

Prasad Family Foundation Limited

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Prasad Family Foundation Limited
Premises audited:	Brylyn Residential Care
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 February 2015 End date: 24 February 2015
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	27

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Brylyn Residential Care provides rest home and hospital level care for up to 32 residents. There were 27 residents during the audit.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the District Health Board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with the residents, family, management, staff and a general practitioner.

The nurse manager is a registered nurse with aged care experience who is new to the role. Feedback from the residents and families was positive about the care and services provided.

Improvements are required around advocacy services, professional development activities for the nurse manager, policy and procedure reviews, internal audits, corrective action plans, staff appointments, the orientation programme for new employees, staffing, information management, entry to services, wound care management, care plan evaluations, medicine management, equipment maintenance and first aid training for staff.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some standards applicable to this service partially attained and of low risk.
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Staff demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families although they are not receiving information about the Nationwide Health and Disability Advocacy Service. Cultural diversity is inherent and respected. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. A system is in place for obtaining formal consents from residents. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Services are planned, coordinated, and are appropriate to the needs of the residents. A nurse manager is responsible for the day-to-day operations of the facility. The quality and risk management programme requires further improvements.

Residents receive appropriate services from suitably qualified staff. Human resource processes require further improvements around the employment process and the induction of new staff. Education and training for staff is in place.

Registered nursing cover is provided 24 hours a day, seven days a week. The residents' files documented are appropriate to the service type but require further detail in some areas including signatures, dates and designations. Current resident information is stored securely but archived information is not.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Entry to the service is managed primarily by the nurse manager. There is service information available, which requires updating. The admission agreement in use also requires review. Initial care plans, subsequent assessments and long term care plans are completed by a registered nurse. All care plans are written in a way that enables all staff to clearly follow their instructions. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. The medicines management system is managed by the registered nurses. The documentation of medicines requires review to ensure that it is consistent with practice guidelines. Residents have a choice of general practitioner. The majority of residents receive their medical care from a newly contracted general practitioner who visits the site at least weekly. The system of regular six monthly multidisciplinary evaluations needs to be reinstated for all residents. Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are able to be provided. Residents and relatives interviewed were complimentary about the food service.

Safe and appropriate environment

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The building has a current building warrant of fitness and an emergency evacuation plan in place. There is a mix of resident accommodation which includes studio units with ensuites and kitchenettes, single rooms and rooms that can be shared by couples. The corridors and communal areas permit freedom of movement by residents and staff. There are a number of communal toilets and showers throughout the facility. There is a planned and reactive maintenance programme in place. Temperatures of the hot water at the tap in resident areas are monitored. Electrical testing occurs. There are outdoor areas that are accessible by residents using mobility aids. The outdoor areas include shade and seating. Staff report that they have sufficient equipment to meet the needs of residents. Emergency systems are in place although further first aid/CPR staff training is required.

There is a need to calibrate the seated weighing scales, and blood pressure monitoring equipment. One of the two hoists in use is overdue for servicing.

Restraint minimisation and safe practice

<p>Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.</p>		<p>Standards applicable to this service fully attained.</p>
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There are restraint minimisation and safe practice policies and procedures applicable to the size and type of the service. The restraint policy includes a definition of enablers and procedures for assessment and appropriate use of enablers. There are currently no enablers or restraints in use.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control nurse is the nurse manager although there are plans to delegate the role to another registered nurse. The role is included in the nurse manager's job description, which is under negotiation currently with the owners. There is an infection prevention and control programme in place, which includes policies to guide staff, staff education and surveillance. The programme is reviewed annually. The programme is appropriate for the size and complexity of the organisation.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	34	0	7	4	0	0
Criteria	0	77	0	11	5	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Information on the Code of Health and Disability Consumers' Rights (the Code) is displayed in a visible location. Policy relating to the Code is implemented and staff can describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training (link to finding 1.2.7.4). Interviews with staff (three caregivers and two registered nurses) reflected their understanding of the key principles of the Code.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need	FA	Informed consent processes are discussed with residents and families on admission. Verbal consents are obtained when delivering cares. Advanced directives are signed for separately. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. The GP discusses resuscitation with families/enduring power of attorney (EPOA) where the resident is deemed incompetent to make a decision. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. Written informed consent is sought, however the form does not include a space to ensure it is dated and signed including designation (link 1.2.9.1 and 1.2.9.9).

to make informed choices and give informed consent.		
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information on advocacy services through the Health and Disability Commissioner's (HDC) Office is not included in the resident information pack that is provided to residents and their family on admission (link to finding 1.1.2.4). Staff receive education and training on the role of advocacy services with the most recent education session provided by a representative from HDC. Interviews with all care staff confirms their awareness of the role of advocacy services with examples provided of times when advocacy services through Age Concern have been utilised.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. Residents have access to and participate in various community services if able. The service encourages the residents to maintain their relationships with their friends, and community groups by continuing to attend functions and events, and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>There is a complaints policy to guide practice. A complaints procedure is provided to residents and families within the information pack at entry to the service. Complaints forms and a suggestions box are available at reception. The nurse manager leads the investigation and management of complaints received. There is a complaints register that records activity in an on-going fashion. Complainants are not provided with information about HDC Advocacy Services (link to finding 1.1.2.4).</p> <p>One verbal complaint was recorded during 2014 which has been resolved. No complaints have been lodged in 2015 (year-to-date). Discussions with residents and family confirm they are aware of their right to make a complaint and how to make a complaint.</p>
Standard 1.1.2:	PA Low	Details relating to the Code are included in the resident information pack that is provided to new residents and their

<p>Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>		<p>family. The nurse manager/registered nurse (RN) discusses aspects of the Code with residents and their family on admission. There is a lack of information available relating to the Nationwide Health and Disability Advocacy Service.</p> <p>All six residents interviewed (three rest home level and three hospital level) and five families interviewed (two hospital level and three rest home level) confirmed the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service ensures that the residents' right to privacy and dignity is recognised and respected at all times. The residents' personal belongings are used to decorate their rooms. All rooms were single occupancy during the audit. Adequate space is available for discussions of a private nature. The caregivers interviewed report that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They report that they support the residents' independence by encouraging them to be as active as possible. All of the residents interviewed confirmed that their privacy is being respected.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect. The nurse manager is unaware of any suspected instances of abuse or neglect by staff.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Maori are valued and fostered within the service. A Maori health plan is in place. Links are established with local Maori agencies.</p> <p>Staff value and encourage active participation and input of the family/whanau in the day-to-day care of the resident. During this audit there was one Maori resident living at the facility who reports that his cultural needs are being met by the service. Any cultural needs identified by residents and families are documented in the residents' care plans.</p> <p>Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic (link to finding 1.2.7.4). All care staff interviewed are aware of the importance of whanau in the delivery of care for Maori residents.</p>
<p>Standard 1.1.6: Recognition And</p>	FA	<p>The service identifies the residents' personal needs, values and beliefs, and desires from the time of admission and incorporates this information into the residents' care plans. This is achieved with the resident, family and/or their</p>

<p>Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>representative. The service is committed to ensuring that each resident remains a person, even in a state of physical or mental decline. All residents and relatives interviewed confirmed they were involved in developing the resident's care plan.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>House rules are documented and discussed with new employees. Professional boundaries are defined in job descriptions (link to finding 1.2.7.3). Interviews with all care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Registered nursing staff are available seven days a week, 24 hours a day. A general practitioner (GP) visits the facility once a week. The GP interviewed is satisfied with the level of care that is being provided. The nurse manager, who is new to her role, is prioritising her activities at present around resident safety and risk. A recent initiative has been the implementation of tool box talks which are impromptu education sessions provided during staff handover.</p> <p>The service has links with the local community and encourages the residents to remain as independent as possible. Activities staff are available five days a week with weekly outings. Plans are in place to begin providing physiotherapy services.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>There is a policy to guide staff on the process around open disclosure and interpreter services. Accident/incident forms have a section to indicate if family have been informed (or not) of an accident/incident. Six residents' files reviewed reported family notification has occurred following a change in resident health status. Family interviewed report that they are kept informed.</p> <p>Interpreter and translation services are available if needed although staff report this has not been required. Contact</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>details are provided in policy. The information pack is available in large print and can be read to residents if necessary.</p> <p>The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>PA Moderate</p>	<p>Brylyn Residential Care provides care for up to 32 residents. Twenty two beds are certified for rest home level care and ten beds are certified for hospital level care. At the time of the audit, there were eighteen rest home residents and nine hospital level residents. Included in this total are three rest home level respite residents.</p> <p>Brylyn Residential Care is privately owned. A business plan and a quality and risk management plan are in place. The quality management system identifies the vision, mission and objectives.</p> <p>The nurse manager, who has a current practising certificate, has been in post since November 2014. She has worked in the aged care industry as a registered nurse for five years and has been employed as a registered nurse for fourteen years. This is her first management role (link to finding 1.2.7.4). The nurse manager currently holds a clinical load five days/week. She meets monthly with the owner but has not attended any professional development activities relating to the management of an aged care facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>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.</p>	<p>FA</p>	<p>A registered nurse is the second in charge in the nurse manager's absence. She has been employed for nine months. This is her first job as a registered nurse. She reported that she is interested in developing managerial skills and that she was appropriately inducted to her role as second in charge by the nurse manager.</p>
<p>Standard 1.2.3: Quality And Risk Management</p>	<p>PA Low</p>	<p>Brylyn Residential Care has a quality framework that requires full implementation. Policies and procedures are linked to good practice. A document control process is in place but at the time of audit the nurse manager was continuing to update policies/procedures that were overdue for review (link to finding 1.2.8.1).</p>

<p>Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>The nurse manager understands the quality and risk management programme. An internal audit schedule is in place but some aspects of the audit schedule have not been completed, which the nurse manager reports is due to a lack of time to complete them (link to finding 1.2.8.1). Quality matters are taken to the staff meetings and more recently to the impromptu staff handover (tool box) talks. Residents falls, infections, skin tears, medication errors, complaints received (if any) and incidents and accidents are being monitored monthly by the nurse manager. Corrective action plans have been developed although this recently implemented system has not been embedded into practice.</p> <p>A health and safety programme has been implemented for the service. Health and safety processes including a hazard register, monitoring identified hazards and discussing potential health and safety issues at staff meetings. Accidents and incidents are being documented by service providers.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The service collects incident and accident data and reports aggregated figures to the staff meetings. Eight incident forms were reviewed. Incident forms are completed by staff and the resident is reviewed by the RN at the time of the event. The nurse manager analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Trending data is considered.</p> <p>Discussion with the nurse manager confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with</p>	PA Moderate	<p>There are human resources policies to support recruitment practices. The nurse manager and registered nurse's practising certificates are on file. Five staff files were reviewed (two caregivers, three registered nurses). Missing was evidence of any interviews and reference checking, signed employment contracts (in two of five files), and signed job descriptions. The nurse manager reports this documentation is held with the owner who was not available during the audit. Performance appraisals were current.</p> <p>Evidence of an orientation programme specific to the role and responsibilities of the position was missing in four of the five staff files reviewed. The nurse manager reports she was not inducted to her managerial responsibilities. Interviews with staff confirmed the orientation has improved since the recent employment of the nurse manager but</p>

<p>good employment practice and meet the requirements of legislation.</p>		<p>is not being documented.</p> <p>Current practising certificates were sighted for the registered nurses and general practitioner.</p> <p>There is an education plan that includes all required sessions as part of these standards including manual handling, peg feeding, and wound care (etc.). The plan is being implemented. Impromptu education sessions have recently been implemented during staff handovers. Staff first aid and CPR training is required (link to 1.4.7.1).</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>PA Low</p>	<p>A level of staffing policy defines the policies and procedures to describe the minimum requirements for the relevant positions within the service provision. There is a registered nurse on each shift. The nurse manager is the only RN on the day shift Monday – Friday unless she is on leave. She reports that this makes it difficult for her to complete her managerial responsibilities.</p> <p>There is one registered nurse and two caregivers on the afternoon shift, and one RN and one caregiver on the night shift. Caregiver staff are also responsible for laundry. A separate cleaner is employed by the service.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>PA Low</p>	<p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>Current residents' files are protected from unauthorised access by being held in a secure filing cabinet in the office. Archived records are either held in a cupboard in the hallway or in a metal filing cabinet adjacent to the dining area. Neither of these areas is secure.</p> <p>Residents' files demonstrate service integration.</p> <p>Entries are legible, but some forms were not dated and signed by the relevant caregiver or nurse, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated</p>	<p>PA Low</p>	<p>Entry to the service is managed by the nurse manager. She will take the initial enquiry and discuss with the enquirer whether the current occupancy permits entry. She has a range of marketing materials and information available that can be provided to prospective residents and family. The main marketing brochure which is used contains incorrect information and needs updating. Prospective residents having planned admissions are given a</p>

<p>in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>copy of the admission agreement to read in advance of admission.</p> <p>A review of the Admission Agreement showed that the current form does not include all of the provisions listed in the ARC agreement (D13 & D14).</p> <p>The sample of records reviewed showed that residents having planned admissions were not signing admission agreements on the day that the resident commenced receiving services.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Staff will assist residents if they need a planned discharge. The nurse manager described having a resident reassessed by the needs assessment and coordination agency and then discharged to another more appropriate facility.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>A review of the medicines management system highlighted inconsistencies with safe practice guidelines. The medicine management system is managed by registered nurses. All residents except for one had a medicines chart which included documented orders signed by a general practitioner (refer tracer rest home 1.3.3). The facility is using the Australian Commission on Safety and Quality in Health Care Long Term Medication Chart and Medico Pack administration signing sheets generated by the contracted pharmacy. The facility has a contract with a local pharmacy and the pharmacist had been onsite within the last six months to review medicines management. Residents have a choice of general practitioner and more than one general practitioner provides medical services.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's</p>	<p>FA</p>	<p>The service has a workable kitchen. The kitchen and equipment is maintained in a clean manner. The service employs cooks and kitchen hands although they do not overlap. The main cook has been employed for 18 months and works Monday to Friday from 9am to 3pm. She is booked to complete food safety qualifications in March 2015. There is a weekend cook and an evening and morning kitchen hand. The cook reports that time is pressured now that the needs of residents have increased with the introduction of hospital level residents who require more specialised meal preparation. There is a rotating seasonal menu in place. There is evidence of a dietitian reviewing</p>

<p>individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>the menu in October 2013. A nutritional assessment is completed on admission and resident nutritional needs are recorded in the kitchen. Changes to residents' dietary needs are communicated to the kitchen Storage of food is appropriate and fridge/freezer and food temperatures are monitored daily. Resident special diets and resident likes/dislikes records are kept in the kitchen and the cook is familiar with resident needs. The kitchen manual describes how special needs are catered for. Staff communicate with the cook daily to ensure that residents have an appropriate diet. Special eating equipment is available. Residents requiring extra assistance to eat and drink are assisted, this was observed during lunch. The kitchen was clean and tidy on the day of audit. The main cook was managing the food service well despite not having attended training. She was procuring food from commercial suppliers. Most food production and preparation was occurring onsite. Food was stored appropriately. Food is served directly from the kitchen to the adjoining dining room. There was a waste disposal system in place. There was a cleaning programme in place and there was a pest control programme in place which the cook stated was effective. The kitchen had alternative power supply systems in place but most cooking was done using gas. Residents and relatives interviewed were satisfied with the food service.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The nurse manager manages all enquires for admission. She has not declined anyone since she was employed in the role. If this situation arose she would inform the person making the enquiry and record the event and the reasons for declining the admission.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely</p>	<p>FA</p>	<p>Residents are assessed and their preferences are gathered. Staff conduct a range of assessments tailored to each resident's identified needs. Staff were not always dating and signing forms to indicate timeliness (link 1.2.9.1 and 1.2.9.9). Residents were weighted following admission but weights were not recorded on the day of admission for four of five residents who were recently admitted (which is not generally accepted good practice as weight on admission is often important baseline information). The service has yet to implement full InterRAI assessments on all residents. Assessments are used to inform the resident's long term care plan.</p> <p>Improvement Note:</p>

manner.		The service should consider changing the admission process to ensure that all residents are weighed within 24 hours of admission and their weights documented to provide baseline assessment information.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The plans reviewed were consumer focused and were written in a way as to provide clear guidance to staff. Registered nurses completed an initial plan of care based on nursing diagnoses and long term care plans were developed within three weeks of admission. Short term care plans were used for short term issues only (eg infections, wounds). Caregivers interviewed reported that the plans developed by the registered nurses were easy to follow.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	<p>Service delivery is managed directly by the nurse manager and a team of registered nurses. Staff follow the documented plans of care. All residents who are considered unwell or for whom staff or residents or family have concerns are reviewed by either the registered nurses, a general practitioner or reviewed by the DHB if in more urgent need. Residents have a choice of general practitioner and more than one general practitioner provides medical services to residents. The facility is located in a rural setting. Some residents attend general practitioners in Hamilton and an electronic copy of the findings at the clinic is sent to staff. Staff do not always accompany residents when they are reviewed by their offsite GP. The facility has within the last three months engaged the services of a general practitioner who has not practised in aged care previously. The GP was interviewed by telephone and was complimentary about the care provided by management and registered nursing staff. The GP visits the premises 2 hours a week otherwise is on call if needed. A process to manage all resident's wounds was in place. There were four residents who between them had five wounds (one was a small pressure area that was healing and the others were two skin tears and two blisters).The process in use was appropriate except for the documentation of the wound. Registered nurses were describing the wound size and location. However they were no tracing or photographing</p> <p>Improvement Note: The service should consider using a robust diagram process (ie, wound tracing or photographic evidence) for serious wounds.</p>
Standard 1.3.7: Planned Activities	FA	The activities programme is managed by one activities coordinator who works five days a week from 8.30 to 2pm. She has worked in the role for 12 years. Each new resident is assessed as to their social history and an individual

<p>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.</p>		<p>programme is developed with them. The activities coordinator runs a group activities programme in the lounge for all residents. She develops a weekly group programme for the year and records this in a diary and amends the programme as circumstances change. The facility hires disability vans when needed which can accommodate residents using wheelchairs. A range of activities are offered. Entertainers visit on weekends. The activities coordinator is consistently not dating the individual activities plans as the form design does not include a space for the date to be recorded (link 1.2.9.1).</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>PA Low</p>	<p>Residents are evaluated within three weeks of admission. The nurse manager reported that the system of six monthly reviews was not currently occurring for all residents. The nurse manager and registered nurses are prioritising which residents need review by a general practitioner. If a resident is considered to be unwell then their care is reviewed. The nurse manager is aware that this situation is not consistent with contractual obligations.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Residents were being referred to other health and disability services. There was evidence of referrals to a dietitian and mental health services at the DHB. Residents are given the choice of agencies where such choices exist.</p>
<p>Standard 1.4.1: Management Of Waste And</p>	<p>FA</p>	<p>Staff follow a number of policies related to waste management which include the cleaning policy, infection prevention and control policies, the management of continence policy. Chemicals were stored safely on the day of audit. Staff have access to personal protective equipment and clothing (eg, plastic aprons and gloves)</p>

<p>Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Moderate</p>	<p>The building is a single storey building that has had additions over time. It has a current building warrant of fitness, which is due to expire 20 September 2015. There is a mix of resident accommodation in the building which includes studio units with ensuites and kitchenettes, single rooms and rooms that can be shared by couples. Some rooms are larger than others. The corridors and communal areas permit freedom of movement by residents and staff. There are a number of communal toilets and showers throughout the facilities with non-slip flooring. The main hallways and living areas are carpeted with lino in the dining room area. Carpet is scheduled for replacement in the studio area. A person is employed part-time to service the planned and reactive maintenance programme. This person monitors the temperatures of the hot water at the tap in resident areas. Electrical testing last occurred in February 2015. There are outdoor areas that are accessible by residents using mobility aids. The outdoor areas include shade and seating. Staff report that they have sufficient equipment to meet the needs of residents.</p> <p>The seated weighing scales, BP monitoring equipment and one of the two hoists in use are overdue for servicing.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to</p>	<p>FA</p>	<p>All resident rooms and toilet areas have hand basins. The eight studio units all have large ensuites. There are three large communal disabled size showers and one bath and a number of toilets which are used for residents who do not have their own ensuite bathrooms. There is a privacy system in place for the communal amenities. There is a separate staff toilet and visitor's toilet. Fixtures fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Caregivers reported that the numbers of showers are sufficient to meet the needs of residents.</p>

personal hygiene requirements or receiving assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	All residents' rooms are of an adequate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in bathrooms and in the eight studio units. Doorways into residents' rooms and communal areas are wide enough to accommodate wheelchairs, hospital beds and other mobility aids.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	Residents use the one central lounge and adjoining dining room. A second smaller dining room can be used to preserve the dignity of residents with higher needs. Group activities are conducted in the lounge or dining room or external areas.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning</p>	FA	<p>Cleaning is performed Monday to Friday from 10am to 3pm by a cleaner. The cleaner assists the cook to manage breakfast prior to starting the cleaning programme. The cleaning schedule is documented and displayed on the wall in the laundry. The cleaner has a dedicated cleaning trolley and secure storage area to store the cleaning equipment and chemicals.</p> <p>Laundry is provided onsite and is managed by caregivers on each shift. Staff have access to two commercial washing machines and one commercial dryer and dedicated sluice room areas with one sluice in the laundry. The</p>

<p>and laundry services appropriate to the setting in which the service is being provided.</p>		<p>laundry has a clean/dirty flow and chemicals were stored securely within the laundry. There is capacity to pre-soak soiled clothing. Staff receive training on doing the laundry during orientation and through the in-service programme. There are appropriate policies and product charts available.</p> <p>The effectiveness of the cleaning and laundry programme is monitored by the nurse manager.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>The NZ Fire Service approved the evacuation scheme on 14 January 2014. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff. Emergency equipment is available at the facility. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back up power for emergency lighting is in place.</p> <p>Only one RN and one activities staff hold current first aid certificates.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas that alert staff by a light and a recently installed alarm bell. Residents' rooms were observed to have their call bells in close proximity.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All resident rooms have access to adequate natural light. Rooms can be ventilated by opening doors and windows. Heating is a mix of electric, gas, and heat pumps. The temperature of the rooms on the days of audit were appropriate.</p>
<p>Standard 3.1: Infection control management</p>	<p>FA</p>	<p>The infection prevention and control (IPC) nurse is the nurse manager who is in the process of delegating the role to one of the other registered nurses (RN) as she is keen for the other RN to learn the role. There is a job description for the IPC nurse and the role of IPC coordinator is included in the nurse manager's JD, which is under negotiation</p>

<p>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.</p>		<p>currently (link to finding 1.2.7.3). There is an IPC programme in place, which was last reviewed 4 April 2014. Visitors to the premises who may be infectious are guided by signage on entrance door, instructions in the visitors' book and instructions on the wall.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The IPC registered nurses have the knowledge to manage the programme and they have access to resources and information from the laboratory, the general practitioner and specialist staff from the DHB. The IPC coordinator has experience in managing outbreaks of infection from her previous employment.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and</p>	<p>FA</p>	<p>There are a range of policies and associated procedures and forms available for managing the infection programme. These policies are based on current accepted practice.</p>

are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	Education on IPC occurs. The nurse manager manages the education programme. She gives toolbox talks to staff and information is provided on staff notice boards. Residents are educated as the need arises.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	The nurse manager manages the surveillance programme. Information on residents with suspected or actual infections is noted by the nurse manager and the general practitioner. Infections (actual and suspected) are recorded for data and trend analysis. Results are discussed at staff meetings and displayed on staff notice boards. The programme in place is appropriate to the size and complexity of the organisation.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively	FA	There are restraint minimisation and safe practice policies and procedures applicable to the size and type of the service. The restraint policy includes a definition of enablers and procedures for assessment and appropriate use of enablers (that is, voluntary restraint). There are currently no enablers or restraints in use. The restraint co-ordinator is the nurse manager.

minimised.		
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Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.1.2.4 Information about the Nationwide Health and Disability Advocacy Service is clearly displayed and easily accessible and should be brought to the attention of consumers.	PA Low	The resident information pack does not include any information regarding the Nationwide Health and Disability Advocacy Service. Nor is this information available at the facility. There are also no links in the complaints process to advocacy services.	No information is being provided to residents and families regarding the Nationwide Health and Disability Advocacy Service.	Ensure residents and families are provided with information relating to the Nationwide Health and Disability Advocacy Service. 90 days
Criterion 1.2.1.3	PA	The nurse manager is a registered nurse with a current practising certificate. She is new to her role as	The nurse manager has not attended professional development activities	Ensure the nurse manager

<p>The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.</p>	<p>Moderate</p>	<p>a manager in an aged care environment. Her professional goals for the year include attending professional development activities relating to the management of an aged care facility.</p>	<p>relating to the management of an aged care service.</p>	<p>attends a minimum of eight hours annually of professional development activities relating to the management of an aged care service.</p> <p>90 days</p>
<p>Criterion 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.</p>	<p>PA Low</p>	<p>A selection of policies and procedures are overdue for review. The nurse manager is aware of this issue but reports that she does not have time to complete these reviews due to managing a full-time clinical load five days a week (link to finding 1.2.8.1).</p>	<p>Policies and procedures are not being reviewed in accordance with the schedule for document control. This area for improvement has been identified at previous audits and remains a finding.</p>	<p>Ensure policies and procedures are reviewed as per the document control schedule.</p> <p>180 days</p>
<p>Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results</p>	<p>PA Low</p>	<p>An internal audit programme is in place but has not been fully completed. The nurse manager reports that this is due to needing to prioritise her time to complete the internal audit programme. For example, the cleaning and laundry audits have not been completed due to the nurse manager needing to complete the medication competencies for the RNs.</p>	<p>Not all internal audits have been completed as per the audit schedule.</p>	<p>Ensure internal audits are conducted as per the internal audit schedule.</p>

communicated to service providers and, where appropriate, consumers.				180 days
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	PA Low	The recently appointed nurse manager has initiated a 'data analysis problem' form for the identification, evaluation and management of corrective action plans. This form was recently implemented (January 2015). There is evidence of the form being completed in three instances that are related to residents' falls, skin tears, and medication errors. Staff were kept informed of the corrective actions put into place via impromptu in-services (tool box talks).	A system to address and manage corrective actions has recently been implemented but is not embedded into practice.	<p>Continue the current corrective action planning process to ensure it is embedded into practice.</p> <p>90 days</p>
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Moderate	Five staff files were selected for review that included three registered nursing staff and two caregivers. The nurse manager reports that the owner holds human resources information off site. This information was not available for sighting during this 1.5 day audit. Missing was evidence of information to verify that staff appointments were conducted to safely meet the needs of the residents. Missing was evidence to confirm that interviews, and reference checking were conducted prior to employing new staff and evidence of signed employment contracts.	There was no documented evidence of an interview process or reference checking in the five staff files that were reviewed. Employment contracts were missing in two of the five staff files selected for review. Job descriptions are in place but were not signed by new employees.	<p>Ensure potential applicants are interviewed and reference checked prior to being employed by the service. Job descriptions outlining the roles and responsibilities must be signed by new staff.</p> <p>60 days</p>

<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	<p>PA Moderate</p>	<p>Four of five staff files reviewed did not reflect staff completing an induction programme. The nurse manager reports that she was not formally inducted to the service. Caregiver staff report that the induction programme has been ineffective but that the new nurse manager is putting steps into place to ensure that staff are adequately orientated to the service. For example, previously night staff did not orientate on the day shift and therefore were not familiar with the residents before working a night shift. There was also no process in place to ensure that new caregiving staff are signed off when competent in delivering cares.</p>	<p>There is no evidence in four of the five staff files reviewed of staff receiving an appropriate induction to the service. Nor is there documented evidence of the nurse manager being inducted to her role as a nurse manager.</p>	<p>Ensure staff receive an appropriate induction programme that covers the essential components of the areas that they are responsible for.</p> <p>(ii) Ensure there is documented evidence that staff are signed off as competent before providing cares.</p> <p>90 days</p>
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	<p>PA Low</p>	<p>A level of staffing policy defines the policies and procedures to describe the minimum requirements for the relevant positions within the service provision. There is a registered nurse on each shift.</p> <p>The nurse manager is the only RN on the day shift Monday – Friday unless she is on leave. She reports that this makes it difficult for her to complete her managerial responsibilities (link to findings for 1.2.3). The morning RN is supported by three caregivers. There is one registered nurse and two caregivers on the afternoon shift, and one RN and one caregiver on the night shift. Caregiver staff are also responsible for</p>	<p>The nurse manager is the only registered nurse during the day, five days a week. She reports that she does not have adequate time to complete her managerial responsibilities.</p>	<p>The nurse manager requires time to complete her managerial responsibilities.</p> <p>90 days</p>

		laundry. A separate cleaner is employed by the service.		
<p>Criterion 1.2.9.1</p> <p>Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.</p>	PA Low	Resident information is being entered within 24 hours of the resident entering the facility. Progress notes include the date of entry but some assessment forms, consent forms and activity plans were not dated.	A selection of forms (eg: assessment forms, consent forms, activity plans) were not dated.	<p>Ensure that there is a date for every entry.</p> <p>180 days</p>
<p>Criterion 1.2.9.7</p> <p>Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.</p>	PA Low	Current residents' files are stored in lockable metal filing cabinet in the nurse manager's office. Archived information is stored either in a metal filing cabinet adjacent to the dining room which was not locked, or in a cupboard in the hallway which was also unlocked.	Archived information is not being maintained in a secure manner.	<p>Ensure all information of a private or personal nature is maintained in a secure manner.</p> <p>90 days</p>
<p>Criterion 1.2.9.9</p> <p>All records are legible and the name and designation of the service provider is identifiable.</p>	PA Low	Progress notes are timed, dated and signed with the name and designation of the service provider. Missing is evidence of signatures and designations on other forms (eg, residents' assessment forms, consent forms, activity plans).	A selection of residents' records were not consistently signed with the designation of the service provider.	<p>Ensure all residents' records include the signature and designation of the service provider.</p>

				180 days
<p>Criterion 1.3.1.4</p> <p>Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.</p>	PA Low	<p>The entry brochure provided to new residents does not contain accurate information. A review of the Admission Agreement showed that the current form does not include all of the provisions listed in the ARC agreement (D13 & D14). The admission agreement was not signed on the day of admission for four of six residents who had planned (ie, non-urgent admissions).</p>	<p>The entry brochure in use contained inaccurate information. The Admission Agreement form does not include all of the provisions listed in the ARC agreement (D13 & D14). Admission agreements were not signed on the day that residents commenced receiving services when their admission was non-urgent.</p>	<p>Ensure marketing materials contain accurate information.</p> <p>Ensure the Admission Agreement includes all of the provisions listed in the ARC agreement.</p> <p>Ensure all residents who have non-urgent admissions sign an admission agreement on or before the day when they commenced receiving services.</p> <p>60 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines</p>	PA Moderate	<p>Inconsistencies were observed in the recording of medicines management documentation which included one resident who did not have a medicines</p>	<p>The management of medicines did not meet accepted practice expectations in that medicines were not documented (ie,</p>	<p>Ensure medicine management</p>

<p>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.</p>		<p>chart signed by a doctor. Staff were administering medicines without a medicines order. They were using a faxed copy of a prescription that did not reconcile with the resident's dispensed medicines. The resident who was being fed enterally did not have the feeding regime charted on their medicines chart (the order was in the clinical record and not easily accessed for reference prior to each feed). Evidence of three monthly reviews was not documented on the medicines chart for three residents. Occasional medicines were not charted in accordance with safe practice guidelines. Six of 12 residents did not have photographic identification (reference no working camera on site). Photographic identification was not dated to indicate a recent resemblance. Allergy status was not documented for 5 of 12 residents. Given the number of inconsistencies noted in the sample, the sample was not extended aside from checking that each resident had a current medicine chart in operation. Inconsistencies in medicine management were identified in previous audits.</p> <p>The practice of administering medicines was observed and with the exception of the enteral feeding and the poor standard of documentation, the practice that was observed was consistent with safe practice in that medicines were prescribed by general practitioners, dispensed by a contracted pharmacist, reviewed at least three monthly to ensure continuation of supply, and stored appropriately.</p>	<p>charted) correctly in all instances; evidence of three monthly review by a general practitioner was not recorded on the medicine chart for 3 of 12 residents; the signing sheet for one resident (refer Tracer Rest Home 1.3.3) did not match the faxed copy of the prescription; the occasional medicines were not charted correctly; photographic identification was not evident in all records; the enteral feeding regime for one resident was not recorded on the medicine chart (refer Tracer Hospital 1.3.3) and allergy status was not recorded in all records. A review of 12 medication records showed that the general practitioner had not recorded that a review had occurred for 3 of 12 residents, however their medicines supply continued uninterrupted indicating that a three monthly review had occurred but the form had not been correctly signed.</p>	<p>documentation meets accepted safe practice guidelines.</p> <p>60 days</p>
<p>Criterion 1.3.8.2 Evaluations are documented, consumer-focused, indicate the degree of achievement or</p>	<p>PA Low</p>	<p>The system of regular six monthly reviews for all residents is not happening for those residents who are not considered in urgent need of review. All residents had a long term care plan in place.</p>	<p>Regular reviews as specified in the ARC contract are not occurring for all residents.</p>	<p>Ensure care plan evaluations are completed 6 monthly or earlier as</p>

response to the support and/or intervention, and progress towards meeting the desired outcome.				required. 90 days
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA</p> <p>Moderate</p>	<p>The weighing scales were due to be recalibrated in January 2015. No evidence was sighted that one of the two hoists which are in use has been tested or that the BP equipment which is in use has been calibrated to ensure recordings are accurate. The camera used to record clinical information is not able to be used currently.</p>	<p>The seated weighing scales and the BP recording equipment require calibration testing. One of the two hoists in use requires testing.</p>	<p>Ensure all medical equipment such as the hoist, weighing scales and BP monitoring equipment is tested and/or calibrated annually to ensure results are accurate; and include servicing in the planned maintenance programme to ensure on-going compliance, as this was a previous finding in the partial provisional audit conducted in January 2014.</p>

				30 days
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	Only the activities coordinator and one RN hold current first aid/CPR certificates.	The facility is not covered by a minimum of one care staff on each shift who holds a current first aid/CPR certificate.	<p>Ensure there is a minimum of one staff with a current first aid/CPR certificate available at all times.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.