

# Ripponburn Holdings Limited

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## Introduction

This report records the results of a Surveillance 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 Audit (NZ) 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:

<b>Legal entity:</b>	Ripponburn Holdings Limited
<b>Premises audited:</b>	Ripponburn Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 26 March 2015 End date: 27 March 2015
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	42

# Executive summary of the audit

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## 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

Ripponburn Home and Hospital provides residential care for up to 46 residents who require rest home and hospital level care. The facility is operated by Ripponburn Holdings Limited.

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

Improvements are required from this audit relating to resident documentation and aspects of medicine management.

## 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.		Standards applicable to this service fully attained.
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Staff demonstrated an understanding of residents' rights and obligations. This knowledge was incorporated into their daily work and caring for residents. Information regarding resident rights, access to interpreter services and how to lodge a complaint was

available to residents and their family and complaints were investigated. Staff communicated with residents and family members following incidents/accidents as appropriate.

## 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.		Standards applicable to this service fully attained.
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Ripponburn Holdings Limited is the governing body and is responsible for the service provided at Ripponburn Home and Hospital. A business plan and a quality plan was reviewed that included a vision statement, values, quality objectives, quality and risk management plan, and quality indicators.

Systems are in place for monitoring the service provided at Ripponburn Home and hospital. The general/facility manager is a part owner of Ripponburn Home and Hospital, and is a very experienced registered nurse who has worked in the aged-care sector for many years and has been in their current position for 25 years. The general/facility manager is supported by an experienced nurse manager who was appointed to their current position in 2004. The nurse manager is responsible for oversight of clinical care provided to residents.

Quality and risk management systems are in place at Ripponburn Home and Hospital. There is an internal audit programme, risks are identified and there was a hazard register. Adverse events were documented on accident/incident forms. Internal audits, accident/incident forms, and meeting minutes evidenced corrective action plans were being developed, implemented, monitored and signed off as being completed to address the issue/s that required improvement. Various meetings are held and there was reporting on numbers of various clinical indicators, quality and risk issues, and discussion of any trends identified in these meetings. Graphs of clinical indicators were available for staff to view along with meeting minutes.

There are policies and procedures on human resource management and current annual practising certificates for health professionals who require them. An inservice education programme is provided for staff and sessions are held at least twice a

month. Staff are also supported to complete the New Zealand Qualifications Authority Unit Standards via the ACE education programme, and on line learning for registered nurses. Review of staff records evidenced human resource processes were followed and individual education records were maintained.

There is a documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery that is based on best practice. The general/facility manager and the nurse manager are on call after hours. Care staff reported there was adequate staff available and that they were able to get through their work. Residents and families reported there were enough staff on duty to provide care.

## 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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The registered nurses are responsible for each stage of service provision. The assessments and care plans are developed in consultation with the resident/family/whanau. Improvements are required whereby all aspects of care planning are completed within the required timeframes and care plan evaluations are recorded.

The activity programme is varied and appropriate to the level of abilities of the residents.

Medications are appropriately managed and stored. Improvements are required in relation to aspects of medication documentation and practice. Medication training and competencies are completed by all staff responsible for administering medicines.

Food is prepared on site with individual food preferences, dislikes and dietary requirements assessed by the registered nurses and a dietitian if required.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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A current building warrant of fitness was displayed. Residents and family described the environment as meeting their needs.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Documentation of policies and procedures and staff training demonstrate residents are experiencing services that are the least restrictive. There was one hospital resident requiring an enabler and three hospital residents with restraint.

## 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.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. The service has implemented quality improvements for effective outbreak management procedures.

## 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)
<b>Standards</b>	0	13	0	2	1	0	0
<b>Criteria</b>	0	38	0	2	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The general/facility manager is responsible for the management of complaints and there were appropriate systems in place to manage the complaints processes. The complaints register reviewed evidenced three complaints for 2014 and 2015.</p> <p>There have been no investigations by the Ministry of Health, District Health Board, Health and Disability Commissioner, Accident Compensation Corporation (ACC), Police or Coroner since the previous audit.</p> <p>Complaints policies and procedures are compliant with Right 10 of the Code. Systems were in place that ensured residents and their family were advised on entry to the facility of the complaint processes and the Code. Residents and family interviewed demonstrated an understanding and awareness of these processes. Resident meetings were held three monthly and residents are able to raise any issues during these meetings. Residents and family interviewed and review of resident meeting minutes confirmed this. Review of the collated resident and family survey for September 2014 evidenced residents and families knew the process for making a complaint.</p> <p>The complaint process and forms were observed to be readily accessible and displayed. Review of quality and staff meeting minutes evidenced reporting of complaints to staff. Care staff interviewed confirmed information was reported to them via their staff meetings.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Interpreter services are available to residents of Ripponburn Home and Hospital (Ripponburn) and offered to residents if needed. The general/facility manager advised access to interpreter services is available if required via interpreter services, although they have not required interpreter services.</p> <p>Residents and family interviewed confirmed communication with staff was open and effective. Care staff were observed communicating effectively with residents during the audit. Residents' files evidenced residents were consulted and informed of any untoward event or change in care provision and this was included in care reviews. Residents and families responded positively concerning effective communication from the resident and family survey collated in September 2014.</p> <p>The service has an open disclosure policy which guides staff around the principles and practice of open disclosure. Education on open disclosure is provided at orientation and as part of the education programme. Staff interviewed confirmed their understanding of open disclosure. Communication with family was documented in the residents' communication records and progress notes. Incident/accident forms evidenced families were informed when incidents/accidents occurred.</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>FA</p>	<p>Ripponburn Holdings Limited, the governing body, has established systems in place which define the scope, direction and goals of the organisation, as well as the monitoring and reporting processes against these systems.</p> <p>A business plan with goals, mission statement, and philosophy of care and a quality plan identifying the organization's quality goals, objectives, and scope of service delivery were reviewed.</p> <p>The service philosophy is in an understandable form and is available to residents and their family / representative or other services involved in referring people to the service. The general/facility manager provides an annual report to the annual governance meeting. Various meeting minutes were reviewed including quality, RN, general staff and residents' meetings. Meeting minutes were available for review by staff along with clinical indicator reports, graphs, and various service reports.</p> <p>Ripponburn is managed by one of the owners, a registered nurse (RN) with a current annual practising certificate who has worked in the aged-care sector for many years and has been in their current position for 25 years. The general/facility manager is supported by a nurse manager who is an experienced registered nurse who was appointed to their current position in 2004.</p> <p>Review of the two managers' personal files and interview of the general/facility manager and nurse manager evidenced the managers have undertaken education in relevant areas.</p> <p>Ripponburn is certified to provide hospital level care and rest home level care. There are 46 beds provided (21 rest home and 25 hospital). On the first day of this audit there were 24 hospital residents and 18 rest home residents.</p> <p>Ripponburn Holdings Limited has contracts with the DHB to provide aged related residential care (rest home and</p>

		hospital services), day support and respite care.
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>There is an internal audit schedule in place and completed internal audits for 2014 and 2015 were reviewed, along with processes for identification of risks. Risks are identified, and there is a hazard register that identifies health and safety risks as well as risks associated with human resources management, legislative compliance, contractual risks and clinical risk. A health and safety manual includes relevant policies and procedures.</p> <p>Clinical indicators and quality improvement data are recorded on various registers and forms and these were reviewed. There was documented evidence that quality improvement data was collected, collated, and analysed to identify trends and corrective actions were developed, implemented and evaluated. Clinical indicators and quality and risk issues were reported to the annual general meeting and to staff. Meeting minutes and reports reviewed also evidenced discussion of any trends identified, as well as reporting on infection control and health and safety. Staff reported they are kept well informed of quality and risk management issues that included clinical indicators. Copies of meeting minutes and graphs of clinical indicators were available in the nurses' stations for staff to view.</p> <p>Adverse events were documented on accident/incident forms and copies of these were retained in the residents' files.</p> <p>Policies and procedures reviewed are relevant to the scope and complexity of the service, reflect current accepted good practice, and reference legislative requirements. Policies / procedures were available with systems in place for reviewing and updating the policies and procedures regularly. Signing sheets demonstrated staff were updated on new/reviewed policies, and this was confirmed by care staff. Care staff confirmed the policies and procedures provided appropriate guidance for the service delivery and they were advised of new policies / revised policies at meetings and handovers.</p> <p>Current first aid certificates and a register were sighted for the all staff.</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</p>	FA	<p>Staff document adverse, unplanned or untoward events on an incident/accident form which are then reviewed by the general/facility manager and the nurse manager and corrective action plans developed. Documentation was then filed in residents' files and entries made in residents' progress notes. Data was collated and reviewed monthly and results reported to the quality and staff meetings.</p> <p>Staff confirmed during interview they were made aware of their essential notification responsibilities through job descriptions, policies and procedures, and professional codes of conduct, which was confirmed through review of staff files and other documentation. Policy and procedures comply with essential notification reporting including health and safety, human resources and infection control. The general/facility manager advised there had been one essential notification to the DHB since the previous audit relating to a norovirus outbreak.</p>

consumers and where appropriate their family/whānau of choice in an open manner.		
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are policies and procedures on human resource management and copies of current annual practising certificates for all health professionals who require them were held on file. The skills and knowledge required for each position within the service was documented in job descriptions which outline accountability, responsibilities and authority which are reviewed along with employment agreements. Individual records of education were maintained for each staff member and copies were reviewed. Staff files confirmed reference and police vetting was undertaken.</p> <p>The nurse manager is responsible for oversight of the in-service education programme. The education programmes for 2014 and 2015 were reviewed and evidenced education was provided at least twice a month as well as online education for RNs. All care staff involved in medicine management have current medication competencies.</p> <p>The aged care education (ACE) 'Supporting the Older Person' education programme is provided and one of the RNs is the ACE Assessor. All staff have either completed or commenced the ACE education programme.</p> <p>An orientation/induction programme is available and all new staff are required to complete this prior to their commencement of care to residents. Staff performance is reviewed at the end of the orientation and annually thereafter. Orientation for staff covered the essential components of the service provided. Staff confirmed they have completed an orientation. Care staff also confirmed their attendance at on-going in-service education and that their performance appraisals are current.</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>	FA	<p>There is a documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery that is based on best practice. The minimum amount of staff is provided during the night shift and consisted of one registered nurse and two care staff. The general/facility manager and the nurse manager are on-call after hours. Care staff interviewed reported there was adequate staff available and that they were able to get through the work allocated to them. Residents interviewed reported there was enough staff on duty that provided them with adequate care. Observations during this audit confirmed adequate staff cover was provided.</p>
Standard 1.3.12:	PA	There are policies and procedures in place for safe medicine management that meet legislative requirements. All

<p>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>Moderate</p>	<p>clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses and care staff interviewed were able to describe their role in regard to medicine administration. A contracted pharmacy supplies packed medications. All medications are managed and stored appropriately in line with required guidelines and legislation. Ten medication charts were sampled and evidenced transcribing of medication orders. Aspects of administration practices were identified as not adhering to best practice. Each drug chart had a photo identification of the resident and allergies or nil known allergies were recorded on the medication chart. Residents who wish to self-medicate are appropriately assessed and supported to do so. Internal medication audits are conducted six monthly. The medication charts reviewed identified that the GP had seen and reviewed the resident three monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals at Ripponburn are prepared and cooked on site. There are four weekly summer and winter menus with dietitian review and audit of menus. Meals are prepared in a well-appointed kitchen adjacent to the rest home dining room for serving. Food is transported to the hospital residents in a Bain Marie and served immediately to residents. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. There is food available for residents outside of meal times. Residents who require special eating aids are provided for to promote independence. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen via the registered nurse or nurse manager. A dietitian visits the service to assess residents as required. Supplements are provided to residents with identified weight loss issues. Weights are monitored three monthly or more frequently if required and as directed by the registered nurse or dietitian. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Interviews with residents and family members indicated satisfaction with the food service.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>A written record of each resident's progress was documented. Changes were followed up by a registered nurse (evidenced in all residents' progress notes sighted). When a resident's condition alters, the registered nurse initiates a review and if required, a GP consultation or referral to the appropriate health professional is actioned. The clinical staff interviewed advised that they have all the equipment referred to in care plans necessary to provide care. Dressing supplies are available and treatment rooms are well stocked for use. Wound documentation was reviewed and included wound assessment, treatment plans and evaluations and progress notes. Advised that wound care nurse specialist advice was readily available. Contenance products are available and specialist continence advice is available as needed. Short term care plans are recorded, however, changes in health issues for one resident has not been recorded in a short term care plan (see link to 1.3.8.3). A physiotherapist is contracted to assess and assist resident's mobility and transfer needs.</p>

<p>Standard 1.3.7: Planned Activities</p> <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>	FA	<p>The activities staff at Ripponburn provide an activities programme over seven days per week. Group activities are voluntary and developed by the activities staff. Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. Ripponburn activities staff provide resident outings at least weekly. The group activity plans are displayed on notice boards around the facility. All residents who do not participate regularly in the group activities are visited by a member of the activity staff with records kept to ensure all such residents are included. All interactions observed on the day of the audit indicated a friendly relationship between residents and activity staff. The resident files reviewed included a completed social history and activities plan which have been reviewed six monthly. Residents interviewed spoke very positively of the activity programme with feedback and suggestions for activities made via meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	PA Low	<p>Initial care plans were evaluated within three weeks of admission. Long term care plans were reviewed and evaluated by the registered nurses or when changes to care occurred as sighted in three of five files reviewed. Advised that a GP examines the residents and reviews the medications three monthly. Short term care plans focus on acute and short term needs including infections and wound care as evidenced in four of five files reviewed. Chronic medical conditions with interventions for monitoring and care are recorded in four of five files reviewed.</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>	FA	<p>A current building warrant of fitness was displayed at the entrance to the facility that expires 14 June 2015. There have been no building alterations since the previous audit.</p> <p>The internal and external areas are maintained, safe and appropriate to the resident group and setting. Residents interviewed confirmed they are able to move freely around the facility and that the accommodation meets their needs.</p> <p>Current calibration/performance verified stickers were observed to be on medical equipment. Current electrical safety tags were on electrical items.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed</p>	FA	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in infection monitoring policy. A registered nurse is the designated infection control nurse. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections are entered on to a monthly facility infection summary and staff are informed. This data is monitored and evaluated monthly and annually. An outbreak in 2014 provided the service with opportunities for</p>

objectives, priorities, and methods that have been specified in the infection control programme.		improvement, which have been identified and implemented. Recommendations from the DHB have been actioned.
Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised.	FA	Documented systems are in place to ensure the use of restraint is actively minimized. The facility was utilising restraint for three hospital residents (three bedrails and one lap belt). Advised that bedrails were used as a falls prevention method and to promote residents safety and security. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. The quality improvement team and registered nurses reviews restraint policy, education and audits.

## 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)
<p>Criterion 1.3.12.1</p> <p>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.</p>	<p>PA</p> <p>Moderate</p>	<p>Advised by the facility manager and clinical nurse manager that the service has rewritten medication charts for the GP to check and sign. Ten medication charts reviewed all evidenced that the medication orders were typed. A meeting was held with the pharmacist on the second day of audit. Advised that the pharmacy will now generate all medication charts based on prescriptions, for the GP to sign. A local pharmacy supplies medications in four weekly blister packs which are checked in by a registered nurse when delivered. Medications for ‘as required’ use are recorded. Indications for use are not recorded on nine of ten charts reviewed. Two medication rounds were observed. Advised that during the breakfast medication round, the RN leaves medications for the caregiver to administer with the breakfast meal. The service has advised that this practice will now cease.</p>	<p>(i)transcribing of medications by an RN is evident on ten of ten medication charts reviewed; (ii) no indications for use of ‘as required’ medication was evident on nine of 10 medications charts reviewed; (iii) medications administered by the RN during the breakfast round are left for care staff to administer. The RN does not always witness the taking of these medications.</p>	<p>(i) Cease the practice of transcribing medication orders; (ii) ensure that directions/indications for use are recorded on PRN medication orders; (iii) ensure that the staff responsible for administering medications witness the resident taking the medication.</p> <p>30 days</p>

<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	<p>PA Low</p>	<p>Five resident files reviewed evidenced that an initial assessment and initial care plan were developed for each resident within 24 hours of admission. Three registered nurses have been trained in interRAI and are utilising this assessment tool when reassessing residents. One of five resident files evidenced that reassessments have been completed within six months and three of five files evidenced that evaluations of the long term care plan have been conducted within six months. As well as using the interRAI assessment tool, RN's also use a variety of risk assessments including falls risk, pressure area risk, nutrition (MUST) screening tool, behaviour, pain and continence assessments.</p>	<p>The reassessments and evaluation of care plans for three files do not meet the required timeframes.</p>	<p>Provide evidence of adhering to the required timeframes for reassessments and care plan reviews.</p> <p>90 days</p>
<p>Criterion 1.3.8.2</p> <p>Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.</p>	<p>PA Low</p>	<p>Short term care plans were evident in the sample of resident files, however, not all changes in health status had been recorded. Plans are recorded for infections and wounds. One resident file evidenced that an ongoing problem had been transferred to the long term care plan. Care evaluations were evident in four of five files reviewed. Residents with chronic health conditions have these recorded, with interventions for care and monitoring, as evidenced in four of five files reviewed. One resident with a chronic health condition did not have interventions recorded in the long term care plan.</p>	<p>(i) Care plan evaluation for one resident was not completed; (ii) one resident with a chronic health condition did not have this recorded on the long term care plan; (iii) a short term care plan was not developed for one resident following a fracture and hospitalisation.</p>	<p>(i) Ensure that long term care plan evaluations are completed; (ii) ensure that long term care plans record all care requirements; (iii) ensure that short term care plans are developed for all changes in health condition.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.