

Brujen Investment Trust

Current Status: 25 June 2014

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 and NZS8134.3:2008) on the audit date(s) specified.

General overview

Hutton and Kenderdine Park offer rest home care to 63 residents. On the day of audit 50 beds are occupied.

The two services are managed by very experienced staff. Hutton is managed by a nurse who has a Bachelor of Health Science and a Diploma of Community and Family Health Promotion.

The manager of Kenderdine Park has been in this role for seven years. The manager has a total of twenty years working in a district health board (DHB) and aged care services.

The quality and risk management system is very closely linked with the health and safety and infection control programmes for the two services. Management meetings cover human resources, staffing overview, disaster planning, restraint minimisation, infection prevention and control, health and safety and risk management.

There are no areas requiring improvement identified at the previous audit and there are no areas for improvement identified at this audit.

Audit Summary as at 25 June 2014

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 as at 25 June 2014

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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Organisational Management as at 25 June 2014

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.		Standards applicable to this service fully attained.
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Continuum of Service Delivery as at 25 June 2014

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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Safe and Appropriate Environment as at 25 June 2014

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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Restraint Minimisation and Safe Practice as at 25 June 2014

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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Infection Prevention and Control as at 25 June 2014

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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HealthCERT Aged Residential Care Audit Report (version 4.2)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under 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).

It is important that auditors restrict their editing to the content controls in the document and do not delete any content controls or any text outside the content controls.

Audit Report

Legal entity name:	Brujen Investment Trust
Certificate name:	Brujen Investment Trust
Designated Auditing Agency:	The DAA Group Limited
Types of audit:	Surveillance Audit
Premises audited:	Hutton Park; Kenderdine Park
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 25 June 2014 End date: 26 June 2014
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	50

Audit Team

Lead Auditor	XXXXXXX	Hours on site	10	Hours off site	4
Other Auditors	XXXXXXX	Total hours on site	8	Total hours off site	4
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXXXX			Hours	2

Sample Totals

Total audit hours on site	18	Total audit hours off site	10	Total audit hours	28
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Number of residents interviewed	9	Number of staff interviewed	9	Number of managers interviewed	3
Number of residents' records reviewed	8	Number of staff records reviewed	8	Total number of managers (headcount)	3
Number of medication records reviewed	16	Total number of staff (headcount)	35	Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology	2			Number of GPs interviewed	

Declaration

I, XXXXXXXXXX, Director of Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of The DAA Group Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of The DAA Group Limited	Yes
b)	The DAA Group Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	The DAA Group Limited has developed the audit summary in this audit report in consultation with the provider	Yes
d)	this audit report has been approved by the lead auditor named above	Yes
e)	the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook	Yes
f)	if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider	Yes
g)	The DAA Group Limited has provided all the information that is relevant to the audit	Yes
h)	The DAA Group Limited has finished editing the document.	Yes

Dated Thursday, 17 July 2014

Executive Summary of Audit

General Overview

Hutton Park and Kenderdine Park offer rest home care to 63 residents. On the day of audit 50 beds are occupied.

The two services are managed by very experienced staff. Hutton Park is managed by a nurse who has a Bachelor of Health Science and a Diploma of Community and Family Health Promotion.

The manager of Kenderdine Park has been in this role for seven years. The manager has a total of twenty years working in a district health board (DHB) and aged care services.

The quality and risk management system is very closely linked with the health and safety and infection control programmes for the two services. Management meetings cover human resources, staffing overview, disaster planning, restraint minimisation, infection prevention and control, health and safety and risk management.

There were no areas requiring improvement identified at the previous audit and there are no areas for improvement identified at this audit

Outcome 1.1: Consumer Rights

Residents receive services in line with their rights. Staff interviewed demonstrate an understanding on how the Health and Disability Commissioner`s (HDC) Code of Health and Disability Services Consumers` Rights (the Code) is implemented into everyday practice. Residents report that they are treated with dignity and respect and feel safe and secure at all times. Personal belongings are kept safe. Both rest homes have the provisions for meeting spiritual needs and promoting a safe environment for residents. There is a system in place which acknowledges and respects individual cultural values and beliefs.

Residents report they receive services in an appropriate standard. The required policies, procedures, guidelines and work instructions are documented for staff and quality is monitored through quality and risk processes. Quality initiatives and improvements are based on research and best practice guidelines.

It was reported that communication is delivered in an open manner to ensure residents and their families are kept informed. Residents state they are informed.

The complaints process is easily accessible. A complaints and compliments register is sighted and provides evidence that complaints are managed according to the Code.

Outcome 1.2: Organisational Management

Systems are established and maintained which define the scope, direction and objectives of the service and the monitoring and reporting processes. A quality and risk management system which reflects continuous quality improvement is developed and implemented. There is an adequate adverse event and reporting system and where applicable, events are addressed in an open manner.

The two individual facility managers interviewed are suitably experienced to perform this role and are responsible for the overall service delivery, business administration and quality manual review which is linked to current accepted good practice for aged care. There is a clear staffing rationale policy and process which determines appropriate staffing and skill mix in order to provide safe service delivery.

Human resources management processes are conducted in accordance with good employment practices and meet legislative requirements. A system is in place to ensure that the services are adequately staffed as required. Full orientation is provided to all new staff and training is ongoing. The training schedule was developed and implemented for this current year. A record is maintained by the two managers of all training provided and a record is documented in each individual staff records reviewed.

Outcome 1.3: Continuum of Service Delivery

The organisation has systems and processes implemented to assess, plan and evaluate the care needs of residents requiring rest home level care. Staff are trained and qualified to perform their roles and deliver all aspects of service delivery. The nurse manager and registered nurse oversee the care and management of all residents along with a team of caregivers. All residents are assessed on admission and assessment details are retained in the individual resident's records.

The residents' care plans are well documented and clearly identify the needs, outcomes and/or goals and these are reviewed six monthly, or more often as required. The resident and family are involved in the care planning and review. The general practitioner ensures all residents are seen on admission and provides full medical cover for all residents 24 hours a day. Documentation is reviewed within timeframes as required for this service.

The activities available are appropriate for residents requiring rest home level care. The manager and nurse manager (NM) oversee the activities programme and staff assist and undertake designated areas of the programme.

Medication management systems comply with current legislation and all clinical staff involved in medicine management undergo a competency assessment annually. The nurse manager (NM) and registered nurse (RN) are responsible for all areas of medication management and work alongside a contracted pharmacy.

Food is prepared on site and overseen by two cooks over seven days. The menu plans have been reviewed by a dietitian and are due for a further review this year. Each resident is assessed by the NM or RN on admission for any identified needs in relation to nutritional status, weight, likes and dislikes. A copy of the nutritional profile is retained in the records and the kitchen is notified of any special food requests. Visual inspection of the kitchen evidences compliance with current legislation and guidelines. The two cooks have completed food safety training. Meals are provided at appropriate times of the day. Residents interviewed report satisfaction with the food service provided.

Outcome 1.4: Safe and Appropriate Environment

The two rest homes are purpose built aged care facilities. Ongoing maintenance ensures the buildings are maintained to a high standard at all times. Fixtures and fittings are appropriate for the services provided. Legislative requirements are clearly displayed in the entrance to each facility, such as the building warrants of fitness, both of which are sighted and valid.

Outcome 2: Restraint Minimisation and Safe Practice

The two services have a commitment to a policy and philosophy of `non-restraint` and appropriate use of restraint/enablers, should these be required. Clear definitions in the policies reviewed ensure staff understand the implications of restraint and enabler use. Restraint and enablers are only used as a last resort. There are no enablers in use. The manager and the nurse manager are the restraint co-ordinators for their respective facilities. Both are responsible for restraint minimisation and understand that the safety of the residents is paramount.

Outcome 3: Infection Prevention and Control

Monthly infection surveillance data is recorded, collated and reported by the NM or RN through staff meetings. Analysis and evaluation of data is used to develop any corrective actions required, which are monitored in a timely manner.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	16	0	0	0	0	0
Criteria	0	41	0	0	0	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
Standards	0	0	0	0	0	0	0	34
Criteria	0	0	0	0	0	0	0	60

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

NZS 8134.1:2008: Health and Disability Services (Core) Standards

Outcome 1.1: Consumer Rights

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, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.

Standard 1.1.9: Communication (HDS(C)S.2008:1.1.9)

Service providers communicate effectively with consumers and provide an environment conducive to effective communication.

ARC A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1b.ii; D16.4b; D16.5e.iii; D20.3 ARHSS A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1b.ii; D16.4b; D16.53i.i.3.iii; D20.3

Attainment and Risk: FA

Evidence:

Policy confirms residents have a right to full and frank information as sighted in the guidelines for open disclosure policy. Interpreter service contact details are shown. There is a health and disability advocate available for the service. The advocate visits on a regular basis and participates in staff education on the Code of Health and Disability Services Consumers` Rights. This is evident on the staff training schedule reviewed for 2014.

All residents have their own rooms except for a one shared room at Kenderdine Park Rest Home. Staff interviewed state they are able to communicate effectively any information privately with residents. The eight of eight residents interviewed verified that communications are managed effectively by staff. The doctor visits residents in their own individual room. Privacy is maintained.

The requirements of the ARC agreement are met.

Criterion 1.1.9.1 (HDS(C)S.2008:1.1.9.1)

Consumers have a right to full and frank information and open disclosure from service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.9.4 (HDS(C)S.2008:1.1.9.4)

Wherever necessary and reasonably practicable, interpreter services are provided.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.1.13: Complaints Management (HDS(C)S.2008:1.1.13)

The right of the consumer to make a complaint is understood, respected, and upheld.

ARC D6.2; D13.3h; E4.1biii.3 ARHSS D6.2; D13.3g

Attainment and Risk: FA

Evidence:

Systems are in place to ensure residents are advised on entry to the facilities of the complaint process. The complaints policies and procedures reviewed are compliant with Right 10 of the Code. Residents interviewed (eight of eight) demonstrate a good understanding of this process. The two services have appropriate systems in place to manage the complaints process and a register/log is maintained. Timeframes are appropriately met. The two service managers interviewed manage the complaints process for their respective service and report to the owner director. Complaints are reviewed at the monthly

management meetings. Minutes of meetings held are available and reviewed. As per the requirements in ARC D13.3h, complaints procedures are included in the admission agreement. There is one complaint to the Health and Disability Commissioner that is still to be closed out.

The requirements of the ARC agreement are met.

Criterion 1.1.13.1 (HDS(C)S.2008:1.1.13.1)

The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.13.3 (HDS(C)S.2008:1.1.13.3)

An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Outcome 1.2: Organisational Management

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

Standard 1.2.1: Governance (HDS(C)S.2008:1.2.1)

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Attainment and Risk: FA

Evidence:

The service strategic plan and business plan reviewed identifies the purpose and goals/objectives set. There is a full review undertaken, as part of the quality improvement risk and management action plan, which provides the framework for monitoring and evaluation annually. The 2013/2014 plan is sighted. The vision and philosophy involves providing rest homes where people live in dignity, where the environment enhances and maximises independence and where there is respect for the resident's cultural, spiritual, emotional, intellectual and physical wellbeing.

Management interviewed (the owner/director manager and both facility managers) are committed to the provision of quality support and care in all areas of service delivery. The monthly management meetings include discussing issues related to quality and risk management. The standing agenda includes matters arising from the previous minutes, follow up all outstanding issues, non-conformities (supplier problems-internal failures), complaints / compliments, quality improvement measures implemented, incident/accident analysis, covering falls, skin tears, fractures, drug errors and infection control analysis for the month. The owner/director manager evaluates the progress of each facility.

The two services are managed by very experienced staff. Hutton Park is managed by an experienced nurse. The nurse manager has a Bachelor of Health Science, a Diploma of Community and Family Health Promotion and has a valid current annual practising certificate (reviewed) and a copy is retained in the personal file (sighted). The nurse manager has attended and completed comprehensive relevant education related to aged care and has been the facility manager for one year.

The manager of Kenderdine Park has been in this role for seven years. The manager has a total of twenty (20) years working in a district health board (DHB) and aged care services. There is a continued evidence of ongoing education and professional development completed by the manager which is evidenced in the personal record reviewed.

The requirements of the ARC requirement are met.

Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.1.3 (HDS(C)S.2008:1.2.1.3)

The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.2.3: Quality And Risk Management Systems (HDS(C)S.2008:1.2.3)

The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.

ARC A4.1; D1.1; D1.2; D5.4; D10.1; D17.7a; D17.7b; D17.7e; D19.1b; D19.2; D19.3a.i-v; D19.4; D19.5 ARHSS A4.1; D1.1; D1.2; D5.4; D10.1; D16.6; D17.10a; D17.10b; D17.10e; D19.1b; D19.2; D19.3a-iv; D19.4; D19.5

Attainment and Risk: FA

Evidence:

The quality and risk plan for 2014 identifies objectives and action planning and support to reach identified goals and objectives. The overall objective is to meet the needs of the residents and enhance satisfaction with support/care provided. The quality plan covers all aspects of service delivery, which includes a resident focus, provision of effective programmes, certification and contractual requirements, quality and risk and continuous improvements. Identified goals and objectives have management controls clearly documented. The actions documented show who is responsible and the timeframe for completion.

Policies sighted are reflective of encouraging good practice. All policies are reviewed by the contracted quality consultant. Management and the staff interviewed state they are encouraged to have input when policies and procedures are reviewed. The document control policy has been reviewed. The process is ongoing. An archive room is available and is locked. The records are accessible if required. The contents page for the quality manual is updated regularly and policy references are updated.

The quality and risk management system is very closely linked with the health and safety and infection control programmes for the two services. Management meetings cover human resources, staffing overview, disaster planning, restraint minimisation, infection prevention and control, health and safety and risk management. Monthly meeting minutes provide evidence that all areas are addressed on the set agenda and an annual quality meeting is held and minutes are maintained (28 February 2014 and 19 March 2014 meets are reviewed). A resident register is maintained of the number of admissions, transfers to hospital or number of deaths for both facilities by the two managers.

The risk register is maintained by the owner/director manager. The risk register is documented with the risks identified for each area of the service, such as for the kitchen, laundry, manual handling, biological waste disposal, chemical hazards and contractors on site at either facility. A flow chart is available to demonstrate the hazard management process.

The managers interviewed understand the quality and risk systems implemented for their respective services and the responsibilities involved.

The requirements of the ARC agreement are met.

Criterion 1.2.3.1 (HDS(C)S.2008:1.2.3.1)

The organisation has a quality and risk management system which is understood and implemented by service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.3 (HDS(C)S.2008:1.2.3.3)

The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.4 (HDS(C)S.2008:1.2.3.4)

There is a document control system to manage the policies and procedures. This system shall ensure documents are approved, up to date, available to service providers and managed to preclude the use of obsolete documents.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.5 (HDS(C)S.2008:1.2.3.5)

Key components of service delivery shall be explicitly linked to the quality management system.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.6 (HDS(C)S.2008:1.2.3.6)

Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.7 (HDS(C)S.2008:1.2.3.7)

A process to measure achievement against the quality and risk management plan is implemented.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.8 (HDS(C)S.2008:1.2.3.8)

A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.9 (HDS(C)S.2008:1.2.3.9)

Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:

- (a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;
- (b) A process that addresses/treats the risks associated with service provision is developed and implemented.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.2.4: Adverse Event Reporting (HDS(C)S.2008:1.2.4)

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.

ARC D19.3a.vi.; D19.3b; D19.3c ARHSS D19.3a.vi.; D19.3b; D19.3c

Attainment and Risk: FA

Evidence:

Forms, policy and procedures are up to date and cover all required aspects of adverse event reporting. The two managers and the owner/director manager were available for interview. All have a good understanding of the statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority to contact if and when required.

The Accident Compensation Corporation (ACC) defines clearly the meaning of serious harm and sentinel events. Both services have tertiary level compliance for the ACC workplace health and safety programme. Hutton Park has a contract with the Auckland District Health Board and Kenderdine Park with Counties Manukau District Health Board. The respective portfolio managers would be notified and in addition HealthCERT would also be notified for a significant event or for any change to the services provided as per the ARC agreement. The Medical Officer of Health is to be informed of any outbreak management for infection control notifiable diseases or illnesses. There has been no adverse, unplanned or untoward events identified or trends reported for this organisation.

The managers interviewed gather information each month on the monthly incident/accident analysis form with the date, name of resident, staff member or visitor, place, time, sort of accident, injury if sustained, injury site and cause if known. The accident/incident analysis for 2013 and for 2014 to date, for both services, is available for review. The total number of falls, skin tears sustained, fractures, medication errors, near misses, work related injuries, complaints and compliments are clearly documented. Graphs are printed out for staff to visualise why the information is obtained. Staff interviews provide evidence that staff are fully informed about the systems in place for both services and the significance of reporting all incidents. Any hazards identified are documented and the appropriate action taken.

In addition, the accident/incident form is completed by the senior staff member on duty at the time. This is a duplicate form and one form is retained in the individual resident's/staff records, as applicable, and the other is filed in the accident/incident folder reviewed. A quality improvement report form is completed by the manager responsible for the service and the corrective actions are reviewed and discussed at the monthly quality management meetings. Any trends identified or other relevant improvements made are fed back to the staff accordingly.

The requirements of the ARC agreement are met.

Criterion 1.2.4.2 (HDS(C)S.2008:1.2.4.2)

The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.4.3 (HDS(C)S.2008:1.2.4.3)

The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.2.7: Human Resource Management (HDS(C)S.2008:1.2.7)

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

Attainment and Risk: FA

Evidence:

The human resources documents and policies sighted meet contractual requirements. Eight individual staff files are randomly selected, inclusive of three management files, one registered nurse, one domestic staff, one senior caregiver and two caregivers. Job descriptions are sighted for all staff. Job descriptions are signed off by the staff member and the owner/director manager. The relevant duty schedule is also in the file for the staff member pertinent to the role. Any additional roles, such as the two health and safety co-ordinators (one at each site), is documented on a separate page. Schedules maintained by the managers reflect accurately the performance appraisals, when due and when completed, and the record of first aid certification is readily available. Each staff member's file contains the service agreements which are signed off by the employer and the individual staff member, the full application form and interview questionnaire utilised by management.

The orientation/induction for new staff includes a planned process and an orientation checklist. The checklist covers all areas of service delivery inclusive of health and safety, infection control, dignity and respect, catering, cleaning and laundry responsibilities.

The professional qualifications for management and the current annual practising certificates for the two registered nurses are available and validated. There is a system in place for verifying the professional qualifications of the registered nurses annually and that of all health professionals contracted to the service, such as the general practitioner and the podiatrist. Scopes of practice are also verified.

For staff responsible for medication management there is evidence that medication competencies are completed.

A clear system is available for identifying, planning, facilitating and recording ongoing education. An individual record is recorded in each individual staff file reviewed. The staff training schedule for 2014 is reviewed. Staff interviewed verified education is provided on a regular basis.

The requirements of the ARC agreement are met.

Criterion 1.2.7.2 (HDS(C)S.2008:1.2.7.2)

Professional qualifications are validated, including evidence of registration and scope of practice for service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.3 (HDS(C)S.2008:1.2.7.3)

The appointment of appropriate service providers to safely meet the needs of consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.4 (HDS(C)S.2008:1.2.7.4)

New service providers receive an orientation/induction programme that covers the essential components of the service provided.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.7.5 (HDS(C)S.2008:1.2.7.5)

A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.8: Service Provider Availability (HDS(C)S.2008:1.2.8)

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Attainment and Risk: FA

Evidence:

Policy clearly sets out the process to determine service provider levels and skill mix to ensure safe service delivery. Management interviewed (the owner director, a manager and a nurse manager) are committed to ensuring that at all times adequate numbers of staff are on duty to provide safe support and care and to ensure achievement of quality resident support and care outcomes. The daily staff mix observed is consistent with the following staff members being on duty for each of the two rest home services: the facility manager/nurse manager; the registered nurse; caregivers; activities co-ordinator; cook; household staff; laundry staff; and the maintenance manager who covers the two facilities.

The rosters are completed by the facility managers and are available to review. Factors taken into consideration include the ability to meet the facility's goals and objectives, acuity and assessed needs of the residents, resident support and care levels, clinical indicators, safety and security of staff and residents, agreement requirements and the ability to provide residents with appropriate cultural values and beliefs. The registered nurse is on call for Hutton Park after hours and the manager at Kenderdine Park is on call for this service after hours and the registered nurse is contacted if required.

The requirements of the ARC agreement are met.

Criterion 1.2.8.1 (HDS(C)S.2008:1.2.8.1)

There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Outcome 1.3: Continuum of Service Delivery

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.

Standard 1.3.3: Service Provision Requirements (HDS(C)S.2008:1.3.3)

Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.

ARC D3.1c; D9.1; D9.2; D16.3a; D16.3e; D16.3l; D16.5b; D16.5ci; D16.5c.ii; D16.5e ARHSS D3.1c; D9.1; D9.2; D16.3a; D16.3d; D16.5b; D16.5d; D16.5e; D16.5i

Attainment and Risk: FA

Evidence:

Service delivery documentation is overseen by the NM at Hutton Park and RN at Kenderdine Park. Documentation is part of the audit process and reviewed at regular intervals to ensure documentation is completed within required timeframes. In the eight files reviewed there is evidence of initial assessments and care plans being completed within required timeframes. The clinical risk tools used include falls, pressure area, incontinence, pain and challenging behaviour. Both rest homes have not commenced using interRAI computer programme for assessments but the NM and the RN are in the process of completing the training. The long term care plan template is personalised, reviewed and amended within required timeframes.

The NM and RN report there is a process for annual multidisciplinary resident reviews or earlier review if required. There are three monthly reviews with the GP and clinical staff. Family are notified of any changes. There is evidence in the eight files reviewed that family/whanau are involved in all areas of care management. Both rest homes have the services of the same GP who visits each home weekly or at other times if required. The GP covers on call cover 24 hours a day, seven days a week (24/7), for all residents and has as a relief GP when he is not available. He has been with the facilities for over 12 years. He was not available by phone during the audit.

The NM and RN report regular contact is undertaken with the community gerontology nurses who will visit as required. Referrals are made to the dietitian for any unexplained weight loss.

The nine residents interviewed are very positive about the staff, GP and all aspects of care. The six clinical staff interviewed (one RN and five caregivers) report that they are kept up to date with all clinical changes.

Tracer Methodology Rest Home Level Care (Hutton Park):

XXXXXX *This information has been deleted as it is specific to the health care of a resident.*

Tracer Methodology Rest Home Level care Kenderdine Park:

XXXXXX *This information has been deleted as it is specific to the health care of a resident*

Criterion 1.3.3.1 (HDS(C)S.2008:1.3.3.1)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.3.3 (HDS(C)S.2008:1.3.3.3)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.3.4 (HDS(C)S.2008:1.3.3.4)

The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.6: Service Delivery/Interventions (HDS(C)S.2008:1.3.6)

Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

ARC D16.1a; D16.1b.i; D16.5a; D18.3; D18.4; E4.4 ARHSS D16.1a; D16.1b.i; D16.5a; D16.5c; D16.5f; D16.5g.i; D16.6; D18.3; D18.4

Attainment and Risk: FA

Evidence:

In the eight residents' files reviewed there is evidence of the needs of residents being assessed in line with their desired outcomes. This includes remaining as independent as possible and being included in all care decisions. The nine residents report on interview that they are involved in their care and feel that they are treated as an individual. There are no relatives available for interview during the audit as many of the residents have no family contacts.

The six staff report on interview that they know the residents individually, as these are small facilities, and they ensure they work within the residents' care plans, which are based on the residents' assessed needs.

Criterion 1.3.6.1 (HDS(C)S.2008:1.3.6.1)

The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.7: Planned Activities (HDS(C)S.2008:1.3.7)

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.

ARC D16.5c.iii; D16.5d ARHSS D16.5g.iii; D16.5g.iv; D16.5h

Attainment and Risk: FA

Evidence:

In both facilities the activities programme is set by the manager and delegated staff members each undertake an area of the programme. This includes an exercise programme in the morning, outings, and visits three times a week by students from the local school. Shopping outings are assessed on an individual basis as their often is no family the staff undertake the residents on this outing.

Both facilities are implementing new documentation for activities over the next six months to ensure best practice documentation is being used. The nine residents report they are happy with the activities provided and staff report they are encouraged to participate in the programme and enjoy the activity involvement.

Criterion 1.3.7.1 (HDS(C)S.2008:1.3.7.1)

Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.8: Evaluation (HDS(C)S.2008:1.3.8)

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.

ARC D16.3c; D16.3d; D16.4a ARHSS D16.3c; D16.4a

Attainment and Risk: FA

Evidence:

Long-term care plans are reviewed every six months or earlier as required. Evidence of this was sighted in the eight files reviewed. Progress notes are signed each duty by caregivers and weekly by the NM or RN. Evidence is seen of the family/whanau involvement in the care reviews. In all eight files reviewed evidence is seen of documentation if an event occurs that is different from expected.

In all eight files reviewed evidence is seen of documentation if an event occurs that is different from expected and requires changes to service. This includes evidence of contacting family, when available. The nine residents interviewed report that they are given the opportunity to be involved in all aspects of care and reviews.

The six clinical staff interviewed understand documentation requirements and report they are informed at changeover of any care changes to residents.

Criterion 1.3.8.2 (HDS(C)S.2008:1.3.8.2)

Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.8.3 (HDS(C)S.2008:1.3.8.3)

Where progress is different from expected, the service responds by initiating changes to the service delivery plan.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.12: Medicine Management (HDS(C)S.2008:1.3.12)

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i.i.2; D18.2; D19.2d

Attainment and Risk: FA

Evidence:

Both rest homes use the robotic system whereby medicines are delivered two weekly except for as required (PRN) medication which are delivered as required. When the robotic medicines are delivered they are checked by the NM or RN and evidence is seen of the signing sheet. There are controlled drugs on the premises and all processes comply with the legislative requirements. There is evidence in all sixteen medication charts that they are reviewed by the GP three monthly or as required. All medicine charts are signed in ink to meet legislative requirements.

Standing orders are used at the facilities and comply with the recommended aged care guidelines.

Evidence is seen of a process of stock being returned to the pharmacy when it is out of date or not required. The NM and RN report that the GP works with the pharmacy but he is responsible for all medicines administered to his residents.

The caregivers are responsible for all medication rounds and evidence is sighted of medication competency certificates. The lunchtime medication round was observed at both facilities and complies with regulation requirements.

There is one resident who self-medicates his inhalers only. Evidence is seen of competency and sign off by the GP to do so.

Criterion 1.3.12.1 (HDS(C)S.2008:1.3.12.1)

A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.3 (HDS(C)S.2008:1.3.12.3)

Service providers responsible for medicine management are competent to perform the function for each stage they manage.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.5 (HDS(C)S.2008:1.3.12.5)

The facilitation of safe self-administration of medicines by consumers where appropriate.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.6 (HDS(C)S.2008:1.3.12.6)

Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.13: Nutrition, Safe Food, And Fluid Management (HDS(C)S.2008:1.3.13)

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

Attainment and Risk: FA

Evidence:

Both rest homes use the same seasonal menu which is due for a dietitian review this year. An individual dietary assessment is completed on admission which identifies individual needs and preferences. Morning and afternoon teas are prepared in the kitchen and snacks are available over 24 hours. Residents are weighed on admission and evidence is seen of a process to monitor unexplained weight loss. This includes contacting the GP and notifying the kitchen of extra dietary requirements. The service is managed by two cooks over seven days. Evidence is sighted of meal planning, cleaning routine and audit requirements being completed. Evidence is seen of attendance at annual update education on infection control and first aid and both cooks have completed the safe food handling certificate on line. The cook reports on interview that she is supported by management with food supplies and understands the individual requirements of the residents.

Criterion 1.3.13.1 (HDS(C)S.2008:1.3.13.1)

Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.13.2 (HDS(C)S.2008:1.3.13.2)

Consumers who have additional or modified nutritional requirements or special diets have these needs met.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.13.5 (HDS(C)S.2008:1.3.13.5)

All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures 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.

Standard 1.4.2: Facility Specifications (HDS(C)S.2008:1.4.2)

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Attainment and Risk: FA

Evidence:

Hutton Park and Kenderdine Park rest homes are purpose built facilities for aged care. Hutton Park has twenty eight beds and Kenderdine Park has thirty five beds. The two facilities have current building warrants of fitness (sighted Hutton Park 7 December 2014 and Kenderdine Park 30 November 2014) and the physical environment is appropriate to the consumer group accessing these two rest home facilities. There has been no building alterations since the last audit.

The requirements of the ARC agreement are met.

Criterion 1.4.2.1 (HDS(C)S.2008:1.4.2.1)

All buildings, plant, and equipment comply with legislation.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.2.4 (HDS(C)S.2008:1.4.2.4)

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.2.6 (HDS(C)S.2008:1.4.2.6)

Consumers are provided with safe and accessible external areas that meet their needs.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

NZS 8134.2:2008: Health and Disability Services (Restraint Minimisation and Safe Practice) Standards

Outcome 2.1: Restraint Minimisation

Services demonstrate that the use of restraint is actively minimised.

Standard 2.1.1: Restraint minimisation (HDS(RMSP)S.2008:2.1.1)

Services demonstrate that the use of restraint is actively minimised.

ARC E4.4a ARHSS D16.6

Attainment and Risk: FA

Evidence:

Policies and procedures on restraint minimisation and use of enablers is documented and links specifically with the policy for managing challenging behaviour. There is no evidence of restraint or enablers being used at either facility. The services have a commitment to a 'Non-restraint' policy, philosophy

and appropriate use of enablers/restraint. Enablers are only used as a last resort. Staff interviewed understand that the use of enablers is to be a voluntary and the least restrictive to meet the needs of residents with the intention of promoting and/or maintaining resident independence and safety.

The requirements of the ARC agreement are met.

Criterion 2.1.1.4 (HDS(RMSP)S.2008:2.1.1.4)

The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

NZS 8134.3:2008: Health and Disability Services (Infection Prevention and Control) Standards

Standard 3.5: Surveillance (HDS(IPC)S.2008:3.5)

Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.

Attainment and Risk: FA

Evidence:

Surveillance results are used to identify infections or events and are appropriate for the size and level of services at both facilities.

Analysis includes identification of infections that are affecting one or multiple residents, what organism was identified and the possible causes. If infection rates are higher than expected a corrective action is implemented for follow up. The infection data form has actions, interventions and evaluation of the actions for each individual resident with an infection. The infection data is evaluated and trends analysed.

If the infection analysis identifies specific infections, education sessions will be undertaken with staff (eg, urinary tract infections). The infection prevention and control coordinators report that the staff would be encouraged to increase fluid intake.

All surveillance data is reported at staff meetings and evidence of this is seen in the minutes. The six clinical staff interviewed report they receive annual infection control education and understand the need to report infections.

Criterion 3.5.1 (HDS(IPC)S.2008:3.5.1)

The organisation, through its infection control committee/infection control expert, determines the type of surveillance required and the frequency with which it is undertaken. This shall be appropriate to the size and complexity of the organisation.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.5.7 (HDS(IPC)S.2008:3.5.7)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*