

G J & J M Bellaney Limited

CURRENT STATUS: 27-Mar-13

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Wimbledon Villa provides dementia level care for up to 27 residents. Occupancy is currently 20 residents. There is a newly established quality and risk management system including policies and procedures .

The facility manager has been in the role since 2010 and has commenced a professional development course related to health care management. The manager is supported by an experienced clinical manager and the owner / director of Wimbledon Villa.

Relatives interviewed spoke very positively about the care and support provided by staff.

The service has addressed previous shortfalls from their previous certification audit and MoH inspections including, aspects of care planning, behaviour management, implementation of quality processes, training for the manager, clear process for leading the service, staff training, complaints management, medication and involvement of specialist in care.

However, further improvements continue to be required around aspects of the incident and accident reporting process, call bells, assessment and care plan documentation.

This audit identified the following improvements required; further implementation of the quality system, appraisal process for the senior registered nurse, care planning and medication documentation.

AUDIT SUMMARY AS AT 27-MAR-13

Standards have been assessed and summarised below:

Key

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

Indicator	Description	Definition
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit	Assessment
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.	27-Mar-13	Standards applicable to this service fully attained

Organisational Management	Day of Audit	Assessment
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.	27-Mar-13	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Continuum of Service Delivery	Day of Audit	Assessment
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.	27-Mar-13	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Safe and Appropriate Environment	Day of Audit 27-Mar-13	Assessment
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.		Some standards applicable to this service partially attained and of low risk

Restraint Minimisation and Safe Practice	Day of Audit 27-Mar-13	Assessment
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

Infection Prevention and Control	Day of Audit 27-Mar-13	Assessment
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

G J & J M Bellaney Limited

UNANNOUNCED INSPECTION: 7 MARCH 2013

Attached at the end of this document is a report detailing the unannounced inspection of G J & J M Bellaney Limited conducted by the Ministry of Health on 7 March 2013. This report has been accepted by G J & J M Bellaney Limited as being an accurate reflection of the unannounced inspection conducted against the Health and Disability Services Standards (2008) on the day specified. The executive summary from the report is repeated below.

EXECUTIVE SUMMARY

The Ministry of Health (the Ministry) received information which indicated that G J & J M Bellaney Limited could be in breach of its obligations as a certified provider under the Health and Disability Services (Safety) Act 2001 (the Act) to provide services at Wimbledon Villa.

The Ministry was advised by MidCentral District Health Board (DHB) that a Police investigation was under way after a resident died following an incident at Wimbledon Villa. In addition, the Ministry received information that Wimbledon Villa was not compliant with the New Zealand Fire Service standards for fire evacuation procedures. Both incidents raise concern that residents' safety could be at risk.

As a result of this information an unannounced inspection was undertaken by the Ministry on 7 March 2013 in accordance with sections 40 to 47 of the Act. The provider was found to be in breach of its obligation to promptly notify the Director-General of Health of incidents that occurred relating to the safety of residents.

G J & J M Bellaney Limited

CURRENT STATUS: 28-OCT-11

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

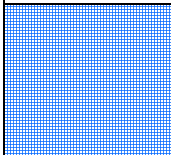
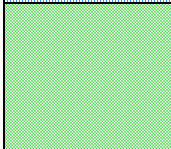
GENERAL OVERVIEW

Wimbledon Villa provides secure dementia care for up to 27 residents. Occupancy on the day of the audit was 16. The facility is operated by GJ and JM Bellaney Ltd. Staff and family members describe their satisfaction with the service and praise the care provided. The general practitioner reports that communication between the registered nurses and general practitioner is good with a proactive approach in terms of raising issues when required. Resident files sampled showed a responsive and professional service. Staff have a thorough knowledge of the processes to be followed and they are supported by training. The service is commended for the following areas: provision of an environment that encourages good practice and the way in which services are planned to meet the specific needs of people with dementia; the activities programme. Improvements are required around: maintenance of a complaints register; medication management; and chemical safety training.

AUDIT SUMMARY AS AT 28-OCT-11

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved

Indicator	Description	Definition
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 28-Oct-11	Assessment
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 minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Organisational Management	Day of Audit 28-Oct-11	Assessment
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.		No short falls

Continuum of Service Delivery	Day of Audit 28-Oct-11	Assessment
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.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 28-Oct-11	Assessment
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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Restraint Minimisation and Safe Practice	Day of Audit 28-Oct-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 28-Oct-11	Assessment
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.		No short falls

AUDIT RESULTS AS AT 28-OCT-11

Consumer Rights

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the service. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy, open disclosure and informed consent. Staff interviewed demonstrate a good understanding of informed consent processes. Staff training includes residents' rights and their ability to make choices. Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimizes harm and acknowledges cultural and individual values and beliefs. Care planning accommodates individual choices of residents' and/or their family/whānau. Family members interviewed stated their satisfaction with the service and that staff are providing excellent care. The service has appropriate systems in place to manage complaints. Residents and family/whānau demonstrate a good understanding of these processes. An improvement is required whereby a complaints register is maintained and all complaints, including verbal complaints, are documented in the register.

Organisational Management

Systems are established and maintained by the owners which clearly define the scope, direction and goals of the facility. Progress against these is monitored and reported. The facility is managed by a suitably qualified and experienced manager who has been in the role for a year. She is supported by a registered nurse. A documented quality and risk management system is established and maintained. The programme reflects continuous quality improvement principles. Outcomes data is analysed to improve service delivery and a benchmarking programme is implemented. All elements of the quality and risk management programme are implemented including an internal audit schedule, incident and accident reporting and annual satisfaction surveys. Corrective action plans are documented where required resulting in demonstrable improvements. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. All staff have completed, or are in the process of completing, their aged care education dementia training as well as other training relevant to their roles. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The number of registered nurses has been increased with a registered nurse on duty seven days a week and on call at all other times.

Continuum of Service Delivery

Residents who enter Wimbledon Villa are assessed by the needs assessment and service coordination service (NASC). An information pack is available for families and referral agencies. Residents are assessed on admission by the clinical manager. Residents' care plans are individualised, up-to-date, link to information from assessments and reflect current service delivery requirements for each resident. Evaluation occurs six monthly or when there is a change in the resident's condition. Short term care plans are utilised when residents require short term interventions and long term care plans are updated when appropriate. Residents' clinical notes are integrated to ensure service delivery reflects continuity of care including input from all providers involved. Residents receive well planned and co-ordinated services. The service has embedded the Eden principles into its approach to care and service delivery. This is reflected in resident's care plans. The service has also obtained input from an experienced dementia specialist to advise on care planning and to train staff. There is an activities programme which offers a variety of activities suited to the needs of residents. Caregivers were observed at various times throughout the day diverting residents' to avoid challenging behaviours. Staff complete documentation regarding activities completed by residents over a 24 hour period which is subsequently reviewed by the diversional therapist to inform the development of individualised programmes. Activities are available over the 24 hour period. There are outings into the community three times a week including mystery lunch outings each month. Discussions with the owner and manager confirm their on-going commitment to the success of the activities program and their expectation of continuous improvement arising from the input of the dementia specialist. The annual family survey shows a high level of satisfaction with the programme. Discussions with family members identify that the activities programme is excellent and there have been continuous improvements over the last year. Wimbledon Villa is commended for its activities

programme. Medications are managed appropriately in line with accepted guidelines. There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Competencies are completed. Medication profiles are legible, up to date and reviewed by the general practitioner three monthly or earlier if necessary. Improvements are required around keeping all required medications on site and documenting appropriately the administration of controlled medications. Residents' nutritional needs are assessed on admission and likes, dislikes and allergies are communicated to the kitchen staff at admission. The menu is reviewed by a dietitian.

Safe and Appropriate Environment

Policies and procedures for the management of waste and hazardous substances are implemented which meet the requirements of legislation, local authorities and relevant standards. Any incidents are reported in a timely manner. The service has a main lounge and this is used for resident gatherings such as activities. There is also another dining and lounge area that is available for alternative activities or as a quiet space. Residents are able to move freely and furniture is well arranged to facilitate this. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. There is a maintenance plan and on-going maintenance of the building occurs. Hot water is monitored and kept at an appropriate temperature. There are policies and procedures for the effective management of laundry and cleaning practices. Laundry and cleaning processes are monitored for effectiveness. Personal laundry is done on site and other laundry is outsourced. There is a designated area for the storage of cleaning and laundry chemicals. An improvement is required whereby staff receive chemical safety training. The service has a security, emergency planning and readiness policy and emergency supplies to last at least three days. Emergency training occurs at orientation and in-service training on emergency procedures and fire evacuations are held regularly. An appropriate call bell system is available and security systems are in place. The building holds a current warrant of fitness.

Restraint Minimisation and Safe Practice

There are currently no residents requiring restraint or enablers. Restraint minimisation policies and procedures are implemented ensuring that residents are experiencing services that are the least restrictive possible. Implementation is reviewed through internal audits. Staff are trained in challenging behaviour, de-escalation and restraint minimisation.

Infection Prevention and Control

Wimbledon Villa has a documented infection control programme that is implemented to minimize the risk of infection to residents, staff and visitors. It meets the needs of the service. The infection control programme is reviewed annually. The position of infection control nurse is assigned to the clinical manager who has access to specialists if required. Infection control policies and procedures are developed by the service and, where relevant, external expertise has been accessed. Regular internal audits and environmental inspections assess compliance. Infection control surveillance occurs. The facility participates in an external benchmarking programme that provides comparative data with other similar facilities in New Zealand. Surveillance data is reported back to staff on a monthly basis at

staff meetings and on a daily basis at shift handovers. All staff receive infection prevention and control education at orientation and as part of the on-going education programme.



Final Inspection Report

G J & J M Bellaney Limited
Wimbledon Villa

Date of Inspection: 7 March 2013

HealthCERT
Provider Regulation
Clinical leadership, Protection and Regulation
Ministry of Health

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Provider details

Provider:	G J & J M Bellaney Limited
Premise:	Wimbledon Villa
Contact Person:	Dr Grant Bellaney
Internal File Ref:	WGJ01
Inspection Date:	7 March 2013

Executive summary

The Ministry of Health (the Ministry) received information which indicated that G J & J M Bellaney Limited could be in breach of its obligations as a certified provider under the Health and Disability Services (Safety) Act 2001 (the Act) to provide services at Wimbledon Villa.

The Ministry was advised by MidCentral District Health Board (DHB) that a Police investigation was under way after a resident died following an incident at Wimbledon Villa. In addition, the Ministry received information that Wimbledon Villa was not compliant with the New Zealand Fire Service standards for fire evacuation procedures. Both incidents raised concern that residents' safety could be at risk.

As a result of this information an unannounced inspection was undertaken by the Ministry on 7 March 2013 in accordance with sections 40, 41 and 43 of the Act. The provider was found to be in breach of its obligation to promptly notify the Director-General of Health of incidents that occurred relating to the safety of residents.

Summary of findings in respect of obligations as a certified provider under the Act

Failure to notify the Director-General of a serious incident affecting a subsidised resident

HealthCERT was advised by MidCentral DHB on XXXX of a serious incident that had occurred at Wimbledon Villa on XXXX. A resident XXX XXX XXX XXX XXXXXX XXX XXX. The resident died 72 hours later.

HealthCERT received a forwarded email on 8 March 2013 from the owner re the notification of police investigation due to death of resident XXX XXX XXXX XXX XXX.

Under section 31(5) of the Act, a person certified to provide health care services of any kind must promptly give the Director-General written notice of:

- (a) *any incident or situation (for example, a fire, flood, or failure of equipment or facilities) that has put at risk, may have put at risk, puts at risk, or may be*

- putting at risk the health or safety of people for whom the person was or is providing the services; and*
- (b) any investigation commenced by a constable into any aspect of the services, their provision, or any premises in which they were provided; and*
 - (c) any death of a person to whom the person was providing the services, or occurring in any premises in which they were provided, that is required to be reported to a coroner under the Coroners Act 2006.*

Outcome – non-compliance with section 31(5) of the Act.

Failure to notify the Director-General of non-compliance with fire safety regulations.

The New Zealand Fire Service visited Wimbledon Villa on 26 February 2013 to look at approving a fire evacuation scheme. The scheme for the building was declined due to non-compliance of the fire alarm system.

The provider failed to inform the Director-General of this situation and was in breach of its obligations under section 31(5) of the Act to provide services at Wimbledon Villa.

Outcome – non-compliance with New Zealand Fire Service standards and section 31(5) of the Act.

Background

The provider is currently certified for three years with an expiry date of 12 December 2014.

February 2012 HealthCERT received a complaint about the care of a particular resident at Wimbledon Villa. MidCentral DHB and a HealthCERT Senior Advisor conducted an on-site visit at Wimbledon Villa to review the standard of care being provided to residents.

The visit identified serious concerns about the actions of a registered nurse and the overall quality of care provided to residents. The nurse in question no longer works at the facility. She was referred by the DHB to the Nursing Council of New Zealand. The service provider was instructed to take immediate steps to begin corrective actions, within specific timeframes. The DHB began monitoring the provider intensely with on-site visits by the DHB continuing until the beginning of December 2012.

In May 2012 the provider advised the DHB that he had engaged an experienced consultant manager to work alongside his facility manager. The provider also employed a new Clinical Nurse Leader.

Current concerns

On 7 March 2013, HealthCERT conducted an unannounced inspection of the health care services provided by G J & J M Bellaney at Wimbledon Villa, Fielding. The inspection was conducted under provisions of the Health and Disability Services (Safety) Act 2001 after the Ministry was advised of an incident which resulted in the

death of a resident, and that the fire evacuation plan did not meet Fire Service requirements. Dr Bellaney was in breach of his conditions as a certified provider because the Ministry was not notified of these events in a timely manner and there was concern for the safety of residents.

Inspection team

The inspection was undertaken by XXX XXX and XXX XXX, Senior Advisors, HealthCERT, Ministry of Health.

Inspection process

The following process was used during the inspection:

- Interview with Facility Manager
- Interview with Clinical Nurse Manager
- Interview with Registered Nurse
- Interview with three care givers
- Physical inspection of premise/equipment
- Review of Clinical Records
- Review of policies and procedures

Inspection limitations

The scope of the inspection was limited to the issues concerning the required notifications under section 31(5) of the Act and standards relevant to those notifications.

Inspection findings

Findings have been reported against the following standards:

- HDSS 1.2 Organisational management
- HDSS 1.3 Continuum of Service Delivery
- HDSS 1.4 Safe and Appropriate Environment

No	Relevant Standard/Criterion	Findings	Required Corrective Action/s
1	<p>1.2.1 Governance HDSS 1.2.1, / 1.2.1.3 The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>1.2.1.3 The facility manager had limited knowledge and understanding of aged care services. Interaction with the clinical staff was compromised as a result of limited knowledge of the sector. Although on leave at the time of the serious incident, since her return the manager had failed to update herself and manage the situation and the outstanding issues. This resulted in the clinical staff not being kept informed.</p>	<p>Continued up skilling is required to ensure the facility manager can manage all aspects of service provision.</p>
2	<p>1.2.2 Service Management HDSS 1.2.2 /1.2.2.1 The organisation ensure the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>1.2.2.1 During the absence of the manager the facility did not have clear processes for all staff.</p>	<p>The facility manager delegates a suitably qualified person in charge and this is communicated to all staff.</p>
3.	<p>1.2.3. Quality and Risk Management Systems. HDSS 1.2.3/ 1.2.3.3, 1.2.3.9 The organisation has a quality an established, documented and maintained quality and risk management system that reflects continuous quality improvement principals.</p>	<p>1.2.3.3 Policies and procedures purchased in 2012 had not been implemented or understood by staff. The Adverse event policy states that there is a requirement to notify both the DHB and Ministry in respect of a serious vent. There was some discussion as to whether this was a serious event which also demonstrated the owners, managers and staff responsible were not familiar with the policy or the definition of a serious event. The Ministry advisors clarified that XXX XXX is a serious event.</p>	<p>An implementation plan for all new policies needs to occur so all service providers are aware of their responsibilities.</p>

No	Relevant Standard/Criterion	Findings	Required Corrective Action/s
		<p>1.2.3.9</p> <p>There was no evidence that, during the recent building of the additional three rooms, a risk management plan was in place to advise staff, consumers and family of the recent changes.</p>	<p>A risk management plan is developed and monitored</p>
4	<p>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/whanau of choice in an open manner.</p>	<p>1.2.4.2</p> <p>For the serious event that occurred the notification to the DHB could have been timelier, however there was no notification to the Director-General. This is a Breach of Section 31 of the Act</p> <p>1.2.4.3</p> <p>The serious event documentation had not been completed in regard to the review of this event. The manager had not addressed opportunities to improve the service delivery and manage risks six weeks post event.</p> <p>The clinical staff had completed a thorough review from the time of the incident through to the transfer of the second resident to the DHB.</p>	<p>All service providers are familiar with statutory and regulatory obligations.</p> <p>If after hours then notification can occur by email or telephone message.</p> <p>Service providers understand the definition of a serious event and its associated reporting responsibilities. The review of the event is completed in a timely fashion and staff is informed of the outcome.</p>
5	<p>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>1.3.6.1</p> <p>XXX XXX staff had assessed that XXXX's XXXX condition had deteriorated, and the medication for this resident had been reviewed and altered by the GP. There was no monitoring of change of behaviour as a result of change of medication for this resident.</p>	<p>The needs of all consumers are managed when there is an identified deterioration of another resident that could compromise the safety of the individual and all others.</p>

No	Relevant Standard/Criterion	Findings	Required Corrective Action/s
	1.4.7 Essential Emergency and Security Systems	1.4.7.3 Service providers were unaware of the implications of the recent additions in relation to the existing fire evacuation plan. Approved evacuation plan is required prior to any further occupancy.	Staff must be updated as required when reconfiguration changes occur and the potential change of fire evacuation plans. The Final evacuation scheme is completed and approved in accordance with the Fire Service Act 1975 and the Fire Safety and Evacuation of Buildings Regulation 1992. A planned fire drill is required within six weeks.

Meeting at end of inspection

Present: XXX XXX, HealthCERT, XXX XXX, HealthCERT, XXX XXX, MidCentral District Health Board, Joanne Nightingale, Facility Manager, XXX XXX, Registered Nurse, XXX XXX, plus one other registered nurse, Dr Grant Bellaney (by phone). XXX XXX thanked the facility personnel for their participation and approach to the investigation recognising that this was an unannounced inspection. It was explained that a full summation of findings could not be provided at the closing meeting as information gathered needed further analysis. The provider was advised that this investigation report would be published on the Ministry of Health website.

Key issues raised were:

The facility manager had limited knowledge and understanding of aged care services. Interaction with the clinical staff was compromised as a result of her limited knowledge of the sector.

During the absence of the manager, the facility needs to have clear processes for all staff. The suitably qualified and/or experienced person performing the manager's role is required to understand the process and management for event reporting.

Policies and procedures developed in 2012 had not been fully Implemented or understood by staff.

For the serious event that occurred, the notification to the DHB could have been timelier. However, there was no notification to the Director-General, this is a Breach of Section 31(5) of the Act.

Documentation for the serious event was not completed in regard to review. The manager had not addressed opportunities to improve the service delivery and manage risks six weeks post event

A written progress report that outlines all actions undertaken by the provider in relation to corrective measures against Health and Disability Services Standards 1.2.1.3, 1.2.2.1, 1.2.3.3, 1.2.3.9, 1.2.4.2, 1.2.4.3, 1.3.6.1, 1.4.7.3 (as approved under section 13 of the Act) must be submitted to your District Health Board by 14 June 2013. Your District Health Board will notify the Director-General of Health of progress, if any, if required in accordance with the Ministry of Health's requirements for the processing of progress reports.

Conclusion

Under section 9 of the Act, certified providers must meet all relevant standards and comply with any conditions subject to which the provider was certified by the Director-General of Health. GJ & JM Bellaney Limited is required to undertake the above corrective actions within the specified timeframe. If the corrective actions are not achieved, the Ministry may take action in relation to non-compliance with the requirements of the Act.

The provider was given a copy of the draft report and asked to comment on any factual errors. Dr Bellaney responded in a letter dated 17 April 2013. Dr Bellaney's comments were considered before this report was finalised. No changes were made to the draft report as a result of factual errors.