

Nelson Bays Primary Health Trust - Golden Bay Community Health

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:	Nelson Bays Primary Health Trust
Premises audited:	Golden Bay Community Health
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: 18 September 2017 End date: 19 September 2017
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	23

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

The Golden Bay Community Hospital Trust operates as part of the Nelson Bays Primary Health Organisation. The Golden Bay Community Hospital and integrated health centre provide care across four service levels. There is a 24-bed rest home/hospital, one birthing unit and maternity bed and five GP acute admission beds. On the day of audit, there were twelve rest home and eleven hospital level residents, one patient in the acute GP beds and no maternity inpatients.

The overall community hospital service is managed by a general manager/registered nurse who has extensive clinical and managerial experience. She is supported by a project leader/personal assistant and nurse manager. Residents/patients and clients interviewed spoke highly of the integrated community service.

This surveillance audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of residents/patients/clients and staff files, observations and interviews with residents, management, staff and the general practitioner.

Four of eight findings from the previous audit have been addressed. These include quality programme, pain documentation, food service and medication management.

Improvements continue to be required around the review of maternity policies, maternity documentation, meeting care plan timeframes, and care plan interventions.

This audit identified a further improvement required around informed consent.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some standards applicable to this service partially attained and of low risk.
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Complaints processes and policies are in place to ensure complaints and concerns are managed appropriately. There is an open disclosure policy. Interviews with residents/patients confirmed they are kept informed of their current health status. There is documented evidence that families are kept informed of their relative's health status including any adverse events.

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 service continues to embed a quality and risk management framework that includes management of incidents, complaints and infection control surveillance data. Policies and procedures have been implemented to meet the required standards. There is an internal audit programme scheduled. The general manager is an experienced registered nurse who reports to the chief executive officer for the primary health organisation (PHO) based in Nelson. She is supported by an experienced clinical and non-clinical team.

There are human resources policies including recruitment, selection, orientation and staff training and development. There is an annual education plan in place including compulsory training. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care in all areas including on call cover for the maternity service. There is sufficient staff on duty at all times.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available on entry to the service that includes information on the services provided at Golden Bay Community Hospital. The registered nurses are responsible for each stage of service provision. The registered nurse assesses and develops care plans and evaluates supports and goals in consultation with the resident/patient and/or family. Resident files included medical notes and notes of other visiting allied health professionals.

The activity coordinators implement a five-day activities programme for the rest home and hospital residents. Community visitors are involved and regular entertainment is provided.

There are policies and processes that describe medication management that align with accepted guidelines. The service uses an electronic medication system. Registered nurses are responsible for medication administration and complete annual competencies and education. The GP reviews the medication chart three-monthly.

The service prepares and cooks all meals on-site and the menu has been approved by a dietitian. Individual dietary needs, likes and dislikes and cultural needs are catered for. Residents interviewed responded favourably to the food that was provided.

Maternity services: In consultation with their LMC, clients choose to use the primary birthing facility for full labour, birth and/or postnatal care. Postnatal care is provided within the facility by three contracted local LMCs. Daily checks are implemented and ensure that interventions are consistent and provide ongoing assessment of the needs of the client and her baby. These are well documented in the client progress notes. Client notes are comprehensive but were missing some documentation requirements such as; labour/birth and infant summaries, informed decision-making discussions. The clinical file notes include goals, interventions, referrals and care provided. The maternity services are given in a timely manner encompassing all education, care provision, decision-making topics and referrals as required. Informed consent was not always identified within the client files. Clients are provided with meals that are cooked on-site. Medications are appropriately stored and checked. Medication management met most requirements but some infant medication charts were identified as missing.

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 has a current warrant of fitness.

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 are restraint minimisation and safe practice policies and procedures in place for restraint and enablers. There were three residents using enablers and one resident with restraint. A registered nurse is the restraint coordinator. Staff received training around restraint and enablers and the management of behaviours that challenge.

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 control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating education and training for staff. The infection control coordinator has attended external training. There is a suite of infection control policies and guidelines to support practice. The infection control coordinator uses the information obtained through surveillance and internal audits to determine infection control activities and education needs within the facility.

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	14	0	3	2	0	0
Criteria	0	37	0	3	2	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	PA Low	Maternity services: Policies and procedures are in place at Golden Bay maternity services for informed choice and consent - these meet the requirements within the Code of Health and Disability Consumer Rights. These policies are not always adhered to within the service. Informed consent processes were reviewed for supplementary formula of a breastfed baby, new born metabolic blood screens (Guthrie's) and the giving of Vitamin K. Information is available within the facility to support informed choice for pregnancy and the postnatal mother including baby care. This audit review of five of five maternal inpatient files had no evidence of the informed discussions and consent process for when Vitamin K was given to the babies.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is	FA	There is a complaints policy that aligns with Right 10 of the Code. The complaints procedure is provided to residents/patients and relatives at entry to the service. Complaint forms and complaints procedure is also available on the website. Booklets and brochures were available in all bedrooms. The general manager is the privacy officer for the service. A record of all complaints (residential aged care and primary health services) is maintained on an online register at the head office. There had been four complaints received regarding rest home and hospital level care year-to-date. The complaints process had been followed with resolution in all. There were no sentinel events

understood, respected, and upheld.		relating to the residential aged care service or maternity service. Residents and relatives advised that they are aware of the complaints procedure.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Management promote an open-door policy. Residents confirmed on interview that the staff and management are approachable and available. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and the three-monthly resident 'forum' meeting. Results and corrective actions/areas for improvement are discussed at these meetings (confirmed on interview). Accident/incident forms reviewed evidenced relatives had been notified of any incidents/accidents.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. An interpreter service is available if required.</p> <p>Maternity: Women are thoroughly orientated to the service on admission. A client confirmed on interview that the staff and management are approachable and available. Interpreter services are available for all maternity clients that may require this service.</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>	FA	<p>The Golden Bay Community Hospital operates as part of the Nelson Bays Primary Health Organisation (PHO). The Golden Bay Community Hospital and integrated Health Centre provide services for up to twenty-four rest home or hospital level of care, one birthing unit and maternity bed, five GP acute admission/palliative care beds and facilities for recovery and observation following admission. On the day of audit, there were twelve rest home residents (including one rest home respite care) and eleven hospital level care residents (including one resident under ACC funding). There were no maternity clients in the birthing unit on the day of audit. There was one patient in the acute admission beds under the care of the GPs.</p> <p>The overall community hospital service is managed by a general manager who was appointed in November 2015. She is a registered nurse with considerable experience in emergency nursing, aged care management and quality management. The general manager has maintained at least eight hours annually of professional development related to managing aged care/integrated services and holds a master's degree in advanced nursing practice and a diploma in management.</p> <p>The general manager is supported by a chief executive officer for the Nelson Bays PHO based in Nelson. A project leader/personal assistant to the general manager is based at the community hospital and leads/maintains the Cornerstone accreditation standards for the GP services and oversees the non-clinical services. A nurse manager oversees the clinical services. She is an experienced RN in acute and aged care services (including holding roles of nurse specialist and nurse educator) and has been in the nurse manager role for over a year. An RN who has been at the facility for twelve years has recently been appointed to the newly created role of aged care coordinator.</p>

		<p>There are two self-employed LMCs for the maternity service.</p> <p>A GP is the clinical director for the community hospital. The clinical governance committee comprises of the clinical director (GP), local pharmacist, consumer representative, iwi representative and general manager of community mental health. The committee reports to the Nelson Bays PHO board who meet six-monthly with the Nelson/Marlborough DHB alliance group. The Golden Bay Community Health Trust group remain involved in matters relating to property.</p> <p>There is a Nelson Bays PHO strategic plan in place for 2016 – 2021 that clearly identifies the values, purpose, scope and direction of the organisation.</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>PA Low</p>	<p>The service has a quality risk management plan in place. The service has in place a range of policies and procedures to support service delivery that are developed by an external consultant and reviewed regularly. Facility meetings held include quality improvement/infection control meetings, health and safety committee meetings, full staff meetings and clinical RN and HCA meetings. The service now participates in an external benchmarking programme against industry standards (QPS). There is documented evidence of discussion around quality data, trends and analysis. This previous finding is closed. Staff interviewed state they are informed and required to sign meetings minutes/reviewed policies when read. Quality improvement/corrective actions forms are completed for identified areas for improvement, followed up and signed off as completed. Resident satisfaction surveys, food satisfaction surveys and maternity service surveys have been conducted annually, collated and results fed back to participants. The project leader/personal assistant is the health and safety representative. The health and safety committee provide monthly reports on health and safety matters/concerns and reviews the hazard register regularly. Falls prevention strategies are in place that identify interventions on a case-by-case basis to minimise future falls.</p> <p>Maternity service: Golden Bay maternity has all the relevant policies, guidelines and protocols for the maternity service but many of these remain out of their review dates. This previous finding remains open.</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</p>	<p>FA</p>	<p>As part of risk management and health and safety framework, there is an accident/incident policy. Incident and accident details are entered into the online register.</p> <p>Eight incident forms (from July 2017) were reviewed on the online register. All incident forms identified timely RN assessment of the resident/patient and appropriate interventions to minimise resident risk. The next of kin had been notified for all incidents/accidents. The caregivers interviewed could discuss the incident reporting process.</p> <p>The nurse manager interviewed could describe situations that would require reporting to relevant authorities.</p> <p>Maternity service: Staff and LMCs (interviewed) who work in the maternity service were aware of the systems in place to record and notify with adverse event reporting.</p>

<p>to affected consumers and where appropriate their family/whānau of choice in an open manner.</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>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. Seven staff files were reviewed (one registered midwife, two RNs, two HCAs, one activity coordinator and one cook) on the online system. Hard copy files are kept at head office in Nelson. All relevant recruitment and employment documents including performance appraisals were completed. The orientation pack has been reviewed and is now in use. It is clear and role focussed. Staff interviewed were able to describe the orientation process and confirmed new staff were adequately orientated to the service.</p> <p>HCAs have access to Careerforce aged care courses and are supported to achieve relevant qualifications. Registered nurses are supported to attend external education. Three RNs have completed their interRAI training. Staff have attended mandatory training either on-site or through an online learning system. The project leader/personal assistant maintains an online register of training and staff attendance.</p> <p>Maternity service: There are job descriptions which detail each position's responsibilities, accountabilities and authority. All healthcare professionals have current practicing certificates that require them to practice here at Golden Bay maternity. Lead maternity carer's agreement contracts meet all requirements and include copies of indemnity insurance. Training is recorded for individual staff. All staff were up-to-date with facility mandatory and professional education requirements. Completion of police checks for staff appointments were in place.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The nurse manager (clinical) and aged care coordinator are on during the day Monday to Friday and provide on-call cover. There is an RN on 24/7 in the hospital and an additional primary healthcare RN on the morning and afternoon shift. There are dedicated cleaning and laundry staff.</p> <p>An acute nurse cover the GP acute beds for 16 hours/day and then the night RN provides cover for both the aged care service and the flexibeds.</p> <p>Residents stated there is adequate staff on duty at all times. Staff stated they feel supported by the nurse manager and aged care coordinator.</p> <p>Maternity service: This service has a LMC 24/7 on-call service and provides a full core maternity provision of care service for the facility. The midwives provide acute emergency assessments and care; they also provide birthing</p>

		and labour care and subsequent inpatient care. There are one to two relieving locum midwives that provide cover when one of the LMCs is off call. There is an on-call roster system evident.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	PA Low	<p>Maternity service: Golden Bay maternity has an organised client file documentation system that is maternity focused, entries are timely and are integrated with the LMC entries. Relevant information from other hospitals (e.g., base hospital birthing and postnatal notes), are provided and placed into the client notes on transfer. This provides information on progress and planning to date. The previous finding of missing birthing clinical notes has in this audit been identified within the client file. However, summary information for labour/birth and baby was missing within the client files reviewed. Therefore, the previous finding remains open. There were checklists that were completed on a daily basis, which facilitates daily changes to the care plan according to the client and baby needs. The clients are made aware they can request a copy of their maternity notes. All inpatient client files are held and stored in a secure manner. All documentation is carried out in the staff office, which the general public do not enter. Documentation requirements for uniquely identifying each client file is evident.</p> <p>There are resident/patient files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident/patient register. Patients admitted to the GP acute beds have documentation completed on the day of admission.</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>Medication policies align with accepted guidelines. The RNs are responsible for the administration of medications in the rest home/hospital area and acute/palliative beds.</p> <p>All RNs have completed annual competencies including syringe driver competencies and medication education. The service uses an electronic medication system. Medications are checked on delivery against the medication chart. Any pharmacy errors are recorded and fed back to the supplying pharmacy. Expiry dates and hospital stock checks are completed regularly. All stock checked in the medication trolleys and in storage were within the expiry dates. Eye drops had been dated on opening. There was one self-medicating resident on the day of audit with a self-medication competency in place. The medication fridge temperature is monitored daily and is maintained between 2-8 degrees Celsius.</p> <p>Ten medication charts on the electronic medication system were reviewed. All medication charts had photo identification and allergy status. Oxygen had been charted for two residents using oxygen. This previous finding had now been addressed. All medication charts had been reviewed three-monthly by the GP.</p> <p>Maternity service: The medicine management systems reflect current legislation and guidelines. The service provider's responsibilities are detailed in the policies and procedures. All Golden Bay maternity contracted LMCs are registered midwives with current practising certificates. The contracted LMCs are familiar with the medicine management policy, legal requirements within their scope of practice, and facility requirements.</p>

		<p>Individual medication charts were not always evident in the infant notes. The LMC is responsible for prescribing and charting medication required for normal birth and routine postnatal care. The medicines management policy includes guidelines for client self-administration. Most women who enter the service are well and considered competent to self-medicate. If a woman chooses to self-administer her medicines, this is recorded on her drug chart. A previous finding that not all medication charts reviewed meet the legal requirements of prescribing and administration, has this audit, met with full compliance in this area. This previous finding is now closed.</p> <p>The facility has a resuscitation area and in the birthing room there are medicines required for safe birthing, and postnatal emergencies. The medicines refrigerator temperature is monitored daily and recorded. Stock and resuscitation trolley medicines are monitored as per the policy. There is a controlled drug safe and a controlled drug register is in place. Controlled drug checks are completed weekly. Entonox and oxygen cylinders are regularly checked and are stored in a secure area.</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>	FA	<p>All food is prepared and cooked on-site. The qualified cook is supported by a morning kitchenhand and evening cook. The project leader (who oversees the food services) and kitchen staff have completed food safety and infection control education. There is a seasonal four-weekly rotating menu that has been reviewed by a dietitian in April 2017.</p> <p>Some meals are served from the kitchen bain marie, plated (with heat retention bases and lids) and delivered to residents and others are served in the dining area. Serving temperatures are checked on each meal. End cooked temperatures have been recorded. The previous finding has now been closed out. Resident dietary preferences, food allergies, dislikes and cultural dietary needs are listed and known. Alternative foods are offered. The cook receives notification of any resident dietary changes and requirements. Modified diets and specialised utensils are provided for residents as assessed by the RN.</p> <p>Fridge, freezer and chiller temperatures were recorded. All foods were date labelled and stored correctly. A cleaning schedule is maintained.</p> <p>Maternity service: Golden Bay maternity provides mothers and partners (on request) with all meals. All aspects of food safety are adhered to and there are hot drinks, fruit, bread, cheese and fresh baking available for mothers at all times.</p> <p>Clients are given a variety of menu choices each day and meals are delivered to each woman. On the booking form there is a section for the client to note any special dietary requirements. Any special needs are identified on entry and people are able to bring food in from home.</p>
Standard 1.3.5:	PA	In three of the four long-term resident files sampled, care plans describe the resident goals, supports and interventions required to meet desired goals as identified during the ongoing assessment process. There was a

<p>Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>Moderate</p>	<p>shortfall in the fourth file. A further sample of four files of residents using restraint/enablers were viewed, there was a shortfall in their plans relating to the recording of possible risks and required interventions. The previous finding around interventions remains open.</p> <p>Maternity service: Consumer's delivery plans displayed evidence of required support or interventions that were identified as part of the daily ongoing assessment process.</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>When a resident's/patient's condition alters, the registered nurse initiates a review and if required, arranges a GP or nurse specialist visit. There is evidence of three-monthly medical reviews or earlier for health status changes. Residents interviewed confirm care delivery and support by staff is consistent with their expectations. There is documented evidence on the family contact sheet in the resident files, of family notification of any changes to resident's health status. HCAs interviewed confirmed they are updated of any changes in resident's care or treatment during handover sessions at the beginning of each shift. A previous shortfall identified around documenting the effectiveness of pain relief has been addressed with the recording of pain relief medication effectiveness on the electronic medication system.</p> <p>Staff report there are adequate continence supplies and dressing supplies. On the day of the audit, supplies of these products were sighted. There were four skin tears being treated at the time of audit. There were no pressure injuries. Wound assessments and dressing plans were in place for all wounds. GPs and the district nurse/wound care specialist are readily available if wound management advice is required.</p> <p>Maternity service: The midwifery philosophy of 'Continuity of Care' is provided by the contracted LMC midwives. This forms the fundamental basis of the maternity provision of care and it consistently develops to meet the client's needs and desired outcomes throughout the provision of inpatient care. The daily checks ensure that interventions are consistent and provide ongoing assessment of the needs of the woman and her baby. These are well documented in the client progress notes, these notes are also comprehensive and include goals, interventions, referrals and care provided. The maternity services are given in a timely manner encompassing all education, care provision, decision making topics and referrals as required.</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</p>	<p>FA</p>	<p>The service employs two activity coordinators who between them work four-hour days a day Monday to Friday. One activity coordinator (appointed one month prior to audit) is a qualified social worker, exercise therapist, has level 3 dementia qualification and has previously had caring experience. The other has a certificate in care of the older person and is enrolled in the diversional therapist programme. Both activity coordinators hold a current first aid certificate and attend on-site education.</p> <p>The integrated rest home/hospital activity programme is flexible and provides a variety of activities that are meaningful to the residents. The activities include community involvement such as visiting church groups for piano</p>

<p>appropriate to their needs, age, culture, and the setting of the service.</p>		<p>playing and singing and fortnightly church services, visiting school children reading to residents, regular visits from the quilting group and canine pet therapy. Residents are encouraged to socialise and attend local productions and entertainment.</p> <p>Residents have the opportunity to provide suggestions for activities and outings at two monthly meetings. The organisation has a van for outings.</p> <p>Residents have an activity profile completed on admission. Activity plans are reviewed six-monthly and activity attendance sheets are maintained.</p> <p>On interview, HCAs and RNs commented on recent improvements in the activity programme.</p> <p>Maternity service: Golden Bay maternity contracted LMCs are qualified to provide and support family parent craft orientated education. Family members continue to be encouraged to learn about the care of the new baby and how best to support the mother. This is provided on an individual basis. The service has an open-door policy for family visiting and encourages children to visit. Golden Bay maternity provides indoor and beautiful garden outdoor areas for clients and visitors to use.</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>Long-term care plans had been reviewed at least six monthly for the resident who had been at the service over six months. Three of the four long-term care residents had not been at the service six months. The GP completes a three-monthly resident review. The families and relevant care staff and health professionals participate in the care plan review. Evaluations indicate if resident goals have been met or unmet.</p> <p>Short-term care plans in place had been reviewed as resolved or transferred to the long-term care plan if an ongoing problem.</p> <p>Patients in the GP acute beds are reviewed on a shift-by-shift basis.</p> <p>Maternity service: Files reviewed show evidence of ongoing daily evaluations that are client focused and orientated to the clients' goals such as: learning breastfeeding techniques, infant bathing, safe sleeping for baby and cord care. The average inpatient stay of a maternity client at Golden Bay maternity is 1-2 days. Ongoing evaluations and goal setting continues with their LMC up until six weeks post-partum when they are then discharged from midwifery care.</p> <p>Unexpected outcomes in any maternity care provided are documented and support is given as required in a professional and timely manner. Referrals are actioned as needed according to the situation arising. A client interview confirmed that herself and her husband received client focused care and support at times when required. They also discussed the prompt attention they got once they rang for assistance.</p>
<p>Standard 1.4.2:</p>	<p>FA</p>	<p>The building has a current warrant of fitness which expires on 20 June 2018. Reactive and preventative</p>

<p>Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>maintenance occurs.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infections are analysed for trends and graphed by type (QPS). Graphs and relevant information is available to staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at the quality and staff meetings. Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GPs that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the restraint coordinator, RN and HCAs confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had three hospital residents with enablers and one hospital level resident with restraint (link 1.3.5.2).</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 1.1.10.4</p> <p>The service is able to demonstrate that written consent is obtained where required.</p>	PA Low	<p>Maternity: Informed consent processes were reviewed for supplementary formula of a breastfed baby, new-born metabolic blood screens (Guthrie’s) and the giving of Vitamin K. Information is available within the facility to support informed choice for pregnancy and the postnatal mother including baby care Files reviewed identified a lack of informed consent discussions and consents.</p>	<p>Five of five files reviewed identified no evidence of informed discussions or consent for the giving of infant Vitamin K.</p>	<p>Ensure documentation of informed consent process.</p> <p>90 days</p>
<p>Criterion 1.2.3.3</p> <p>The service develops and implements policies and procedures that are aligned with current good practice</p>	PA Low	<p>Maternity service: Over 75% of the policies, guidelines and protocols relevant to the maternity service that guides the provision of care were found to be outside of their review dates. The midwife in charge of this area</p>	<p>Maternity service: Not all policies, guidelines and protocols for the maternity service have had their 1-3 yearly review.</p>	<p>Maternity service: Ensure all maternity policies,</p>

and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.		continues to work on getting these into a review process. This finding remains open.		guidelines and protocols have a regular and timely review. 90 days
Criterion 1.2.9.1 Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.	PA Low	There are resident/patient files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident/patient register. Patients admitted to the GP acute beds have documentation completed on the day of admission. Maternity service: Four of five files reviewed showed that they were missing labour/birth and infant summaries from the clients that had birthed at the facility.	Maternity service: Four of five files reviewed showed that they were missing labour/birth and infant summaries from the clients that had birthed at the facility.	Ensure all labour and birth information including a labour/birth and infant summary is completed and added to the file. 90 days
Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.	PA Moderate	All resident files reviewed had initial assessments and risk assessments completed on admission. The long-term care plan had been developed within 21 days of admission in two of the four long-term resident files reviewed. This remains an area for improvement. All interRAI assessments had been completed.	One hospital resident and one rest home resident admitted for permanent care did not have a long-term care plan completed within 21 days of admission.	Ensure long-term care plans are developed within 21 days of admission for all new admissions. 90 days
Criterion 1.3.5.2 Service delivery plans describe the required	PA Moderate	The outcomes of risk assessments for falls and mobility, pain, continence, activities and daily activities of living were reflected in care	(i) The LTCP for a hospital resident (tracer) identified with challenging behaviours did not have strategies for minimising or managing	(i)-(ii) Ensure care plans describe the

<p>support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>		<p>plans reviewed. Not all supports were identified in the care plans to meet the residents needs for other areas of care. This finding remains open from the previous audit.</p>	<p>challenging behaviours documented, other than the administering of medication. (ii) The long-term care plans for the four residents using restraint or enablers did not identify risks of their use and interventions to be taken in relation to restraint/enabler use.</p>	<p>required support and/or intervention to achieve the desired outcome.</p> <p>90 days</p>
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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.