

Metlifecare Limited - Powley

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 The DAA Group 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:	Metlifecare Limited
Premises audited:	Metlifecare Powley
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 April 2015 End date: 22 April 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:	43

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
Yellow	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
Red	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

Metlifecare Powley, which is one of 23 facilities owned and operated by the Metlifecare group, eight of which have care facilities. Metlifecare Powley provides rest home and hospital level care for up to 45 residents.

This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, the review of staff files, observations, and interviews with residents, family/whānau, management, staff and a general practitioner. Feedback from residents and family/whānau members was very positive about the care and services provided.

There are four areas for improvement identified related to evaluation findings being poorly documented, care plans not always identifying resident's assessed needs, activity planning not identifying residents' strengths, and not all service providers having current competencies related to 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.	Green	Standards applicable to this service fully attained.
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Care provided to residents of Metlifecare Powley is in accordance with consumer rights legislation. Residents' values, beliefs, dignity and privacy are respected.

There are no residents at Metlifecare Powley Home and Hospital who identify as Maori at the time of audit, however appropriate policies, procedures and community connections ensure culturally appropriate support can be provided.

Residents interviewed felt safe, there was no sign of harassment or discrimination, staff communicated effectively and residents were kept up to date with information. Residents, or their enduring power of attorney, sign a consent form on entry to the service with separate consents obtained for specific events.

The service informs residents and their families of how to access the Nationwide Health and Disability Advocacy Service and encourage residents to maintain connections with family, friends and their community and to access as many community opportunities as possible.

The service has a documented complaints management system which was implemented. There were no outstanding complaints at the time of audit.

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 low risk.
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Metlifecare Care's governing body ensure that business and strategic planning are in place, covering all aspects of service delivery, to show how services are planned and coordinated to meet community needs for each facility. At Metlifecare Powley planning is personalised to ensure residents' needs are being met. Service delivery is overseen by a nurse manager who is qualified for the role she undertakes.

The service has well established quality and risk management systems which are understood by staff. Quality management reviews include an internal audit process, complaints management, resident and family/whānau satisfaction surveys and incident/accident and infection control data collection. Quality and risk management activities and results are shared among staff and residents as appropriate. Evaluation of corrective actions is not well documented and could not always be found at the time of audit. This is an area identified for improvement.

The day to day operation of the facility is undertaken by staff that are appropriately experienced, educated and qualified. As confirmed during resident and family/whānau interviews and in the 2014 satisfaction survey results, all residents' needs are met.

The service implements the documented staffing levels and skill mix to ensure contractual requirements are met. Human resources management processes implemented identify good practice and meet legislative requirements.

Residents' information was accurately recorded, and all information was securely stored and not accessible to the public. Service providers use up to date and relevant residents' records.

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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Information packs and web sites contain information on Metlifecare Powley's entry criteria, fees payable, service inclusions/exclusions and residents' rights. The organisation works closely with the Needs Assessment Co-ordination Service to ensure access to the service is efficient, whenever there is a vacancy.

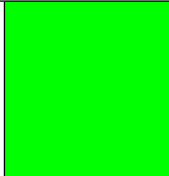
Residents' needs are assessed on admission by the multidisciplinary team. All residents' files sighted provided evidence that needs, goals and outcomes were identified and reviewed on a regular basis, however interventions do not always describe the required support the resident requires and this is an area requiring improvement. Residents and families interviewed reported being well informed and involved, and that the care provided was of a high standard.

An activities programme exists that includes a wide range of activities and involvement with the wider community, however the programme needs improvement to better reflect residents' assessed needs.

Well defined medicine policies and procedures guide practice. Practices sighted were consistent with these documents, however care staff that checked medication when a second registered nurse (RN) was not available have no documentation to deem them competent to do so and this requires attention.

The menu at Metlifecare Powley has been reviewed by a registered dietician as meeting nutritional guidelines, with any special dietary requirements and need for feeding assistance or modified equipment met. Residents have a role in menu choice and interviews with residents verified satisfaction with meals.

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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There are documented emergency management response processes which are understood and implemented by the service providers. This includes protecting residents, visitors and staff from harm as a result of exposure to waste or infectious substances.

The building has a current building warrant of fitness and the service has an approved fire evacuation plan. Medical and electrical equipment is checked at least annually by an approved provider.

The facilities meet residents' needs with the provision of appropriate furnishings, single bedrooms, adequate toilet, bathing, hand washing, dining and relaxation areas.

The facility is appropriately heated and ventilated. The outdoor areas provide suitable furnishings and shade for residents' use.

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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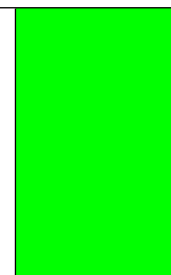
Use of restraint is actively minimised. Restraint approval and assessment processes are in place and known to staff. Staff undertake annual education related to restraint minimisation and they have a clear understanding of the difference between enablers and restraint. Restraint is put in place for safety reasons only.

At the time of audit there were eight restraints and three enablers in use, which have been evaluated three monthly to ensure continued use of restraint is required. The restraint register clearly documents each restraint event and when it is next due to be evaluated. Resident and family/whānau input into approval and regular ongoing three monthly reviews of restraint are documented.

An internal six monthly quality review of the entire restraint process was undertaken in January 2015 with 100% compliance.

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.

Metlifecare Powley provides an environment which minimises the risk of infection to residents, service providers and visitors. Reporting lines are clearly defined with the infection control coordinator reporting directly to the facility manager who reports to the owner.

There is an infection prevention and control programme for which external advice and support was sought; this is reviewed annually. An infection control nurse is responsible for this programme, including education and surveillance.

Infection prevention and control education is included in the staff orientation programme, annual core training and in topical sessions. Residents are supported with infection control information as appropriate.

Surveillance of infections was occurring according to the descriptions of the process in the programme. Data on the nature and frequency of identified infections has been collated and analysed. Surveillance results are benchmarked with an external provider. The results of surveillance are reported through all levels of the organisation, including governance.

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	46	0	2	2	0	0
Criteria	0	97	0	2	2	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Interviews with residents and family members of resident's in both the rest home and hospital of Metlifecare Powley verified services provided comply with consumer rights legislation. Policy documents, the staff orientation programme, in-service training records, education programmes, interviews with staff, and satisfaction surveys verified staff knowledge of the Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>Clinical staff were observed to explain procedures, seek verbal acknowledgement for a procedure to proceed, protect residents' privacy, and residents are addressed by their preferred name.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Interviews with residents and families of Metlifecare Powley verified they are informed of their rights. Information on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and the Nationwide Health and Disability Advocacy Service is displayed and accessible to residents.</p> <p>Residents received an information book on admission that provides information on the Code and the Nationwide Health and Disability</p>

		<p>Advocacy Service. Discussion, clarification and explanation on the Code and the Advocacy Service occurred at admission. Legal advice is able to be sought on the admission agreement or any aspect of the service.</p> <p>Access to interpreters is available. Information is provided on the facility's range of costs and services. The Nationwide Health and Disability Advocacy Service provided onsite training and an advocate from the service or Age Concern is accessible at any time. Compliance with the standard was verified by, observation, documentation and interviews.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The informed consent policy clearly describes all procedures to ensure the resident's rights to be informed of all procedures undertaken.</p> <p>Files reviewed and interviews evidence informed consent was included in the admission process and identified the resident, and where desired family/whanau, are informed of changes in the resident's condition and care needs, including medication changes. Residents' choices and decisions were recorded and acted on. Verbal consent was obtained prior to an intervention being carried out as observed and verified in clinical staff, resident and family interviews.</p> <p>Staff education on consent takes place during orientation and in-service training sessions. Staff interviews verified understanding of the informed consent process.</p>
<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>Metlifecare Powley recognised and facilitated the rights of residents and their family/whanau to advocacy/support by persons of their choice. The facility has open visiting hours. Residents' families were free to access community services of their choice and the service utilised appropriate community resources, both internally and externally. Residents and their families were aware of their right to have support persons, as verified in interviews.</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>Residents of Metlifecare Powley are assisted to maximise their potential for self-help and to maintain links with their family/whanau and the community by attending a variety of organised outings, visits, activities, and entertainment at various locations, with the support of the service. The service acknowledged values and encouraged the</p>

		<p>involvement of families/whanau in the provision of care, and the activities programme actively supports community and village involvement and accesses community resources.</p> <p>File reviews and interviews confirmed visitors visit freely and assistance was provided to access community services.</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>Complaints management is implemented to meet policy requirements. The service has a complaints register and all complaints are reported to head office. Minor issues, such as missing laundry, are raised at monthly residents' meetings. These are addressed by the nurse manager. It is suggested that this process be more formalised and that the corrective actions are discussed at the next meeting so that this information is better captured in meeting minutes.</p> <p>As confirmed during management, resident and family/whānau interviews, complaints management was explained during the admission process. Staff confirmed that they understood and implemented the complaints process for written and verbal complaints that occur. Complaints are a standing agenda item for both management and staff meetings as confirmed by meeting minutes sighted.</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>Policy identifies that procedures are in place to ensure residents are kept free from discrimination, harassment and abuse and neglect, including the consequences of a staff member directing abuse at another person or being party to not reporting an act of abuse. Procedures to ensure resident privacy and dignity are also in place and identified actions taken to meet residents' needs. This included spirituality and sexuality and clear management strategies for caregivers.</p> <p>Resident's receive services which treat them with respect, have regard for their dignity, privacy and independence and are responsive to their needs values and beliefs.</p> <p>Residents' needs, goals, likes and dislikes were identified in the care plan, as sighted in files reviewed. Interventions identify the assistance the resident required to maintain dignity and respect and to ensure sexuality; spiritual, cultural and intimacy needs are both supported and</p>

		<p>protected, while protecting the wellbeing of others.</p> <p>Residents had access to visitors of their choice and were supported to access community services. The environment enhances and encourages choice, opportunity, decision making, participation and inclusion of the resident, as evidenced by resident participation in the various initiatives. Interviews verified there were no concerns expressed related to abuse or neglect. Staff demonstrated responsiveness to residents' needs.</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>Documentation is in place to guide staff practices to ensure residents' needs are met in a manner that respects and acknowledges their individual cultural, values and beliefs. Policy states that this is to be identified upon entry as part of a resident's care planning process. The organisation had a documented Maori Health Plan which identified their priorities related to culturally safe services. Metlifecare Powley recognises the relationship between iwi and the Crown and the principles of the Treaty of Waitangi (Partnership, Participation and Protection). Whanau relationships and involvement in care are recognised.</p> <p>The local Marae, supports the needs of Maori residents at Metlifecare Powley and will assist if required. There were no residents who identified as Maori at the time of audit.</p> <p>Staff receive education in relation to cultural safety and the Treaty of Waitangi.</p>
<p>Standard 1.1.6: Recognition And 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>	FA	<p>Policy identifies that residents of Metlifecare Powley will receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values and beliefs.</p> <p>Evidence was observed and sighted in file reviews and staff training records to verify residents' received culturally safe services which recognise and respect ethnic, cultural and spiritual values and beliefs. Residents' specific requirements were documented in the care plan, to ensure needs were attended to. Residents and/or family/whanau interviewed verified residents were consulted about individual values</p>

		<p>and beliefs.</p> <p>Clergy of all denominations visit regularly and a multi-denominational roster of church service was sighted in the activities programme. Residents access spiritual support from the community if required. An open visiting policy allowed family/whanau to visit when able.</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>Policy indicates that residents of Metlifecare Powley are to be free from all forms of discrimination, coercion, harassment and exploitations. Orientation/induction processes informed staff on the Code. The company's house rules, policies and procedures provide clear guidelines on professional boundaries and conduct, and inform staff about working within their professional boundaries.</p> <p>Residents, families and staff interviewed verified that residents were free of any discrimination, coercion, harassment, sexual, financial or other exploitation. Residents felt safe and received a high standard of support and assistance and reported there was no sign of harassment or discrimination. Staff communicated effectively and residents and family members were kept up to date.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Metlifecare Powley encourages good practice. Policies sighted were current, relevant and referenced to related sources, legislation and the Health and Disability Services Standard requirements. Policies reflect current up to date best practices, which are monitored and evaluated at organisational and facility level.</p> <p>Evidence verified a range of opportunities is provided by Metlifecare Powley to enable staff to provide services of a high standard.</p> <p>Interviews and resident satisfaction surveys indicated satisfaction with the service, as did an interview with the general practitioner (GP). The GP confirmed the service sought prompt and appropriate medical intervention when required and responded appropriately to medical requests.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Policy identifies that interpreter services are available at Metlifecare Powley and offered to the many residents with English as a second language. The service has an open disclosure policy which guides staff</p>

<p>provide an environment conducive to effective communication.</p>		<p>around the principles and practice of open disclosure. Education on open disclosure is provided at orientation and as part of the annual education programme. Communication with relatives was documented in the residents' communication records. Incident forms evidenced families being informed when incidents occurred. Staff interviewed confirmed their understanding of open disclosure.</p> <p>Residents and family interviews confirmed communication with staff was open and effective. Residents were consulted and informed of any untoward event or change in care provision and included in care reviews, as sighted in files reviewed. A request, at the residents' meeting, for more cold meat to be included in the summer menu has been attended to, and improved meal satisfaction is evidenced.</p> <p>Staff were observed to introduce themselves to residents upon entering the resident's room and staff were identifiable by the colour of their uniform and their name badge.</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>As required to meet policy, Metlifecare Powley has an up to date business plan which is in line with the direction and objectives of the organising body as identified in the organisation's operating plan and five year strategic plan.</p> <p>Metlifecare Powley's business plan identifies how services are planned to address catchment area needs. The plan shows what can be done to maximise strengths and opportunities identified and minimise weakness and threats. Annual goals that have been documented have been reviewed and reported against quarterly by the nurse manager. This information is presented to the organisation's board of trustees quarterly.</p> <p>The management team consists of the nurse manager, kitchen manager and the village manager. They all have experience and qualifications with ongoing education related to the roles they undertake. The organisation's quality and risk manager represented the organisation on the days of audit. On the day of audit, there were six rest home level care and 37 hospital level care residents.</p> <p>Job descriptions identify management members' experience, education, authority, accountability and responsibility for the provision</p>

		<p>of services.</p> <p>Interviews with residents and family/whānau confirmed that their needs were met by the service. This is supported by 96% overall satisfaction rating from the 2014 satisfaction survey results sighted.</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>	FA	<p>The business plan outlines how the day to day operation of the service is managed and identified the reporting lines for staff to ensure the provision of services were offered to meet residents' needs.</p> <p>During a temporary absence of any member of the management team all roles are covered by other members of management with assistance from head office staff to ensure the day to day operation of the service remains efficient and effective to meet residents' needs.</p>
<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>	PA Low	<p>The service has a quality and risk management system which was understood and implemented by service providers. This includes the development and update of policies and procedures at organisational level, regular internal audits, incident and accident reporting, health and safety reporting, restraint, infection control data collection and complaints management. If an issue or deficit is found a corrective action is put in place to address the situation. Information is shared with all staff as confirmed in meeting minutes sighted and verified by staff interviewed.</p> <p>All reporting is linked to management processes via electronic media which is analysed at facility and board level. At facility level this information is used to inform ongoing planning of services to ensure residents' needs are met. Whilst quality improvement data are collected, there is very little documented evidence to show if the corrective actions put in place have been evaluated.</p> <p>Actual and potential risks are identified and documented in the hazard register. Newly found hazards are communicated to staff and residents as appropriate. Staff confirmed that they understood and implemented documented hazard identification processes.</p> <p>Staff, resident and family/whānau interviews confirmed any concerns they have were addressed by management.</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>	<p>FA</p>	<p>Policy identifies that all accidents, incidents and near misses must be recorded and reported to management accurately and within documented timeframes as identified in the flow chart procedure. For example serious harm must be notified to management immediately and a 'near miss' must be logged electronically within 48 hours. Staff reporting of incident and accidents included the family/whānau being notified to meet the principles of open disclosure. The described process is implemented at Metlifecare Powley.</p> <p>Staff interviewed stated they report and record all incidents and accidents and that this information was shared at all levels of the organisation, including any follow up actions required. Management confirmed during interview that information gathered from incident and accidents is used as an opportunity to improve services where indicated.</p>
<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>	<p>FA</p>	<p>Policies and procedures identify human resources management that reflects good employment practice and meet the requirements of legislation. Upon employment, referees are checked and job descriptions clearly describe staff responsibilities and best practice standards. Staff have completed an orientation programme with specific competencies for their roles, which are repeated annually, as confirmed during staff files reviewed.</p> <p>Staff undertake training and education related to their appointed roles. The education calendar is set at organisational level with additions related to the local service provision. Staff education includes regular on site education with guest speakers, off-site seminars and training days and on line topics to ensure all aspects of service provision are met. This was confirmed in the education records sighted for 2014-2015.</p> <p>Staff that require professional qualifications have them validated as part of the employment process and annually, as confirmed in documentation sighted. Caregivers are required to hold an aged care qualification or be working towards one within six months of employment.</p> <p>Resident and family/whānau members interviewed, along with the 2014 satisfaction survey results, identified that residents' needs are met by</p>

		the service.
<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>Organisational policy identifies that at all times, adequate numbers of suitably qualified staff are on duty to provide safe quality care. Rosters are analysed at head office to ensure staffing numbers match residents' level of care needs.</p> <p>A review of rosters shows that staff are replaced when on annual leave or sick leave. Staff interviewed confirmed there are adequate staff on each shift and that they have time to complete all tasks to meet residents' needs. Residents interviewed stated all their needs have been meet in a timely manner.</p> <p>There is a registered nurse on duty at all times. The activities coordinator works Monday to Friday and there are dedicated kitchen, laundry and cleaning staff seven days a week.</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>	FA	<p>There was no personal or private resident information on public display at Metlifecare Powley during the audit. Clinical notes were current and integrated with GP and auxiliary staff notes. The files were being kept secure in each wing and only accessible to authorised people. On the day of admission all relevant information is entered into the resident's file by the RN following an initial assessment and medical exam by the GP. The date of admission, full and preferred name, next of kin, date of birth, gender, ethnicity/religion, national health index number (NHI), the name of the GP, authorised power of attorney, allergies, next of kin and phone numbers were all completed in each resident's record reviewed.</p> <p>Archived records were being held on site in a secure room. These are catalogued for easy retrieval.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>When the need for service by Metlifecare Powley had been identified, it is planned, co-ordinated and delivered in a timely and appropriate manner.</p> <p>Information about Metlifecare Powley, includes full details of the services provided, its location and hours, how the service was accessed and identified the process if a resident required a change in</p>

		<p>the care provided.</p> <p>Files reviewed contained completed assessments. Signed admission agreements met contractual requirements.</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>	FA	<p>Exit, discharge or transfer from Metlifecare Powley is managed in a planned and co-ordinated manner, with an escort. There is open communication between all services, the resident and the family. At the time of transition appropriate information is supplied to the person/facility responsible for the ongoing management of the resident. There is a specific DHB transfer form that records all the relevant information needed when transferring a resident. If the resident was transferring home or to another facility, a verbal handover is given and the social worker ensures support networks are in place and the appropriate people informed. All referrals were clearly documented in the progress notes. Evidence was sighted in files reviewed and verified by interviews.</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>	PA Moderate	<p>The Metlifecare Powley Medication Management Policy is comprehensive and identifies all aspects of medicine management including safe and appropriate prescribing, dispensing, administration, review, storage, disposal and medicine reconciliation in order to comply with legislation, protocols and guidelines.</p> <p>Medicines for residents are received from the pharmacy in a blister packed delivery system. A safe system for medicine management is observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines require current medication competencies. RNs are assessed for medication competency yearly however no documentation is sighted to evidence senior healthcare workers are certified as competent to check controlled drugs with the RN, when a second RN is not available. This is an area identified as requiring corrective action.</p> <p>Controlled drugs are stored in separate locked cupboards. Controlled drugs, when administered are checked by two nurses for accuracy in</p>

		<p>administration. The controlled drug register evidences weekly stock checks and accurate records.</p> <p>The records of temperature for the medicine fridge have readings documenting temperatures within the recommended range.</p> <p>The GP's signature and date are recorded on the commencement and discontinuation of medicines. The three monthly GP review is recorded on the medicine chart.</p> <p>There are some residents' at Metlifecare Powley who were self-administering their medicines at the time of audit, and appropriate processes were in place to ensure this occurred in a safe manner.</p> <p>Medication errors are reported to the RN and recorded on an incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process is verified.</p> <p>Standing orders are not used at Metlifecare Powley. Any pro re nata (PRN) (as required) medication administered requires authorisation on the resident's medication chart. PRN medication requests include indications for use.</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>The food, fluid and nutritional requirements of the residents at Metlifecare Powley are provided in line with recognised nutritional guidelines for older people as verified by the dietitian's documented assessment of the planned menu (sighted). All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The kitchen at Metlifecare Powley has an 'A' Hygiene grade, from the Auckland City Council which expires the end of August 2015.</p> <p>The effectiveness of chemical use, cleaning, and food safety practices in the kitchen is monitored by the external provider. The facility receives monthly reports and recordings on the effectiveness of the programme. A cleaning schedule is sighted as is verification of compliance.</p> <p>Evidence supports sufficient food is ordered and prepared to meet the</p>

		<p>resident's recommended nutritional requirements.</p> <p>A dietary assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences of the residents, special diets and modified nutritional requirements are known to the cook and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, was sighted.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family/whanau interviews, sighted satisfaction surveys and resident meeting minutes. A request at the residents' meeting, for more cold meat to be included in the summer menu has been attended to, with the dietitian's approval.</p> <p>There is sufficient staff on duty in the dining rooms at meal times to ensure appropriate assistance is available to residents as needed. The dining rooms are clean, warm, light and airy to enhance the eating experience.</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>	FA	<p>An interview with the nurse manager verified a process existed for informing residents, their family/whanau and their referrers if entry was declined. The reason for declining entry would be communicated to the referrer, resident and their family or advocate in a timely and compassionate format that was understood. Where requested, assistance would be given to provide the resident and their family with other options for alternative health care arrangements or residential services.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Within 24 hours of admission residents of Metlifecare Powley have their needs identified through a variety of information sources that includes the Needs Assessment and Service Coordination (NASC) agency, other service providers involved with the resident, the resident, family/whanau and on-site assessments using a range of assessment tools. The information gathered is documented and informs the initial care planning process. This takes place in the privacy of the resident's bedroom or the whanau room with the resident and/or family/whanau present if requested.</p> <p>Over the next three weeks, the RN undertakes a range of</p>

		<p>comprehensive assessments which are reviewed three monthly as needs, outcomes and goals of the resident change. A medical assessment is undertaken within 24 hours of admission and reviewed as a resident's condition changes, monthly or three monthly if the GP documents the resident is stable. A multidisciplinary assessment is undertaken yearly.</p> <p>Evidence of this is verified by documentation, observation and interviews.</p> <p>Four RNs are trained in using the interRAI assessment tool and are in the process of reassessing residents using this tool. A further three RNs are to commence the interRAI training in the coming weeks.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The care plans of residents of Metlifecare Powley are developed in consultation with the resident and/or family/whanau and describe the required support the resident needs to meet their goals and desired outcomes.</p> <p>Evidence of the care provided was sighted in files reviewed. Progress notes, activities notes, medical and allied health professionals notations were clearly written, informative and relevant. Any change in care required was documented and verbally passed on to those concerned.</p> <p>Care plans were evaluated six monthly or more frequently as the resident's condition dictated. Resident and family interviews verified they were included in the planning of their care.</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>	PA Moderate	<p>Files reviewed, observations and interviews with staff verified the provision of care provided to residents was consistent with residents' needs and desired outcomes. However documentation did not always identify the interventions required to meet the residents' assessed needs.</p> <p>Residents and family/whanau members expressed satisfaction with the care provided.</p> <p>There were sufficient supplies of equipment seen to be available that complied with best practice guidelines and met the residents' 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>	<p>PA Low</p>	<p>The activities programme is provided by an activities coordinator (with a current first aid certificate) with fortnightly oversight from a visiting occupational therapist. The activities coordinator is a member of the diversional therapists association and attends meeting with the local diversional therapist interest group.</p> <p>Residents are assessed on admission to ascertain their needs and appropriate activity and social requirements. The activities assessments include the resident's preferences, social history, and past and present interests. Activities assessments are analysed, however the resident's activity plan and the activities provided do not evidence the activities programme facilitating residents' skills, strengths and interests. The need for corrective action has already been identified by Metlifecare Powley and an occupational therapist (interviewed) is onsite each week to assist in reviewing residents' activity plans and alter the activities programme.</p> <p>A residents' meeting is held monthly. Meeting minutes and satisfaction surveys evidence the activities programme is discussed and that management are responsive to requests. Residents and family interviews verify satisfaction with the activities offered.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care at Metlifecare Powley is evaluated daily and reported in the progress notes. If any change is noted it is reported to the RN.</p> <p>Formal care plan evaluations measuring the degree of a resident's response in relation to desired outcomes and goals occur every six months or as residents' needs change and are carried out by the RN. Where progress is different from expected, the service is seen to respond by initiating changes to the service delivery plan. A short term care plan is initiated for short term concerns, such as infections, wound care, changes in mobility and the resident's general condition. Short term care plans are reviewed daily, weekly or fortnightly as indicated by the degree of risk noted during the assessment process.</p> <p>Evidence of evaluation was sighted in files reviewed. Resident and family interviewed, verified they are included and informed of all care plan updates and changes.</p>

<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>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 of Metlifecare Powley are supported to access or seek referral to other health and/or disability service providers. If the need for other non urgent services are indicated or requested, the GP or RN sends a referral to seek specialist service provider assistance from the DHB. Referrals are followed up on a regular basis by the registered nurse or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Acute/urgent referrals are actioned immediately, sending the resident to accident and emergency in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And 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>FA</p>	<p>Policy and procedures sighted encourage the careful handling of all waste to reduce the potential for injury or illness associated with handling and transport of all waste and hazardous substances.</p> <p>All chemicals were seen to be securely stored and clearly labelled. Personal protective equipment/clothing (PPE) sighted included disposable gloves and aprons and goggles. Staff interviewed confirmed they can access PPE at any time. Staff were observed wearing disposal gloves and aprons as required.</p> <p>Interviews with residents and family/whānau members confirmed the environment was suitable to meet their needs.</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>FA</p>	<p>Documentation sighted identified that all processes are undertaken as required to maintain the building warrant of fitness. The current warrant of fitness was issued on the 14 July 2014. There is a maintenance plan which is overseen and managed by the village manager. There is an established reactive maintenance process in place to ensure newly found issues can be addressed quickly. Maintenance has been undertaken by both internal maintenance and external contractors as required.</p> <p>Electrical safety testing occurs annually. The asset register identifies that clinical equipment was tested and calibrated by an approved provider at least annually or when required.</p> <p>The physical environment minimises the risk of harm and safe mobility</p>

		<p>by ensuring the flooring is in good condition, bathroom floors are non-slip, the correct use of mobility aids, and walking areas are not cluttered. Regular environmental audits sighted identify that the service actively works to maintain a safe environment for staff and residents.</p> <p>There are easily accessed, level surface, shaded outdoor areas for residents.</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 personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate toilet/shower facilities for residents with separate staff and visitor facilities. All bedrooms have toilet and hand basin ensembles and shower areas are centrally located in each wing. Hot water temperatures are monitored and documentation identified that they remained within safe levels.</p>
<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	<p>All bedrooms are single occupancy and of a size which allows enough space for residents to mobilise with or without assistance in a safe manner. They are personalised to meet resident's wants and needs and have appropriate areas for residents to place personal belongings.</p> <p>Resident and family/whānau member interviews confirmed they were happy with their bedrooms.</p>
<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	<p>Residents are provided with safe, adequate areas to meet their relaxation, activity and dining needs. There are two lounge areas, and one dining area. Areas contained comfortable furnishings to meet residents' needs. Residents and family/whānau voiced their satisfaction with the environment. Activities are undertaken in both lounge areas.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The service has documented procedures in place for cleaning and laundry tasks. Chemicals are securely stored and appropriately labelled. Dedicated cleaning and laundry staff maintain the documented daily cleaning schedule. The facility looks and smells clean.</p>

		<p>The washing machines are serviced regularly and washing cycles are checked by the chemical providers. Laundry staff understand what each wash cycle is for.</p> <p>It was noted that laundry is a topic often discussed at the residents' meetings. However, during interview, residents and family/whānau confirmed they are happy with the laundry services provided.</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>	FA	<p>Emergency management policies and procedures implemented guide staff actions in the event of various emergency events.</p> <p>Emergency supplies and equipment include food and water should they be required. The emergency evacuation plan and general principles of evacuation were clearly documented in the fire service approved fire evacuation plan. Fire equipment is checked annually by an approved provider. Alternative energy and utility sources are available in the event of the main supplies failing and include emergency lighting and gas BBQs for cooking.</p> <p>Emergency education and training for staff includes six monthly trial evacuations. No follow up actions were noted for the last evacuation which occurred in February 2015. All resident areas have smoke alarms and a sprinkler system which is connected to the fire service.</p> <p>Staff are required to ensure doors and windows are securely closed at night. An off-site security company undertakes regular patrols. There is adequate outdoor lighting. Staff and residents interviewed confirmed they feel safe at all times.</p> <p>Call bells are located in all residents' bedrooms and they are checked monthly by an approved provider. Resident and family/whānau interviewed confirmed call bells were answered in an acceptable timeframe.</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>	FA	<p>Resident areas have at least one opening window to provide natural light and for ventilation. Heating throughout the facility is gas and centrally ventilated throughout the building. Each resident's bedroom has a wall mounted heater so that the resident can control the temperature in their own areas. The facility was warm and well aired on the days of audit. Resident and family/whānau interviewed stated the</p>

		facility is kept at a suitable temperature throughout the year.
<p>Standard 3.1: Infection control management</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>	FA	<p>Metlifecare Powley provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control programme. There is a documented infection control programme that aims at establishing, maintaining and monitoring procedures covering infection control practices.</p> <p>The infection control practices are guided by the infection control manual, with assistance from an external infection control advisor and the DHB infection control nurse where needed. It is the responsibility of all staff to adhere to the procedures and guidelines in the infection control manual when carrying out all work practices. Evidence of practice relating to these policies was sighted at audit. Reporting lines are clearly defined, as verified in documentation and interviews.</p> <p>The infection control programme is reviewed annually or as necessary and evidence verifies this.</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>	FA	<p>The infection control and prevention nurse (ICPN) at Metlifecare Powley is responsible for implementing the infection control programme. A position description is included in the infection control (IC) programme.</p> <p>The ICPN and observation verified there are enough human, physical and information resources to implement the infection control programme. Training records sighted and interview verified the ICPN attends regular ongoing training through the DHB, the ICPN's professional body and on line training.</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 are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>Metlifecare Powley has an infection control programme that is reviewed annually, and includes compliance with an external provider's policies and procedures. Policies are current and signed off by ICPN</p> <p>Staff interviewed are able to describe the requirements of standard precautions and could say where the IC policies and procedures are for staff to consult. Cleaning, laundry and kitchen staffs are observed to be compliant with generalised infection control practices.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Staff of Metlifecare Powley have received orientation and ongoing education in infection control and prevention as verified by staff training records and interviews. The content of the training is documented and evaluated to ensure the content is relevant and understood. A record of attendance is maintained. Audits are undertaken to assess compliance with expectation.</p> <p>Resident education occurs in a manner that recognises and meets the residents' and the families' communication style, as verified by resident and family interviews</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>In line with the infection prevention and control policy and procedures, monthly surveillance is occurring at Metlifecare Powley. These are collated each month and analysed to identify any significant trends or possible causative factors. Incidents of infections are presented at the quality meeting every month and the staff meeting every two months. Any immediate action required is presented to staff at hand over. Any ongoing actions required are presented to staff at staff meetings and any necessary corrective actions discussed, as evidenced by meeting records, infection control records and verified by staff interviews. Incidents of infections are benchmarked by an external provider. A comparison is used to analyse the effectiveness of the programme.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint minimisation policy reflects the requirements of the restraint minimisation and safe practice standard (NZS 8134.2008). It states that the service aims to minimise the use of restraint and to ensure that if restraint is necessary, to keep the resident safe from harm from both themselves and others and that the practice occurs in a respectful manner. This includes the use of enablers which are voluntary and the least restrictive option to meet the needs of the resident.</p> <p>The service had eight restraints in use at the time of audit (four bedside rails and four chair lap belts) for safety reasons only. There were three bedside rail enablers in use to keep residents' safe whilst remaining as independent as possible.</p>

<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	<p>FA</p>	<p>Policy identifies the responsibility for the restraint process and approval. This was understood by all clinical staff interviewed and annual education related to restraint is a mandatory topic. Staff education includes safe restraint use and challenging behaviour management. Policy states that the cultural, clinical and safety needs of the resident must be met when dealing with challenging behaviour.</p> <p>Documentation is completed for restraint approval and identifies resident and family/whānau input as appropriate. Two residents' files were reviewed to look specifically at restraint and enabler use. All paper work was fully completed and the use of restraint is shown on the care plan. The nominated restraint coordinator (RN) leads the restraint approval process.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>The assessment undertaken prior to restraint use being approved covers all risk factors to meet the requirements of the safe practice. Assessments are undertaken by a RN and discussed at restraint committee meetings and with the GP, family/whānau and the resident prior to approval. This process is well documented.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>Prior to restraint being used, alternative safely methods are trialled. This includes the use of low beds and correct positioning. The only restraints used by the service are bedside rails and chair lap belts to prevent falls. Once restraint is approved it is documented in the restraint register which establishes a record with sufficient information to provide ongoing auditing of restraint use. The restraint register sighted is very clearly written and details all aspects of current and past restraint use.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>The restraint committee meeting minutes identify that a full evaluation of restraint is undertaken three monthly. The review shows if restraint is to be continued or if it is no longer required. One example shows that a sensor mat was safely used in place of a bedside rail. Resident and family/whānau input is identified. This is confirmed in resident files reviewed.</p>

<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>A six monthly audit/review is undertaken to ensure all process are being used according to policy requirements. This identifies if restraint use has decreased or increased, how alternatives are being use (such as low beds), and if assessments and monitoring are completed. In the January 2015 review the audit gained a 100% compliance and this was also the findings of the review during audit. Staff education is also monitored as part of the quality review.</p>
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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)
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	<p>Quality and improvement data is collected and analysed from across all aspects of the service. Corrective actions are identified in documentation sighted and verified during staff and management interviews. However not all corrective actions have been evaluated.</p>	<p>There is limited documented evidence to show that the implementation of corrections are evaluated to identify the outcome of any given process.</p>	<p>Ensure documentation related to corrective actions is completed to show that results are evaluated.</p> <p>180 days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Moderate	<p>A safe system for medicine management is observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. RNs are assessed for medication competency yearly. Senior caregivers at times are required to check the accuracy of the controlled drug administration when a second RN is not available.</p>	<p>Some service providers responsible for medicine management have not been deemed competent to perform the stage they manage.</p>	<p>Services providers are competent to perform the function of each stage of medicines management they manage.</p> <p>90 days</p>

		No evidenced was sighted to verify these caregivers are competent to perform this stage of medicine management.		
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Moderate</p>	<p>A resident with substantial and ongoing weight loss has no interventions documented to evidence management of the weight loss. During audit, documentation was obtained from the dietitian and GP to confirm their involvement; however although interviews verified their recommendations were being implemented, they were not documented in the care plan. Evidence of family involvement was sighted.</p> <p>A resident identified as at risk of developing pressure areas, has generic pressure area management documented, with no clear directives outlining the individualised management strategies necessary for this particular resident, based on assessment findings.</p> <p>A resident with the potential for pain, has pain relief charted, though no clear guidelines to monitor and review.</p> <p>The facility had identified that care planning was an issue and had commenced actions to correct these.</p>	<p>The documented interventions were not always reflective of residents' assessed needs in five of eight files reviewed.</p>	<p>Interventions in residents care plans identify the care required to meet residents' assessed needs</p> <p>90 days</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>PA Low</p>	<p>A planned monthly activities programme is operating at Metlifecare Powley. Activities reflect ordinary patterns of life and include normal community activities, however the activities programme is not reflective of residents' assessed needs as identified in the activities assessment. Family/whanau and friends are welcome to attend all activities. Group activities are developed</p>	<p>Activities provided at Metlifecare Powley are not in line with residents' assessed interests, strengths and skills</p>	<p>Activities are planned and provided to facilitate and maintain residents' skills and interests</p>

		according to the needs and preferences of the residents who choose to participate. Individual activity assessments are reviewed at six monthly intervals with a monthly summary of the resident's attendance. The residents' activity plans make no reference to residents' goals and specific action/activities or interests to be provided to meet those goals.		180 days
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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.