

Radius Residential Care Limited - Radius Peppertree Care Centre

Current Status: 12 November 2014

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Partial Provisional 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

Radius Peppertree is part of the Radius Residential Care Group. Radius Peppertree cares for up to 60 residents requiring hospital and rest home level care. This partial provisional audit has assessed the services ability to provide hospital or rest home level care in two additional rooms that were previously used as a bathroom and smoking room respectively. The scope of the audit was increased to include complaint management at the request of the district health board (DHB).

The facility manager has many years of aged care management experience. She has been at the service since July 2013 and is supported by a clinical manager who has been at the service for nine weeks and a Radius regional manager.

Two of the three previous shortfalls around as required medication prescribing and regularly checking the emergency trolley have been addressed. Improvement continues to be required around care planning.

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:	Radius Residential Care Limited		
Certificate name:	Radius Residential Care Limited - Radius Peppertree Care Centre		
Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited		
Types of audit:	Partial Provisional Audit		
Premises audited:	Radius Peppertree Care Centre		
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)		
Dates of audit:	Start date: 12 November 2014	End date:	12 November 2014
Proposed changes to current services (if any):	This audit has assessed two new rooms (previously a smoking room and a bathroom) as suitable to be used for either rest home or hospital level care.		
Total beds occupied across all premises included in the audit on the first day of the audit:			57

Audit Team

Lead Auditor	XXXXXXXX	Hours on site	4	Hours off site	2
Other Auditors		Total hours on site		Total hours off site	
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXXXXX			Hours	1

Sample Totals

Total audit hours on site	4	Total audit hours off site	3	Total audit hours	7
Number of residents interviewed	0	Number of staff interviewed	0	Number of managers interviewed	3
Number of residents' records reviewed	3	Number of staff records reviewed	8	Total number of managers (headcount)	3
Number of medication records reviewed	10	Total number of staff (headcount)	63	Number of relatives interviewed	1
Number of residents' records reviewed using tracer methodology	0			Number of GPs interviewed	0

Declaration

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

I confirm that:

a)	I am a delegated authority of Health and Disability Auditing New Zealand Limited	Yes
b)	Health and Disability Auditing New Zealand Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	Health and Disability Auditing New Zealand 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	Not Applicable
g)	Health and Disability Auditing New Zealand Limited has provided all the information that is relevant to the audit	Yes
h)	Health and Disability Auditing New Zealand Limited has finished editing the document.	Yes

Dated Monday, 17 November 2014

Executive Summary of Audit

General Overview

Radius Peppertree is part of the Radius Residential Care Group. Radius Peppertree cares for up to 60 residents requiring hospital and rest home level care. On the day of the audit there were 31 residents receiving hospital level care and 26 receiving rest home level care. Two of the hospital level residents are on a short term health recovery contract. This partial provisional audit has assessed the services ability to provide hospital or rest home level care in two additional rooms that were previously used as a bathroom and smoking room respectively. The scope of the audit was increased to include complaint management at the request of the district health board (DHB).

The facility manager was previously an enrolled nurse (she no longer holds a practicing certificate) with many years of aged care management experience. She has been at the service since July 2013 and is supported by a clinical manager who has been at the service for nine weeks and a Radius regional manager.

Two of the three previous shortfalls around as required medication prescribing and regularly checking the emergency trolley have been addressed. Improvement continues to be required around care planning.

Outcome 1.1: Consumer Rights

There is a complaints policy supporting practice and an up to date register. Staff, resident and family interviews confirmed an understanding of the complaints process. All complaints reviewed have been appropriately managed with comprehensive investigation and follow up.

Outcome 1.2: Organisational Management

Radius Peppertree is part of the Radius group and as such, there are organisational wide processes to monitor performance. The service is managed by appropriately trained personnel and there is a suitable structure in place to oversee service delivery in the absence of the manager. There is a quality system that is being implemented in line with the quality plan (2014). There is a human resource manual to guide practice. There is an annual education programme and records of attendance are maintained. Staff files reviewed all have a current appraisal and show human resource practices are followed. There is a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty match needs of different shifts and are able to cater for a further two residents.

Outcome 1.3: Continuum of Service Delivery

Care plans are developed and reviewed six monthly. There is an ongoing requirement for care plans to reflect current needs. Resident files include notes by the GP and allied health professionals.

Medicines are managed and policies reflect legislative requirements. Education and medicines competencies are completed by all staff responsible for administration of medicines. The medicines records reviewed include photo identification and documentation of allergies and sensitivities. There previous shortfall around documenting indication for use of as required medications has been addressed. Improvement is

required around weekly controlled drug stocktakes and medication administration documentation.

All food is cooked on site by the cook. All residents' nutritional needs are identified, documented and choices provided. Meals are well presented, homely and the menu plans have been reviewed by a dietician. Food and fridge temperatures are recorded. The kitchen is able to cater for a further two residents.

Outcome 1.4: Safe and Appropriate Environment

There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals are labelled and stored appropriately and there is appropriate protective equipment and clothing for staff. The building holds a current warrant of fitness.

The two new rooms are large enough for hospital level residents and their associated caregivers and equipment. Both are carpeted and have large windows with curtains on one and blinds on the other. Both have double glazed windows and the new room near the nurses' station has been sound proofed. Both have a hand basin and functioning call bells and an eco-panel heater. The bathroom that was decommissioned for one of the rooms was not previously in use. There is a suitable external area for smokers. There is sufficient space in the lounges and dining rooms to cater for the additional residents and both rooms are near a toilet and shower with the capacity in the wing for the toilets and showers to cater for the extra resident that will use them.

The service provider's documentation evidences appropriate systems are in place to ensure the consumers' physical environment and facilities are appropriate for their purpose. Visual inspection evidences buildings; plant and equipment comply with legislation, with documented evidence available to indicate that hot water temperatures are being monitored monthly. Internal and external areas are safe for residents and family members. There is a planned evacuation scheme which has not altered and there have been regular fire drills. The emergency trolley is now checked every week.

Outcome 2: Restraint Minimisation and Safe Practice

Outcome 3: Infection Prevention and Control

Radius Peppertree has an infection control programme that complies with current best practice. There is a dedicated infection control coordinator who has a role description. The infection control coordinator collates monitoring data and reports through to the safety, quality and risk management meetings and outcomes are reported to staff through nursing and staff meetings. The infection control programme is reviewed annually.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	16	0	0	2	0	0
Criteria	0	38	0	0	2	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	32
Criteria	0	0	0	0	0	0	0	61

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.3.5: Planning	Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	PA Moderate			
HDS(C)S.2008	Criterion 1.3.5.2	Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Moderate	Five of five files sampled (three hospital and two rest home) do not have interventions documented for all identified areas of need.	Ensure care plans reflect interventions for all identified areas of need.	90
HDS(C)S.2008	Standard 1.3.12: Medicine Management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate			

HDS(C)S.2008	Criterion 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.	PA Moderate	(i) Weekly controlled drugs stock checks have not always occurred. (ii) Three of 10 medication administration records sampled show that regular non packaged medications have not always been signed as administered,	(i) Ensure weekly controlled drug checks occur. (ii) Ensure medications are administered as prescribed.	90
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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 1.1.13: 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:

Complaints management was included in the scope of this audit at the request of the DHB.

The complaints policy and procedure states that clients/family/whanau shall have access to a complaints system whereby they can express concern without prejudice and those concerns are addressed. Residents/family can lodge formal or informal complaints through verbal communication, written, resident meetings, and complaint forms or via suggestion box.

A client's complaint procedure flow chart is included in the policy and is included in the information pack for residents on entry. Policy states that complaints process is to be visible and available in public areas.

Interview with one relative (from the rest home and the only relative to visit during the audit) indicate they are familiar with the complaints procedure and state all concerns /complaints are addressed.

The complaints log/register includes date of incident, complainant, summary of complaint, signature off as complete. There have been 17 complaints since the previous audit. All have documentation of full investigation and resolution including communication with complainants is documented for all complaints.

There was one complaint through the Health and Disability Commission (HDC) in March 2014 which was not substantiated. The HDC referred another complaint to the facility for resolution in September 2014 and this was closed following a meeting with the family on 15 October 2014. There is one HDC complaint outstanding from the previous audit that continues to be investigated by the HDC. There was one complaint that was lodged by a family with support from the Health and Disability Advocates in September 2014. This complaint was not substantiated and has been resolved as confirmed in a letter from the advocate. One complaint was made via the DHB relating to staff response when a relative sought assistance. This complaint resulted in an apology to the complainant and has been closed. Additionally, in March 2014 there was a complaint via the Privacy Commission which was found not to be substantiated.

D13.3h. A complaints procedure is provided to residents within the information pack at entry.

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.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>

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.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>

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:

Radius Peppertree is part of the Radius Residential Care Group. Radius Peppertree cares for residents requiring hospital and rest home level care. On the day of the audit there were 26 residents receiving rest home level care and 31 receiving hospital level care. Two hospital residents are on a health recovery contract. This audit has assessed the facility as able to cater for up to a further two residents at hospital or rest home level care in rooms that were previously used as a smoking room and bathroom. The facility manager reports monthly to the regional manager on a range of operational matters in relation to Radius Peppertree including strategic and operational issues, incidents and accidents, complaints, health and safety.

Radius mission statement states that:

"We deliver a quality lifestyle with an innovative approach to care that enables us to maintain the wellbeing, dignity and independence of our residents"

Radius has an organisational philosophy, which includes vision, mission statement & objectives including quality/risk management framework & process policy. Annual business quality/risk management plans are in place (sighted for 2013 and 2014). A quality/risk management plan for 2014 has been developed for Radius Residential Care and Radius Peppertree has developed site-specific objectives including:

1. Clinical and Operational key performance indicators
2. Clinical effectiveness
3. Consumer participation
4. Workforce effectiveness
5. Risk management
6. Taking ownership of the business and services provided
7. Effective financial leadership and management
8. Cost containment and reduction.

The service has a documented structure that supports continuity of management and care delivery. The Radius Peppertree facility manager I was previously an enrolled nurse but no longer holds a practicing certificate. She has experience in aged care since 1987 including many years aged care management experience. She has a quality certificate and is currently completing a diploma in quality. She is supported by a clinical manager who has been a registered nurse since 2004 and had four years aged care management experience. She has been in the role for nine weeks.

The organisation provides annual conferences for their managers and annual regional conferences.

ARC,D17.3di (rest home), D17.4b (hospital), The manager has maintained at least eight hours annually of professional development activities related to managing a hospital.

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 1.2.2: Service Management (HDS(C)S.2008:1.2.2)

The organisation ensures 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.

ARC D3.1; D19.1a; E3.3a ARHSS D3.1; D4.1a; D19.1a

Attainment and Risk: FA

Evidence:

During the temporary absence of the manger, Radius Peppertree is managed by the clinical manager with support from the regional manager. The clinical manager has been a registered nurse since 2004 and had four years aged care management experience. She has been in the role for nine weeks.

D19.1a; A review of the documentation, policies and procedures and from discussion with staff identified that the service operational management strategies, QI programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.

Criterion 1.2.2.1 (HDS(C)S.2008:1.2.2.1)

During a temporary absence a suitably qualified and/or experienced person performs the manager's role.

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:

Of the eight staff files, reviewed four were registered staff - current practicing certificates were able to be reviewed. The facility manager reported a system is in place to check expiry dates. New registered staff are required to provide a practising certificate as part of the recruitment process. Practising certificates are sighted for: GP's, physiotherapist, pharmacy, podiatrist and dietician.

Recruitment, selection and appointment of staff policy is in place. Eight staff files were reviewed and all have a current performance appraisal.

The organisation has a staff orientation policy. Radius Peppertree has an orientation programme that is specific to worker type and includes manual handling, health and safety in service and competency testing. The new staff member is then buddied for three shifts with an experienced healthcare assistant (HCA). The facility manager identifies suitably skilled HCA to be the 'buddy'. Interview of five healthcare assistants and three registered nurses informed there is an orientation process provided that included a period of being buddied.

In all eight staff files reviewed, there was a record that an orientation had been completed.

The service has an internal training programme directed by head office. There is an assigned in-service training manual that includes sessions required at orientation and then yearly. All sessions include a quiz, which is used at Radius Peppertree to embed information from the sessions provided. Challenging behaviour and dementia are part of the training programme. In 2014 Peppertree has introduced training days for HCA's and RN's to ensure improved attendance at compulsory training.

In addition to training requirements, there are healthcare assistant competencies (hand washing, manual handling, restraint, first aide) with a tracking sheet in place to monitor requirements. Sighted compliance audits of hand washing - signed off by RN and restraint competency quizzes completed for 2014.

D17.7d: RN competencies include: hand washing, manual handling, restraint, medication, CAPD, syringe driver. As for above a tracking process is in place to monitor requirements.

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:

Acuity and clinical staffing ratio policy in place that includes a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty to match needs of different shifts. The facility manager and clinical manager (a registered nurse), both work full time. Staff turnover is low. The roster includes suitable registered nurse and HCA cover 24 hours per day and the staffing is appropriate to meet the needs of a further two residents. The facility manager and area manager state workloads will continue to be monitored and extra staffing provided as required.

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.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>

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 1.3.5: Planning (HDS(C)S.2008:1.3.5)

Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.

ARC D16.3b; D16.3f; D16.3g; D16.3h; D16.3i; D16.3j; D16.3k; E4.3 ARHSS D16.3b; D16.3d; D16.3e; D16.3f; D16.3g

<p>Attainment and Risk: PA Moderate</p> <p>Evidence:</p> <p>The previous audit identified that resident files did not reflect the resident's current needs in the care plan. Five resident files (two rest home and three hospital) were sampled for this audit and all five had areas of identified needs where the need was identified in the care plan but there were no documented interventions. Care planning continues to require improvement.</p>

Criterion 1.3.5.2 (HDS(C)S.2008:1.3.5.2)

Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.

Attainment and Risk: PA Moderate

Evidence:

Care plans are individually developed with the resident and family/whānau involvement is included where appropriate. Goals and outcomes are identified and agreed and how care is to be delivered is explained. All rest home and hospital residents have an individualised long term care plan that covers all areas of need identified.

Finding:

Five of five files sampled (three hospital and two rest home) do not have interventions documented for all identified areas of need.

Corrective Action:

Ensure care plans reflect interventions for all identified areas of need.

Timeframe (days): 90 (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: PA Moderate

Evidence:

There is a key pad access to the medication room in the rest home and the hospital wings (noting that the wings are rest home and hospital by name only and both have a mixture of rest home and hospital level residents). All pharmaceuticals are delivered and returns are collected. The regular and prn medications are in robotic roll system. The clinical manager and a registered nurse check in the medications and sign the initial robotic roll package. Copies of deliveries are maintained. There is a check list for the imprest items and expiry dates. The RNs and senior HCAs complete a medication skills checklist and practical medication audit annually. The pharmacist provides medication education (provided in February 2014). RNs complete competency in the use of oxygen. Oxygen concentrators have had functional checks. Weekly controlled drugs stock checks have not always occurred. All returns are stored safely until collected. Medication fridge temperatures are recorded daily. All eye drops in use are dated. Administration signing sheets are correctly completed for seven of the ten medication files sampled. Two staff sign for the administration of controlled drugs. PRN medications are all dated and timed on the signing sheet. All 10 charts sampled indicate the previous shortfall around the prescriber documenting an indication for PRN medications has been addressed.

Ten medication charts sampled evidence three monthly GP reviews.

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: PA Moderate

Evidence:

There is a key pad access to the medication room in the rest home and the hospital wings (noting that the wings are rest home and hospital by name only and both have a mixture of rest home and hospital level residents). All pharmaceuticals are delivered and returns are collected. The regular and prn medications are in robotic roll system. The clinical manager and a registered nurse check in the medications and sign the initial robotic roll package. Copies of deliveries are maintained. There is a check list for the imprest items and expiry dates. Oxygen concentrators have had functional checks. All returns are stored safely until collected. Medication fridge temperatures are recorded daily. All eye drops in use are dated. Administration signing sheets are correctly completed for seven of the ten medication files sampled. Two staff sign for the administration of controlled drugs. PRN medications are all dated and timed on the signing sheet. All 10 charts sampled indicate the previous shortfall around the prescriber documenting an indication for PRN medications has been addressed. The medicine management system is able to cater for a further two residents.

Finding:

(i) Weekly controlled drugs stock checks have not always occurred. (ii) Three of 10 medication administration records sampled show that regular non packaged medications have not always been signed as administered,

Corrective Action:

(i) Ensure weekly controlled drug checks occur. (ii) Ensure medications are administered as prescribed.

Timeframe (days): 90 (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:

The food services staff work a four days on and four days off roster. There is a manager/head cook, assistant cook, morning kitchen assistant and a tea cook on duty daily. There is a four week summer and winter menu that is reviewed by the dietician. There are recipes and ordering guidelines in place. Diabetic and vegetarian meals are provided. The cook receives a dietary notification for new residents. A dietary change form is received for any changes to a residents meal requirements. Normal and pureed meals are provided. Resident's likes and dislikes are known and alternative choices are offered. The cook is aware of any residents with weight loss and clinical instructions are followed. Food temperatures (cooked) are taken and recorded on the midday and evening meals. All foods in the fridge are dated. The staff have access to snacks and sandwiches for residents after hours. The kitchen equipment has been checked, tested and tagged. There is daily fridge and freezer monitoring. Staff are observed wearing appropriate protective wear. Chemicals are stored safely when the kitchen is unattended. Screens are on the windows. There are cleaning schedules in place and kitchen duties carried out each shift. There is an opportunity for residents to feed back on the food service at the monthly resident meeting and through the food satisfaction survey. Changes have been made to the menu following input from the residents. All food services staff have attended food safety and hygiene education. The kitchen is able to cater to the dietary needs of a further two 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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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 1.4.1: Management Of Waste And Hazardous Substances (HDS(C)S.2008:1.4.1)

Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.

ARC D19.3c.v; ARHSS D19.3c.v

Attainment and Risk: FA

Evidence:

The service has implemented policies and procedures for the disposal of waste and hazardous material. There is an accident/incident system for investigating, recording and reporting all incidents and forms are completed by staff. There are no incident / accident reports reviewed involving waste, infectious material, body substances or hazardous substances. There is an emergency manual available to staff which includes hazardous substances. Staff interviewed were able to describe hazard management, waste management and chemical safety. Chemical safety training has been attended by 12 staff in February 2014. All chemicals sighted were appropriately stored in locked areas. Chemicals are appropriately labelled. Sufficient gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Waste is disposed of into a skip bin that is collected weekly. Recycling of cardboard and plastics occur. Sharps are disposed of into approved containers.

Criterion 1.4.1.1 (HDS(C)S.2008:1.4.1.1)

Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.

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 1.4.1.6 (HDS(C)S.2008:1.4.1.6)

Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used 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.)

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:

The building holds a current warrant of fitness, which expires on 5 April 2015. There is a maintenance employed full time to carry out the daily maintenance requests and planned maintenance such as monthly hot water temperature checks. An annual planned maintenance plan is sighted. The maintenance person is available on an on call basis. The maintenance person has a certificate in electrical testing. All electrical equipment has been tested September 2013. External contractors are engaged to complete work as required.

The facility's amenities, fixtures, equipment and furniture are appropriate for rest home and hospital care residents. A painting programme is in place and there has been a refurbishment programme undertaken that is ongoing. This has included new carpets, a new heat pump in the dining room and two lounges and new automatic front doors. There is sufficient space to allow residents to move around the facility freely. There is non-slip linoleum in showers and toilet areas throughout the facility. The main hallways and living areas are carpeted.

The two new rooms are large enough for hospital level residents and their associated caregivers and equipment.

Both are carpeted and have large windows with curtains on one and blinds on the other. Both have double glazed windows and the new room near the nurses' station has been sound proofed. Both have a hand basin and functioning call bells and an eco-panel heater. The bathroom that was decommissioned for one of the rooms was not previously in use. There is a suitable external area for smokers. There is sufficient space in the lounges and dining rooms to cater for the additional residents and both rooms are near a toilet and shower with the capacity in the wing for the toilets and showers to cater for the extra resident that will use them.

External areas and garden areas surrounding the facility are well maintained. Level paths to the outside areas provide safe access for residents and visitors. Pathways are clear and well maintained. There has been re-landscaping of gardens in December 2013.

ARC D15.3; The following equipment is available, pressure relieving mattresses, roho cushions, standing and lifting hoists (checked February 2014), wheel-on scales, pat

slide, slidy sheets and mobility aids.

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.3: Toilet, Shower, And Bathing Facilities (HDS(C)S.2008:1.4.3)

Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.

ARC E3.3d ARHSS D15.3c

Attainment and Risk: FA
Evidence: All resident rooms including the two new rooms are single with hand basins. Communal toilets have adequate signage. Both rooms are near a communal toilet in their respective wings that is able to cater for the extra resident. Fixtures fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Hand rails are appropriately placed in the toilet and shower rooms. There are privacy curtains. The bathroom that was decommissioned to allow it to be converted into one of the two rooms was not previously in use.

Criterion 1.4.3.1 (HDS(C)S.2008:1.4.3.1)

There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.

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 1.4.4: Personal Space/Bed Areas (HDS(C)S.2008:1.4.4)

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

ARC E3.3b; E3.3c ARHSS D15.2e; D16.6b.ii

Attainment and Risk: FA

Evidence:

There is adequate space in the two new bedrooms for residents and staff. Doorways into both the new residents' rooms and communal areas are wide enough for wheelchair, lounge chair (on wheels) and hoist access. Residents are encouraged to personalise their rooms. Both rooms have electric beds. Both rooms are able to cater for rest home or hospital level residents and are large enough to cater for the equipment such as hoists and two carers that may be required for hospital level residents.

Criterion 1.4.4.1 (HDS(C)S.2008:1.4.4.1)

Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuver with the assistance of their aid within their personal space/bed area.

Attainment and Risk: FA

Evidence:

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Finding:

Corrective Action:

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

Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining (HDS(C)S.2008:1.4.5)

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.

ARC E3.4b ARHSS D15.3d

Attainment and Risk: FA

Evidence:

There is a rest home wing and a hospital wing with one of the new rooms in each wing (both wings cater for hospital and rest home level residents and the naming of the wings is being reviewed). The rest home has two lounge areas with one having access to an outdoor courtyard. There is a separate dining room off the kitchen. The hospital wing has its own lounge and dining room. There are smaller seating areas within the facility. Residents are seen to be moving freely throughout facility in wheel chairs and with walking frames. Residents are able to move freely from their bedrooms to communal rooms and to the outside areas. Internal and external doorways are level with pavements and give wheelchair access. Activities occur in the lounges and residents are able to access their rooms for privacy when required. The lounge and dining areas are well able to cater for the two extra residents at rest home or hospital level care.

Criterion 1.4.5.1 (HDS(C)S.2008:1.4.5.1)

Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to 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.)*

Standard 1.4.6: Cleaning And Laundry Services (HDS(C)S.2008:1.4.6)

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.

ARC D15.2c; D15.2d; D19.2e ARHSS D15.2c; D15.2d; D19.2e

Attainment and Risk: FA

Evidence:

There are cleaning policies and processes. Housekeeping and laundry compliance audits occur. Corrective actions required are followed through the quality/risk management and staff meetings. The laundry and cleaning room are designated areas and clearly labelled. Chemicals are stored safely. All chemicals sighted on the cleaning trolleys are labelled with manufacturer's labels. There is a sluice room for the disposal of soiled water or waste. The sluice room has keypad access. There cleaning and laundry staff Monday to Saturday. HCAs complete a basic clean and laundry duties on the Sunday. The laundry has two entrances. There is a defined clean/dirty area in the laundry. Staff have completed chemical safety and outbreak management training. Laundry and cleaning services are able to cater for a further two residents.

Criterion 1.4.6.2 (HDS(C)S.2008:1.4.6.2)

The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.

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 1.4.6.3 (HDS(C)S.2008:1.4.6.3)

Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.

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 1.4.7: Essential, Emergency, And Security Systems (HDS(C)S.2008:1.4.7)

Consumers receive an appropriate and timely response during emergency and security situations.

ARC D15.3e; D19.6 ARHSS D15.3i; D19.6

Attainment and Risk: FA

Evidence:

Fire evacuation practice documentation sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training, emergency evacuation and security situations are part of orientation of new staff and on-going training. Emergency equipment is available. Civil defence box is available (sighted). The facility manager stated that they have spare blankets and alternative cooking methods if required (viewed). There is sufficient water stored in a tank to ensure for three litres per day for three days per resident.

The staffing level provided adequate numbers of staff to facilitate safe care to rest home and hospital level residents including the two new residents. First aid training has been provided for staff and there is at least one staff member on duty at all times with a first aid certificate. The NZ Fire Service approved the evacuation scheme on 8 February 2005. Fire drills have occurred six monthly, last on 12 September 2014.

There are call bells in all communal areas, toilets, bathrooms and the two new resident's rooms. Security policies and procedures are documented and implemented by staff. Visitors and contractors sign in when visiting the facility. There is a registered nurse on site available and /or on call to all residents 24 hours per day, seven days per week.

D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included.

The emergency trolley has been checked monthly and this is an improvement since the previous audit.

Criterion 1.4.7.1 (HDS(C)S.2008:1.4.7.1)

Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.

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 1.4.7.3 (HDS(C)S.2008:1.4.7.3)

Where required by legislation there is an approved evacuation 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.)*

Criterion 1.4.7.4 (HDS(C)S.2008:1.4.7.4)

Alternative energy and utility sources are available in the event of the main supplies failing.

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 1.4.7.5 (HDS(C)S.2008:1.4.7.5)

An appropriate 'call system' is available to summon assistance when 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 1.4.7.6 (HDS(C)S.2008:1.4.7.6)

The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.

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 1.4.8: Natural Light, Ventilation, And Heating (HDS(C)S.2008:1.4.8)

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

ARC D15.2f ARHSS D15.2g

Attainment and Risk: FA

Evidence:

General living areas and resident rooms are appropriately heated and ventilated. The facility has electric heating that is thermostatically controlled. All bedrooms including the two new bedrooms and communal areas have at least one external window. One new room has an external door. Both new rooms have an eco-wall panel heater and are double glazed. The new room near the nurses' station has been sound proofed.

Criterion 1.4.8.1 (HDS(C)S.2008:1.4.8.1)

Areas used by consumers and service providers are ventilated and heated appropriately.

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 1.4.8.2 (HDS(C)S.2008:1.4.8.2)

All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.

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

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

Standard 3.1: Infection control management (HDS(IPC)S.2008:3.1)

There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA

Evidence:

There is an Infection Control (IC) programme for 2014 that includes documented goals, success factors, education, surveillance and antimicrobial usage. The programmes content and detail is appropriate for the size and complexity of the services. There are IC policies that meet the Infection Control Standard SNZ HB 8134.3.1.2008. IC is part of the Radius benchmarking programme.

The IC programme is reviewed annually for the Radius group with the content and detail being designed to be appropriate for the size and complexity of the organisation. The facility manager and IC coordinator are responsible for the development of site specific IC goals.

The IC coordinator could describe how an outbreak would be managed and reported and how the recent outbreak (October 21014) was well managed). There are guidelines and staff health policies for staff to prevent the spread of infection. These include, but not limited to; outbreak management policy and flow chart, pandemic plan and policy, food handlers sickness policy and hand hygiene policy.

Criterion 3.1.1 (HDS(IPC)S.2008:3.1.1)

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 3.1.3 (HDS(IPC)S.2008:3.1.3)

The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 3.1.9 (HDS(IPC)S.2008:3.1.9)

Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.

<p>Attainment and Risk: FA</p> <p>Evidence:</p>

Finding:

Corrective Action:

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

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:

The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections and internal (process) monitoring is undertaken via the internal audit programme - IC surveillance audit was last undertaken October 2013 (98% compliance). The service submits data monthly to Radius head office where benchmarking is completed. There were no corrective action requirements from the audit programme.

The surveillance of infection data assists in evaluating compliance with infection control practices. Infections are collated monthly - including urinary tract, upper respiratory and skin. This data is reported to the safety, quality and risk management meetings and to staff meetings. Monthly data was seen in staff areas.

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.)*