**Introduction**

This form is for certified residential disability providers to submit a surveillance declaration to their designated auditing agency (DAA) **at the midpoint of the certification period where an on-site surveillance audit is not required**.

Service providers shall undertake regular monitoring processes with sufficient scope and depth to verify that it is conforming to certification requirements before completing this form. Monitoring records must be available for review by the DAA on request.

The DAA shall review all declarations and retain these as a record contributing to the monitoring activities that occur between certification-related audits.

Where a provider does not make a declaration or significant concerns are identified, the DAA shall advise the Ministry of Health, who shall determine what action is taken.

If you have any questions, please contact your designated auditing agency.

**Please return this form to your designated auditing agency.**

**Provider Details**

Please identify the provider this declaration relates to.

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| Legal Entity Name | Please enter your organisation’s name. |

**Annual Declaration Details**

For each statement below, please indicate whether it applies to your service since the last certification audit.

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| 1.6 Effective communication occurs | Open disclosure to consumer and/or their family/whānau has occurred in accordance with the organisation’s policy. | Please choose Yes or No. |
| 1.8 I have the right to complain | The complaints register has been maintained and is up to date. | Please choose Yes or No. |
| 2.1 Governance | Where there has been a change of manager, the Ministry of Health has been notified in accordance with the condition on the certificate to make this notification. | Please choose Yes or No. |
| 2.2 Quality and risk 5.4 Surveillance of healthcare-associated infection | Quality and risk management systems have been maintained since the last certification audit. All elements of the quality and risk management system are up-to-date (policies and procedures are current; quality improvement data are collected and analysed; risks are identified and managed; quality plan is implemented). Quality and risk management reporting includes surveillance for infections aimed to prevent and reduce infection rates. | Please choose Yes or No. |
| 2.2 Quality and risk | Adverse, unplanned or untoward events have been documented. Opportunities to improve services have been identified and appropriate onward actions recorded and taken. | Please choose Yes or No. |
| 2.4 Health care and support workers6.1 A process of restraint | There is a current, well-attended, ongoing education programme that covers essential components of services provided. The ongoing education programme had included restraint minimisation and safe practice, ensuring staff are conversant with requirements of the organisation’s policy and procedures. | Please choose Yes or No. |
| 2.3 Service management | Staffing of the service has been consistently met in accordance with the staff skill mix and/or rostering policy. | Please choose Yes or No. |
| 3.2 My pathway to wellbeing | Consumers receive timely, competent and appropriate support services to meet the goals developed and recorded in their individual plans. | Please choose Yes or No. |
| 3.3 Individualised activities | Activities outlined in individual plans contribute to the achievement of individual goals, reflecting ordinary patterns of life and appropriate involvement of others in the community. | Please choose Yes or No. |
| 3.2 My pathway to wellbeing | Individual plans are current. Changes have been made to individual plans where progress is different from that expected. | Please choose Yes or No. |
| 3.4 My medication | Medications are administered in a safe and timely manner that meets legislative and safe practice guidelines (medications have been prescribed, are stored correctly and administered by staff assessed to be competent or by consumer who are safe to self-administer; records are maintained; medications no longer required are disposed of appropriately). | Please choose Yes or No. |
| 3.5 Nutrition to support wellbeing | Consumers’ individual dietary needs have been met including any special diets. | Please choose Yes or No. |
| 4.1 The facility | There is a current building warrant of fitness for each home (if one is applicable) | Please choose Yes or No. |
| 4.1 The facility | Where there have been alterations to a building since the last certification audit, these alterations comply with the Building Code and any other relevant legislation. *(Leave blank if not applicable).* | Please choose Yes or No. |
| 6.1 A process of restraint | Where restraints are used, there is evidence of appropriate assessment and planning and timely evaluation. There is a process of actively reducing the likelihood of restraint use. | Please choose Yes or No. |
|  | There have not been legislative compliance issues (for example, health and safety, employment, local body) affecting any part of this service since the last certification audit | Please choose Yes or No. |
|  | All corrective action requests and developmental evaluation findings have been successfully addressed and resolved since the last certification audit and there is an auditable record of this. | Please choose Yes or No. |
|  | There is not a current HDC investigation in relation to any part of this service. | Please choose Yes or No. |

For any ‘No’ response, please provide further information below or append information to this declaration.

Please attach with this declaration any developmental evaluation report(s) since the last certification audit, the corrective action plan that includes certification and developmental evaluation requirements and/ or recommendations.

**Further Information**

Click here to enter text.

**Declaration**

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| I declare that the information provided is true and correct and that I have the designated authority to make this notification on behalf of the applicant. | Please choose an item. |

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| Name | Please enter the name of the person making the notification. |
| Occupation | Please enter the occupation of the person making the notification. |