/whanau.

The midwives accessing the service ensure that parenting education is promoted inclusive of preparation for labour and birth, safe sleeping for pepe, breastfeeding and all aspects of mother-craft to best prepare each whanau during the antenatal and postnatal period.

A safe medication system was observed during the audit. All staff responsible for medication management have completed comprehensive competencies to perform this role. Midwives are able to prescribe within their scope of practice.

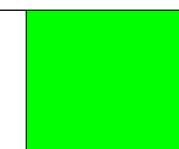
The patients' nutritional requirements are met by the service with preferences, choices and special diets being catered for. The staff who prepare meals are experienced and menu plans have been approved by a dietitian.

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 building warrant of fitness has recently been reissued and the evacuation plan has not altered with the widening of the ambulance ramp that was recently required.

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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There is appropriate oversight of the restraint minimisation policy. Staff described that equipment is used as enablers for patient safety rather than as restraints. No restraints were in use.

Infection prevention and control

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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The infection prevention and control management system is appropriate for the nature of this service. Infection prevention and control reduces the risk of infections to patients, staff, family/whanau and visitors. Healthcare assistants interviewed fully understood their responsibilities for reporting to the registered nurses any incidences of infection. The midwives interviewed are accountable for their clients and any infections are managed and reported accordingly to protocol.

A surveillance policy is available to guide staff but here were no surveillance records available to verify surveillance methodology during the audit.

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	15	0	2	0	0	0
Criteria	0	38	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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 right of patients to complain is well understood by patients, their whanau and staff. Complaints forms are available for anyone wishing to complain and a complaints and feedback box is well situated and easily accessible. Managers and staff described a variety of different ways for patients/whanau to complain including, email, telephone, letters, community hui and in person. The policy and process used complies with the Code and timelines are well understood by clinical staff, the complaints coordinator and managers who are responsible for responding to complaints.</p> <p>Patients clearly understand the role of the Nationwide Health and Disability Advocacy Service as the local advocate is currently working on behalf of a complainant to address a complaint made to the organisation.</p> <p>A central electronic register is maintained by the quality coordinator which indicates the date the complaint is made, which service is involved, who is responsible for responding, what actions have been taken and when the complaint was closed. Managers have access to the complaints register. There were three open complaints at the time of the audit. Closed complaints sighted in the register showed adherence to the timelines expected.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers</p>	FA	<p>Patients interviewed described an understanding of their right to be provided with full information from the staff providing care and support.</p> <p>Whanau and patients interviewed indicated an excellent understanding of the Code of Rights and stated the</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>services provided were respectful, culturally safe and show an awareness of individual values and beliefs. Staff were observed interacting and communicating openly and with respect whilst upholding patients' dignity.</p> <p>The manager understood interpreters are to be provided when required, although interpreter services had not been required for patients in the past. The manager had accessed interpreters through the local council for a staffing matter, and was confident an interpreter could be accessed if required in the future for patients.</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>FA</p>	<p>The organisation's vision is well documented and understood by the managers, staff and patients as they are grounded in Ngati Porou values. The scope, direction and goals reflect the relevant health sector strategies and the 2014-2018 strategic plan is readily available to the community through the organisation's website. Indicators are identified and reviewed as part of the management and committee reporting requirements.</p> <p>The acting manager has a business management degree, post graduate qualifications and relevant experience in health, quality and contract management. The manager is accountable for service delivery, has accountability for hiring staff and is responsible to the chief executive.</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>	<p>FA</p>	<p>The quality and risk management system has been implemented by the organisation and is well understood by the manager and staff interviewed.</p> <p>Policies and procedures are aligned with good practice and meet the needs for service delivery. The controlled documents are managed within an electronic database which is managed by the quality coordinator. The system ensures the revision history of each policy is readily viewable. Printed copies of controlled documents are considered obsolete and there is a clear understanding by staff interviewed that the electronic version is the most trusted source. There is a document management policy which details the approval process of the various groups of documents, for example, health and safety, infection control and human resources.</p> <p>The quality management system is linked to the expected components of service delivery, such as, incident and accident reporting, complaints management, restraints minimisation, infection control and health and safety. Links are clearly evidenced with data collection, internal auditing, and reporting.</p> <p>Managers and staff interviewed understood the elements of the quality management system and were confident they are being reported on at every level in the service. An awareness by staff of recent quality activity was evident.</p> <p>Quality and risk data is collected and collated into trend reports by the quality coordinator and provided to managers for inclusion in the management reporting system. Analysis and evaluation is provided by the quality coordinator and managers use this data within the committee structures to make relevant informed decisions. Measurement of quality and risk achievement indicators occurs through the management committee structure and</p>

		<p>management reporting mechanisms.</p> <p>Corrective action plans are used routinely when an opportunity for improvement is identified as a result of a complaint, an incident, patient or staff survey results or internal audit findings.</p> <p>The organisation's risk management plan describes the process by which actual or potential risks are identified, analysed, evaluated, treated, categorised, and monitored. Monthly risk reports are provided to the management meeting by the quality coordinator for review and evaluation of risk. The risk plan is based on best practice risk management standards.</p>
<p>Standard 1.2.4: Adverse Event Reporting</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>	FA	<p>The manager and staff understand the need to notify the relevant body, such as the local district health board, under their statutory obligations. Examples of these were provided such as a Measles outbreak or high risk clinical incident.</p> <p>Adverse and unplanned events are reported through the incident management system which is an integral part of the quality and risk management process. The organisation has an open disclosure attitude and practice with patients and whānau.</p>
<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>	PA Low	<p>Good employment process is followed to ensure all registered staff have current practising certificates and have the relevant experience required. Registered nurses are required to</p> <p>The staffing mix was considered by the clinical staff in attendance to be appropriate for the patient acuity. Staff described their ability to call in additional staff to work if the workload increased without warning. Staff stated they felt safe and that patients' needs are met safely.</p> <p>Staff interviewed described having a thorough comprehensive induction and orientation which included their core competencies being assessed and passed.</p> <p>Staff described attending ongoing education and participating in self-directed 'eLearning' opportunities. However, these are not recorded in a systematic manner. The organisation does not have an implemented training plan to ensure all expected aspects of an ongoing educational programme are available and attended by staff. There is no system to identify, plan, facilitate or record ongoing education for service providers.</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>	FA	<p>The manager stated the organisation follows the documented contractual requirements for staffing. Registered nurses are supported by enrolled nurses and hospital care assistants. Staff are required to work within their scope of practice. Medical and nursing staff interviewed described the patient as receiving safe, timely appropriate service.</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>	FA	<p>The medication policy and procedures clearly describe the processes to ensure safe medication administration of all medicines. This includes competency requirements, prescribing, recording, processes when an error occurs. The sighted policies meet the legislative requirements and best practice guidelines.</p> <p>Medicines for patients are received from the pharmacy in a pre-packed delivery system for the long term patients. Prescribed medications for the medical patients are taken from the stock medications kept on site and managed by the pharmacist. A safe system for medicine management was observed on the day of the audit. Medicines are stored in the medication trolley which is kept locked when not in use. Medicines that require refrigeration are stored in a separate fridge and the temperature is monitored daily. There is a specimen signature register maintained for all staff who administer medicines. The midwives and medical staff are able to prescribe within their respective scopes of practice.</p> <p>The national eight day medication records are used for the long term care patients and separate mother/baby medication records are maintained in maternity. There are no controlled drugs stored in the maternity unit. The medication cupboard keys are held by the registered nurse on the shift. Controlled drugs in the ward are stored as required and checks are performed weekly. Should Anti D immunoglobulin be required this is requested on prescription by the midwife and sent by courier from Gisborne Hospital or in the weekend this is collected by the LMC midwife. Vitamin K medication is ordered and sent from the contracted pharmacy in Gisborne to the local postal agency for collection.</p> <p>No patients are self-medicating medication. Processes are in place for staff and patients should this situation arise. The registered nurses are responsible for medication management each shift. The maternity manager or LMCs accessing the facility are responsible for medication management in the primary maternity unit.</p>
<p>Standard 1.3.13: Nutrition, Safe Food,</p>	FA	<p>The kitchen and food handling policies and procedures state food handling areas and practices will meet the requirements of the Food Act. It includes guidelines for cleaning with a separate cleaning schedule, temperature requirements, hygiene standards for staff, purchasing of food, checking, storage and waste handling. Regular</p>

<p>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>monitoring and surveillance of the food preparation and hygiene is carried out. Menu plans are documented and have been reviewed by a dietitian.</p> <p>The team leader and cook were interviewed and both were knowledgeable about food hygiene principals. The team leader orders all the food from the reputable suppliers list sighted. All food stuffs are delivered and checked on arrival. Stores are well maintained and no food is stored on floor level when reviewed.</p> <p>A new system has been implemented for one week only. The daily kitchen staffing has been reduced by one staff member and the service now has to cover three services being hospital, cafeteria and catering as required. The kitchen staff interviewed are experienced in their roles and have undertaken food safety management education appropriate to service delivery. Education was last provided 8 November 2015.</p> <p>A nutritional profile is completed for each patient by the registered nurse upon entry to the service and this information is shared with the kitchen staff to ensure all needs, wants, dislikes and special diets are catered for.</p> <p>The women who receive inpatient maternity care are provided with choices and nutritional snacks are available 24 hours a day. The family/whanau and patients reported they are satisfied with the food and fluid services provided.</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>Clinical management policies and procedures includes assessment on admission, weight and bowel management, clinical notes and referral information. As observed on the day of the audit and from review of the care plans, support and care was flexible and individualised and focused on the promotion of quality of life. The registered nurse and healthcare assistants demonstrated good skills and knowledge of the individual needs of the patients. The patients' files showed evidence of consultation and involvement of the family/whanau. The patients interviewed reported satisfaction with the care and service provided.</p> <p>There is evidence of short term care plans for any events that is not part of the care plan. The short term care plans sighted in the patients' records are for weight loss, falls risk and wound care management.</p> <p>The service has adequate dressing and continence supplies to meet the needs of the patients. The care plans reviewed recorded interventions that are consistent with the patients' assessed needs and desired outcomes/goals. Observations on the day of the audit indicated patients are receiving continuity of service provision. The registered nurse and the healthcare assistants interviewed reported that the nursing care plans and activities plans are kept up-to-date.</p> <p>Maternity services: The maternity manager or the lead maternity carer (LMC) are responsible for their women when in the maternity unit. Records sighted included wahine and pepe records and care planning for the labour, birth and subsequent postnatal care period. Planning occurs in partnership with the wahine and the LMC. Continuity of service is promoted between the LMC and the hospital staff. The patient, partner and family interviewed reported satisfaction with the services provided by their LMC and the hospital staff. A booking system is evident and information is documented relevant to the individual and for admission purposes to the service.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>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.</p>	<p>FA</p>	<p>The activities programme ensures patient's individual cultural needs are recognised. The patients have opportunities to maintain interests they have developed within their lifetimes and to develop new friendships in a caring environment. In this rural hospital setting patients and their whanau are closely linked and whanau are welcome to visit and participate in the activities programme anytime. The daily activities are adapted to meet the needs and choices of the patients.</p> <p>The weekly activities plan displayed in the lounge was sighted and is developed based on the needs, interests, skills and strengths of the patients. Activities are planned and the healthcare assistants implement the planned activities five days a week. The healthcare assistants maintain a daily record of activities and who attended. The healthcare assistants interviewed reported that they gauge the level of interest in activities as they are occurring and have the flexibility to change activities based on the patient's responses.</p> <p>The service provides easy access to outside areas that enable patients to wander safely, but usual practice is that staff accompany patients outdoors. There is a closed in veranda with seating and views of the grounds surrounding the hospital.</p> <p>Entertainers are welcome to perform and this was identified on the programme reviewed. The individual activities plans are updated six monthly.</p> <p>The family/whanau interviewed reported that their relative enjoys the range and variety of activities provided.</p> <p>Maternity services: The midwives are involved with antenatal education during the pregnancy with clients they are looking after and postnatally they are involved with refresher or teaching new parents some parenting skills, such a caring for their baby, breastfeeding and lactation, baby bathing, settling techniques and safe sleeping pepe. Every opportunity is utilised in ensuring wahine feel confident when they are discharged to home. Clients are followed for six weeks in the community before being transferred to a well child provider of their choice.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The long term patients' records reviewed had a documented evaluation that is conducted within the past six months. Evaluations are patient focused and indicate the degree of achievement or response to supports/interventions and progress towards meeting the desired outcomes/goals set. If a long term patient is not responding to the services/interventions being delivered, or their health status changes, then this is discussed with the general practitioner or locum GP. Patients' changing needs are clearly described in the care plans reviewed. Short term care plans were sighted for changes in wound care, pain, infections, food or fluid intake and skin care. Medical and nursing assessments are documented on the patient progress notes and clinical treatment records sighted. The healthcare assistants interviewed demonstrated good knowledge of short term care plans for long term and medical patients and reported that these are identified at handover.</p> <p>The family reported that they can consult with the staff at any time if they have concerns or there are changes in</p>

		<p>the patient's condition.</p> <p>Maternity services: The LMC is responsible for evaluations throughout all stages of service delivery. Documentation was clear and concise and easy to follow through from first point of contact with clients. The booking records were completed accurately. The second midwife was called to assist if risks were known and in the case of an emergency situation arising. Timeliness as explained by the manager was significant and the two midwives meet every two weeks to discuss up and coming births to ensure safety is promoted at all times. The hospital staff are fully informed when a patient is in the maternity unit regarding progress. When patients are in the unit postnatally the LMC is called by the hospital staff, if any changes occurred with the mother and/or baby.</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>	FA	<p>The annual building warrant of fitness had recently been reissued to indicate compliance with the relevant legislation.</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>The required evacuation plan is well understood by staff and managers.</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</p>	PA Low	<p>The quality and training manager is currently the infection prevention and control officer until another staff member is appointed to this role. A healthcare assistant has been in this role for a period of time. A registered nurse recently appointed is being encouraged to take on this role but this is not confirmed as yet. The team leader has recently completed cannulation training. The infection control programme is documented in policy. The team consisting of the infection prevention and control officer and one healthcare assistant presently determines the type of infection surveillance required and undertaken for this hospital. This is appropriate for the size and nature of the services provided. Healthcare assistants interviewed understood about reporting any incidence of infection to the team leader and/or the registered nurse on duty. The registered nurse explained the process for gaining the</p>

specified in the infection control programme.		statistics for reporting infections but records were unavailable at the time of audit.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The clinical advisory group has oversight of the restraint minimisation policy and the process of approval is overseen and signed off on the ward by a doctor and a registered nurse. The clinical staff described occasional enabler use to promote patient safety and this was documented.

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 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	Staff interviewed described training and education they had received and had initiated themselves, however this was not planned in advance, budgeted for or documented as a training plan to ensure all core competencies are addressed regularly.	There is no system to identify, plan, facilitate or record ongoing education for service providers.	<p>Create and implement a system to plan, facilitate and record ongoing relevant education.</p> <p>180 days</p>
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	PA Low	Staff interviewed were able to explain how the infection control system worked and the process for reporting any incidences of infection to the registered nurse and/or team leader. Infection control forms were documented to report any infections and the staff also document this in the individual patient’s progress records.	Despite the infection prevention and control system and process being explained by staff results of surveillance, conclusions and specific recommendations were not available to review.	Provide evidence of a system to ensure results of surveillance, conclusions and/or specific recommendations are acted upon, evaluated and reported to the team leader and management in a timely manner.

				180 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.