

Maungaturoto Residential Care Limited

Introduction

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

The audit has been conducted by 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: Maungaturoto Residential Care Limited

Premises audited: Maungaturoto Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 5 May 2015 End date: 6 May 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: 12

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Maungaturoto Rest Home provides rest home services for up to 16 residents. On the day of audit there were 12 residents receiving care. The nurse manager is responsible for managing the service and reports to a trust board on a monthly basis. All residents and families interviewed spoke positively about the staff, personalised care and the standard of services received.

The certification audit was conducted against the Health and Disability Services Standard and the provider`s contract with the Northland District Health Board. The audit process included a review of policies and procedures, the review of residents and staff records, observations, and interviews with family, residents, management and staff.

The audit identified that improvements are required in four areas relating to ensuring resuscitation forms are signed appropriately, a resident register is developed and implemented, residents` files are integrated and accessible and ensuring medication errors are managed effectively.

Consumer rights

<p>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.</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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Staff demonstrated good knowledge and practise of respecting residents' rights in their day to day interactions. Staff receive ongoing education on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Residents and families interviewed expressed satisfaction with the respect and dignity the staff demonstrated to residents. An interpreter is available when required for residents with English as a second language.

There are no residents who identify as Maori residing at the service at the time of the audit. Management confirm there are no barriers to Maori residing at the rest home. Services are planned to respect the individual culture, values and beliefs of the residents.

Written consents are obtained from the resident, family, enduring power of attorney (EPOA) or appointed guardians. Signed consent forms were sighted in all residents' files reviewed. An improvement is required relating to resuscitation forms not being correctly signed.

The rest home has a policy documented and implemented on open disclosure and communication is evident between the nurse manager, staff, general practitioner and nurse practitioner.

The organisation provides services that reflect current accepted good practice. There is regular in-service education and staff access external education that is focused on aged care and best practice.

The service manages complaints in a manner that complies with Right 10 of the Code. All complaints are managed effectively by the manager. Complaints are used to improve the quality of service delivery. A complaints register is maintained.

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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The organisation's vision, values and mission are documented in the business plan and welcome pack for new residents.

There is a documented quality and risk plan. The nurse manager reports to the Maungaturoto Trust Board which meets monthly to discuss the rest home. An aged care quality consultant supports the service with the provision of reviewing systems and processes to facilitate best practice. The quality programme includes compliments, complaints management, incident reporting and other key components of service delivery. There is a risk management plan and hazards and risks are being identified, managed and reviewed. Internal audits and surveys are conducted. Regular staff and resident meetings occur. The nurse manager is fully informed about essential notifications occurring in a timely manner.

Staff recruitment is managed effectively by the nurse manager and orientation is provided and records of this are maintained. Staff have access to relevant ongoing education.

There are two improvements required for maintaining consumer information in relation to the integrated consumer records being integrated and accessible and there is no consumer register available with all relevant details.

The staffing rationale is appropriate for the size and nature of this service ensuring the residents' care needs are met. A staff member with a current first aid certificate is rostered on each duty.

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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Pre-admission information clearly and accurately identifies the services offered.

Services are provided by suitably qualified and trained staff to meet the needs of residents. Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The service meets the contractual times frames for the development of the long term care plan. When there are changes in the resident's needs, a short term care plan is implemented to reflect these changes. The care plan evaluations are conducted at least six monthly on all aspects of the care plan.

Residents are reviewed by a GP on admission to the service and at least three monthly, or more frequently to respond to their changing needs. Referrals to other health and disability services is planned and coordinated, based on the individual needs of the resident. The families interviewed reported that care plans are consistently implemented and that the service is managed in a manner that is professional and caring.

The service has a planned activities programme to meet the recreational needs of the residents. Residents are encouraged to maintain links with family and the community.

A safe medicine administration system was observed at the time of audit. The service has documented evidence that staff responsible for medicine management are assessed as competent to do so. There is an area requiring improvement relating to ongoing medication errors.

Residents' nutritional requirements are met by the service with likes, dislikes and special diets catered for and food available 24 hours a day. The service has a four week, summer/winter rotating menu which is approved by a registered dietitian.

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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Policies and procedures are available to guide staff in the safe disposal of waste and hazardous substances. Appropriate supplies of personal protective equipment are readily available for staff to use.

The building has a building warrant of fitness. Clinical equipment has a current calibration. An electrical safety register is maintained. The security arrangements and practices are appropriate for the size and location of the rest home.

There are three shared bedrooms and 10 single occupancy bedrooms. The bedrooms are personalised. There are adequate bathroom facilities. Personal space was sufficient for residents, including those who required assistance or the use of mobility devices. There is two separate lounges and a dining room. There is good indoor/outdoor flow with small courtyards available.

The facility has adequate heating and ventilation.

Cleaning and laundry services are provided by care staff. These services are monitored through the internal audit programme and resident satisfaction survey process. Residents and families interviewed confirmed the facility is kept clean, ventilated and warm.

Emergency policies and procedures provide guidance for staff in the management of emergencies. There is an approved fire evacuation plan and fire evacuation drills are conducted six monthly. There are sufficient supplies available on site for use in the event of an emergency or an infection outbreak.

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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The service has a commitment to a `non-restraint policy and philosophy`. The restraint minimisation and safe practice policy complies with the standard. There was no restraint in use at the time of the audit. One resident is using an enabler. The enabler is voluntary and aids independence and a written consent is available for its use in the resident's individual record.

Staff interviewed have a good understanding of restraint and enabler use. Safety is promoted at all times for residents. Staff have access to education on managing challenging behaviour and safe and effective alternatives to restraint at orientation and at staff meetings.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The service has an appropriate infection prevention and control management system. The infection control programme is implemented and includes education to ensure reduced risk of infections to staff, residents and visitors. The service's infection prevention and control policies and procedures reflect current accepted good practice. Relevant education is provided for staff, and when appropriate, the residents. There is a monthly surveillance programme, where infections information is collated, analysed and trended with previous data. Where trends are identified actions are implemented to reduce infections. The infection surveillance results are reported at the staff meetings and quarterly quality meetings.

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	42	0	1	2	0	0
Criteria	0	89	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>The policy contains a list of consumer rights that are congruent with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The Code is displayed and available to all residents and ongoing monitoring ensures the rights of residents are respected. New residents and family are given a copy of the Code on admission and a copy is displayed on the wall in full view for residents, caregivers and visitors. On commencement of employment all staff receive induction orientation training regarding residents' rights and their implementation. The Code is available in other languages for residents with English as a second language.</p> <p>The clinical staff interviewed demonstrated knowledge on the Code and its implementation in their day to day practice (as observed at audit). Residents and family reported on interview that they are treated with respect.</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</p>	PA Moderate	<p>A detailed informed consent policy is in place. The service ensures informed consent is part of all care plans and contact with families. Every resident has the choice to receive services, refuse services and withdraw consent for services. If a resident is cognitively alert they will decide on their own care and treatments.</p>

<p>need to make informed choices and give informed consent.</p>		<p>The residents' files reviewed had consent forms signed by the resident, family or enduring power of attorney (EPOA). The caregivers interviewed demonstrated their ability to provide information that residents require in order for the residents to be actively involved in their care and decision-making. Staff interviewed acknowledge the resident's right to make choices based on information presented to them.</p> <p>Resuscitation forms are not being signed by the GP. There is no evidence that the resident is assessed as mentally competent by the GP or that the GP has had discussion with the resident concerning this decision.</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>	<p>FA</p>	<p>The advocacy policy ensures that all residents receiving care will have appropriate access to independent advice and support, including access to a cultural and spiritual advocate whenever required.</p> <p>The family interviewed reported that they were provided with information regarding access to advocacy services. Contact details for the Nationwide Health and Disability Advocacy Service is listed in the resident information booklet and with the brochure available at the entrance to the service. Relevant education for staff is conducted as part of the in-service education programme.</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>	<p>FA</p>	<p>There are no set visiting hours and family are encouraged to visit. This is confirmed by family interviewed. Residents are supported and encouraged to access community services with visitors or as part of the planned activities programme. Evidence was seen in the activity programme and reported on in resident interviews.</p> <p>The families reported that they take residents out when they visit.</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>	<p>FA</p>	<p>The complaints policy detailed the residents or family member's right to make a complaint. The process for reporting, investigating, documenting and following up the complaint is documented and the timeframes aligned with the requirements of the Code. A complaints form is available. The complaints log was maintained by the nurse manager. A review of two minor complaints selected at random verified the complaints have been investigated and responded to in a timely manner.</p> <p>The nurse manager advised that there have been no complaints received from the Health and Disability Commissioner (HDC), District Health Board (DHB) or Ministry of Health (MOH) since the last audit.</p>

		<p>All the residents and family members interviewed confirmed an understanding of the complaints process. The residents and family identified they are happy with the services provided.</p> <p>The staff interviewed were aware of their responsibilities in the event a resident made a complaint.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The family that were available for interview reported that the Code is explained to them on admission and is part of the admission pack. Interviews were also conducted with residents who were able to provide insight into their care and they reported that they were treated well and were happy at the facility.</p> <p>Evidence is seen of the Code of Rights being displayed throughout the facility. Staff demonstrated respect to all residents. Staff reported knowledge of the Code during interviews.</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>Privacy and personal space of residents was respected and observed on the day of the audit. Staff reported on interview they will facilitate the use of private space for interaction with visitors and significant others.</p> <p>The family members interviewed reported that their relative was treated in a manner that shows regard to the resident's dignity, privacy and independence.</p> <p>The residents' files reviewed indicated that residents received services that are responsive to their needs, values and beliefs of culture, religion and ethnicity. The family interviewed reported satisfaction with the way that the service meets the needs of their relatives.</p> <p>As observed on the day of audit and confirmed with review of the residents' files, residents receive services appropriate to their 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>The policies acknowledge the organisation's responsibilities to Maori residents in accordance with the Treaty of Waitangi. The organisation is committed to identifying the needs of its residents and ensuring that staff are trained and capable of working appropriately with all residents in their care. The provision of culturally appropriate services and the identification and reduction of barriers are part of the organisation's objectives.</p> <p>There were no residents who identify as Maori at the time of audit. The caregivers interviewed demonstrated good understanding of services that are in line with the needs of Maori residents and importance of whanau.</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>The spiritual, religious and cultural standard operating procedure documents that the admission process includes assessing specific cultural, religious and spiritual beliefs, which includes any cultural nutritional requirements. The RN ensures that the cultural needs are identified on admission and care staff are aware of these needs. Evidence is seen of individual cultural needs being assessed as part of the care plans.</p> <p>Staff reported they received annual training in cultural awareness and this is evidenced in the education plan.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff files reviewed have job descriptions and employment agreements that have clear guidelines regarding professional boundaries. The families and residents interviewed reported they are happy with the care provided. The family expressed no concerns with breaches in professional boundaries, and all reported satisfaction with the caring, calming and patient manner of the staff.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The management actively promote and encourage best practice with staff as evidenced in interviews with the RN and caregivers. Examples included policies and procedures that are linked to evidence-based practice, regular visits by the GP and in-service education. Staff also access external education that is focused on aged care and best practice. The caregivers interviewed reported they are very satisfied with the regular education provided.</p> <p>The facility has a Nurse Practitioner who visits two days a week or as required. She is involved in education for the staff and assessment of any clinical concerns.</p> <p>The family and residents interviewed expressed satisfaction with the care delivered.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. The cultural appropriateness standard operating procedure documents that residents and relatives shall be advised of the availability of an interpreter at the first point of contact with Maungaturoto Rest Home.</p> <p>The service promotes an environment that optimises communication and staff education related to appropriate communication methods.</p> <p>The families interviewed confirmed they are kept informed of the resident's status, including any</p>

		events adversely affecting the resident. Evidence of open disclosure is documented in the family communication sheets, on the accident/incident form and in the residents' progress notes.
<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>	FA	<p>The documented business plan is reviewed annually. The Maungaturoto rest home mission statement and philosophy is described in the quality policy. The mission statement and vision is also framed and displayed on the wall in the entrance to the facility and is documented in the service information folder. The aims and objectives are documented and included in the quality and risk plan.</p> <p>The nurse manager is well supported by the local medical practice staff and the Trust Board who provide guidance and support. In conjunction with the quality improvement plan the manager has set up respective audit schedules, staff meetings and attends the Trust Board meetings. Assignment to staff for different responsibilities (delegation) is acknowledged by staff. Staff feedback is encouraged.</p> <p>The facility nurse manager has been in this position for five years. The nurse manager a registered nurse, has twenty years of experience working in aged care and has undertaken required education and has completed the interRAI manager and registered nurse training in February 2014 and has maintained interRAI status for 2015. Certificates were 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>During a temporary absence of the nurse manager, senior care staff are capable of covering the facility with the nurse manager on call. A back-up system is arranged with the medical practitioner and on-call Coast to Coast after-hours management to ensure full coverage of the rest home.</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>	FA	<p>Documentation identifies that the service encourages reporting and recording of all accidents, incidents and unsafe conditions. Clinical risk processes included a risk management plan which was understood and reviewed annually. Risks include, for example, resident care risks, loss of data, records, staff competency, equipment/facility, hazards, legislative compliance, theft/fraud and natural disasters.</p> <p>The quality improvement risk and management plan details are appropriate for a residential care facility. This document reviewed is developed to provide a framework for monitoring and evaluation</p>

		<p>of the quality improvement. Where improvements are required following quality activities corrective action planning occurs in a planned manner. Responsibilities and outcomes are documented and signed off when completed.</p> <p>Key components, such as infection control, restraint and care of residents and education form part of the quality management plan. This is appropriate for the service provided and for the size of this service.</p> <p>The policies and procedures are well managed, reviewed two yearly or sooner if required by a contracted quality consultant. Obsolete documents are filed and stored appropriately off site and a system was in place for retrieval when required.</p> <p>The health and safety officer interviewed was fully aware of the responsibilities in relation to reporting, investigation, management and communication of hazards and/or accidents. This includes eliminating, isolating and minimising hazards. Hazard identification is available for each area of service delivery and the register is maintained.</p> <p>The nurse manager reports to the Trust Board on a monthly basis. Minutes of meetings are available.</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>There is an incident reporting system. The policy defines the meaning of an incident and an accident. The responsibilities for staff and management in relation to reporting, investigation and management of accidents and incidents are noted. All adverse events are followed up by the nurse manager. Any trends of incidents/accidents is collated on a monthly basis. Quality improvements are instigated by the nurse manager and staff if required. Staff are kept well informed. The policy includes reporting requirements for serious harm events (as an external essential notification).</p> <p>An incident accident register is maintained by the nurse manager. The nurse manager updates the resident's individual care plan as required if additional observations or preventative interventions are to occur to ensure the resident is safe and to prevent further events from occurring.</p> <p>There has been an ongoing issue in relation to medication not being adequately signed for after administration when records are reviewed. This has been addressed in 1.3.12.6 but was also evidenced in the incident reporting process for this rest home.</p> <p>Interviews with staff, residents and family/whanau confirm adverse events are discussed in an open and honest manner.</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>The organisation has a documented process related to human resources management to ensure good employment practices are undertaken and that legislative requirements are effectively met. The good employer policy provides information on equal opportunities for all employees, staff rights and responsibilities are highlighted. The nurse manager is responsible for ensuring adequate and appropriate staffing of the rest home occurs.</p> <p>The nurse manager ensures the annual practising certificates (APCs) for her own practice is current and up-to-date and also the (APC) for the nurse practitioner and general practitioner. The current registrations and scopes of practice are recorded and sighted annually. In addition, the contracted podiatrist, dietitian, pharmacist and pharmacy (APC) details are available and were sighted.</p> <p>All training and education is recorded appropriately. The programme is varied to meet the needs of the care staff. Staff 'dual role' at times for the cleaning, laundry and kitchen positions. All staff are trained in chemical use, hand and food hygiene. Medication competencies have been completed for the nine care staff that are able to administer the medications. The cook has completed appropriate food handling training and certificates were sighted.</p> <p>The nurse manager explained the recruitment process and the responsibilities involved. Job descriptions are available for all positions offered.</p> <p>Orientation is provided to all new staff. There is a checklist to be completed to identify orientation is completed. A 'buddy' system is utilised and works effectively for this small rest home service. Appraisals are performed annually by the nurse manager.</p> <p>Interviews with staff confirm services are delivered to meet the needs of the residents. The GP and the nurse practitioner interviewed also confirms the services provided are delivered to meet the resident's medical needs and cares.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A staffing rationale is documented. The rest home provides only rest home level care. The nurse manager is employed Monday to Friday and is on-call twenty four hours a day. The nurse manager alternates the on-call with a senior caregiver in the weekends. In an emergency the nurse manager is able to be contacted. There is one caregiver on each shift and a caregiver provides cover for the short shifts in the morning and afternoon. One caregiver provides the care for the nightshift.</p> <p>The nurse manager advised that additional staff can be arranged to meet resident acuity levels if needed. Resident and families interviewed do not identify any concerns in relation to staffing.</p>

<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>PA Low</p>	<p>The document control policy identifies how health information is to meet the legislative requirements and relevant professional and sector standards. The records sighted demonstrate they are legible and show the date, time, name and designation of the staff member entering the information. The progress records are up to date. The medication records were reviewed and there was evidence of the GP reviews being dated and signed appropriately.</p> <p>The individual resident records are stored in one folder, however it is difficult to access appropriate information in a timely manner. There is no evidence of a resident register with all information included about each resident from admission to discharge from the facility.</p> <p>Staff interviewed ensure confidentiality is maintained at all times.</p> <p>Current records are stored appropriately in a locked cabinet and are accessible. Archived records are stored off site securely and can be retrieved as needed.</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>	<p>FA</p>	<p>The service has an admission/enquiry form that records the pre-admission information. There is a resident's welcome brochure for all enquiries. The resident service agreement is based on the Aged Care Association agreement which is individualised to the service. The residents' records reviewed have signed admission agreements by the resident/family or EPOA.</p> <p>All residents at the facility were assessed as requiring rest home level care. Evidence is seen of a resident recently being transferred from the facility as they required hospital level care. The admission agreement identifies any charges that are not covered by the service agreement and the relevant costs of each charge. Incontinence products are only charged if the resident or family chooses one that is different to those provided by the facility.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Risks are identified prior to planned discharges as confirmed by interview with the RN. A transfer form is used that identifies risks. There is open communication between the service and family related to all aspects of care, including exit, discharge or transfer. If there are any specific requests or concerns that the family or resident want discussed, these are noted on the transfer form. The discharge form and care plan summary is provided and covers all aspects of care provision and intervention requirements, including any known risks or concerns. A copy of the resident's individual file front page, medication profile form with allergies records, and a summary of medical notes and a copy of any advance directives also accompany the resident if they are transferred to hospital. The service uses the DHB's processes and forms for admission and discharge to and</p>

		from the acute care hospital.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy and procedure clearly describes the processes to ensure safe administration of all medications. This includes competency requirements, prescribing, recording, processes when an error occurs as well as definitions for 'over the counter' medications that may be required by residents. The sighted policies meet the legislative requirements and best practice guidelines.</p> <p>Medicines for residents are received from the pharmacy in a pre-packed delivery system. A safe system for medicine management is observed on the day of audit. Medicines are stored in locked medicine trolleys in the store room. Medicines that require refrigeration are stored in a separate fridge.</p> <p>The medicine charts reviewed are reviewed by the GP at last three monthly, with this review recorded on the medicine chart. All prescriptions sighted contained the date, medicine name, dose and time of administration. All medicine charts have each medicine individually prescribed. There is a specimen signature register maintained for all staff who administer medicines. All the medicine files reviewed have a photo of the resident to assist with the identification of the resident. Medicine signing sheets are completed on the administration of medicine on the day of admission.</p> <p>There are standing orders and controlled drugs at Maungaturoto Rest Home. Evidence is seen of both these processes meeting legislative requirements. There are no residents who self-medicate.</p> <p>There are documented competencies sighted for the staff (RN and caregivers) designated as responsible for medicine management. The caregiver administering medicines at the time of audit demonstrated competency related to medicine management.</p> <p>There is an area for improvement relating to the reported incidence of medication errors.</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 Kitchen and Food Handling policy states the food handling areas and practices will meet the requirements of the Food Act 1981. It includes guidelines for cleaning with a separate cleaning schedule, temperature requirements, hygiene standards for staff, purchasing of food, checking, storage and waste handling. Regular monitoring and surveillance of the food preparation and hygiene is to be carried out.</p> <p>There is a four week rotating menu with summer and winter variations. The menu has been reviewed by a dietitian. Where unintentional weight loss is recorded, the resident is referred for a dietitian review, as evidenced in one of the resident's files reviewed.</p>

		<p>A nutritional profile is completed for each resident by the RN upon entry and this information is shared with the kitchen staff to ensure all needs, wants, dislikes and special diets are catered for. There is food and nutritional snacks available 24 hours a day. The family and residents reported they are satisfied with the food and fluid services.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal complies with current legislation and guidelines. Fridge and freezer recordings are observed daily and recorded at least weekly, with the recordings sighted meeting food safety requirements. The kitchen staff have undertaken food safety management education appropriate to service delivery.</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>The RN interviewed reported that their service does not refuse the resident if they have a suitable NASC assessment for the level care and there is a bed available. In the event that the service cannot meet the needs of the resident, the resident, family and NASC service will be contacted so that alternative residential accommodation can be found.</p> <p>If the resident's needs exceed the level of care provided, they are reassessed and an appropriate service is found for the resident. The resident agreement has a statement that indicates when a resident is required to leave the service.</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>Initial assessments includes falls, skin integrity, challenging behaviour, nutritional needs, continence, communication, end of life, self-medication and pain. Assessments are undertaken by a RN.</p> <p>The residents' files reviewed have initial assessments that includes identifying any risks relating to the particular needs of the resident. The behaviour assessments sighted include the triggers, description of the behaviour, contributing factors and solutions/de-escalation techniques.</p> <p>The service has a continence assessment and management procedure, wound care management procedures, wound care protocols and behaviour management processes, which include seeking expert assistance, such as, mental health services, as required. Where a need is identified, interventions for this are recorded on the care plan. All of the files reviewed have falls risk assessments and pressure risk assessments.</p> <p>The family interviewed reported the residents receive excellent care that meets their relative's needs.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The residents' files reviewed have care plans that address resident's current abilities, level of independence, identified needs/deficits, and takes into account the resident's habits, routines and idiosyncrasies. The strategies for minimising falls risks are based on assessment and use of techniques that are effective for the resident and are evidenced in the files reviewed. The caregivers interviewed demonstrated knowledge on the management of falls risks for residents.</p> <p>The care plans and life style plans sighted in the residents' files reviewed identified the resident's individual diversional, motivational and recreational requirements, with documented evidence of how these are managed over a 24 hour period. The residents' files reviewed demonstrated integration of health records but there are no dividers for easy access of information (this has been addressed in 1.2.9.10), with one clinical file that has input from care staff, activities staff, and medical and allied health services. The RN and caregivers interviewed reported they receive adequate information to assist the continuity of care. The handover observed includes updates of all residents.</p> <p>The family reported satisfaction with the quality of care provided at the 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>Clinical management policies and procedures includes assessment on admission, weight and bowel management, clinical notes and referral information.</p> <p>As observed on the days of audit and from review of the care plans, support and care is flexible and individualised and focused on the promotion of quality of life. The RN and caregivers demonstrated good skills and had good knowledge of the individual needs of residents. The residents' files showed evidence of consultation and involvement of the family. The residents interviewed reported satisfaction with the care and services provided.</p> <p>There is evidence of short term care plans for any event that is not part of the care plan. The short term care plans sighted in the residents' files are for infections and weight loss.</p> <p>The service has adequate dressing and continence supplies to meet the needs of the residents. The care plans reviewed recorded interventions that are consistent with the residents' assessed needs and desired goals. Observations on the days of audit indicated residents are receiving care that is consistent with their needs. The RN and caregivers interviewed reported that the care plans are accurate and kept up to date to reflect the resident's needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service</p>	<p>FA</p>	<p>The activities programme ensures resident's individual cultural needs are recognised. The residents have opportunities to maintain interests they have developed within their lifetime and to</p>

<p>delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>develop new friendships in a caring environment. The activities coordinator is able to adapt activities to meet the needs and choices of the residents.</p> <p>The weekly activities plan, which was sighted, is developed based on the resident's needs, interests, skill and strengths. The caregivers assist with the planned activities seven days a week. The activity coordinator reported on interview the programme is informal as with small numbers of residents this can be changed daily. Recently discussions on travel and large jigsaw pieces have been popular. The caregivers reported that they gauge the level of interest in activities as they are occurring and have the flexibility to change activities based on the resident's response.</p> <p>The service provides easy access to outside areas that enable the resident to wander safely.</p> <p>The residents' files reviewed have activities and social assessments that identify the resident's individual diversional, motivational and recreational requirements over a 24 hour period.</p> <p>Daily activities attendance sheet is maintained and reviewed at the end of each month to assess the enjoyment and interest of the residents. The goals are updated and evaluated in each resident's file six monthly.</p> <p>The families reported that their relative enjoys the range and variety of planned activities.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The residents' files reviewed had a documented evaluation that is conducted within the past six months. Evaluations are resident focused and indicate the degree of achievement or response to supports/interventions and progress towards meeting the desired outcomes.</p> <p>If a resident is not responding to the services/interventions being delivered, or their health status changes, then this is discussed with their GP or the Nurse Practitioner. Residents' changing needs are clearly described in the care plans reviewed. Short term care plans are sighted for wound care, pain, infections, and changes in mobility, changes in food and fluid intake and skin care. These processes are clearly documented on the short term care plan, medical and nursing assessments and the resident's progress notes. The caregivers interviewed demonstrated good knowledge of short term care plans and reported that these are identified at handover.</p> <p>The family reported that they can consult with the staff at any time if they have concerns or there are changes in the resident's condition.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal</p>	<p>FA</p>	<p>Residents are provided with options if required to access other health and disability services (eg, public or private). There is one GP who visits the service fortnightly, although residents are able to maintain their own GP if they wish. The RN or the GP arrange for any referral to specialist medical</p>

<p>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>services when it is necessary. The RN interviewed reported that referral services respond promptly to referrals sent. Records of the process are maintained as confirmed in all residents' files reviewed, which included referrals and consultations with the mental health services, general medicine services, psychiatrist, radiology, gerontological nurse specialist, podiatry and dietitian. The GP interviewed reported that appropriate referrals to other health and disability services are well managed at the service. The nurse practitioner is involved in referrals to other services.</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>Policies were sighted to detail how waste was to be segregated and disposed. The policy aligns with current accepted practice that complies with current legislation and territorial authority requirements. A waste management skip is delivered and collected every three weeks or earlier if required.</p> <p>Chemicals sighted were stored in designated and secure areas. Material safety data sheets detailing actions to take in the event of exposure were sighted for chemicals in use.</p> <p>Appropriate personal protective equipment (PPE) was available on site including disposable gloves, hair covers, aprons, masks and face protection/goggles. An emergency civil defence, isolation and pandemic kits are available with PPE resources. There have been no outbreaks of infection since the last audit. Staff interviewed have a good understanding on this topic and when to wear PPE to minimise risk of exposure to blood and other body fluids and contaminated items/equipment.</p> <p>Staff also advised they would report any adverse exposures to hazardous substances via the incident reporting system.</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>There is a current Building Warrant of Fitness dated 1 July 2015. An external company undertakes performance monitoring and electrical safety checking of clinical equipment. Electrical equipment has evidence of current electrical testing and tag checks. The maintenance person is responsible for all maintenance requests. A book is maintained to verify requests are completed.</p> <p>Calibrations checks are completed by a contracted service and a log book is maintained. The two hoists available are checked annually.</p> <p>The residents and families interviewed confirmed the facility is appropriately furnished to create a homelike environment. Furniture, furnishings and fixtures are appropriate for the service setting. Residents have personalised their bedrooms.</p> <p>The rest home is on one level and residents can walk in the grounds safely. Small courtyards are</p>

		<p>accessible with appropriate seating available.</p> <p>There are safety handrails in the hallways, showers and toilets. The bathroom floors had non-slip linoleum covering.</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 showers and toilets in close proximity to the residents' bedrooms. All resident's bedrooms have a hand-basin, flowing soap and paper hand towel dispensers. Privacy locks are present on bathroom doors.</p> <p>Three shared rooms each have an ensuite bathroom. There is one visitor's toilet.</p> <p>There is a separate bathroom for the use of staff situated near the office.</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>There are three shared rooms for residents and ten single rooms. The rooms contained space for the residents, personal possessions and use of mobility devices if required. Residents were sighted mobilising independently inside and outside the rest home independently, including while using a mobility aid.</p> <p>The staff interviewed advised there was sufficient space for the residents to mobilise, including when assistance was required. The residents and families interviewed confirmed this.</p> <p>Motorised scooters are parked at the main entrance and are covered when not in use. These are maintained by the maintenance person and volunteers from the community. Mobilisation and independence is encouraged.</p> <p>Safety is not compromised. One of the caregivers who is the health and safety officer interviewed, advised having worked with some of the residents to change the layout of the resident's room as part of the falls prevention strategy adopted at this rest home.</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</p>	FA	<p>There is a separate lounge/television room which can be used for the activities programme. In addition a separate lounge and sunroom is available.</p> <p>Meals can be served to residents directly from the kitchen into the separate dining room. Residents and their families and/or visitors can use this dining room. There is a comfortable area in the main entrance that is popular for residents to sit during the daytime.</p>

relaxation, activity, and dining needs.		Residents and family members interviewed confirmed that there was sufficient space available for residents and support persons to use in addition to the resident's bedrooms.
<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>Policies and procedures for both the laundry and the cleaning services are consistent with good practice and are reflective of the size of the facility and services provided. Infection control practices are adhered to in policy. Staff received training in product management by the contracted company representatives. Certificates were provided to all staff who participated.</p> <p>The health and safety officer interviewed understands the requirements and responsibilities for the cleaning and laundry services.</p> <p>All products are labelled appropriately and a separate room is allocated for cleaning supplies. The laundry is undertaken by the staff on each shift. There are two washing machines and two clothes dryers. Outside lines are used as much as possible during the day to dry the clothes when possible. Material data sheets are available for all products used for cleaning and laundry services. Chemical storage is appropriate and safety is maintained.</p> <p>Staff, residents and families interviewed confirmed the rest home is kept clean and tidy and resident's clothes are washed and returned in a timely manner.</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>The fire evacuation plan has been approved by the New Zealand Fire Service (NZFS) in a letter dated 2 August 1994. The evacuation plan is framed in the entrance to the facility. A fire evacuation drill was held last on the 13 April 2015. These are held six monthly.</p> <p>Policy documents provide guidance for staff on responding to other events, including (but not limited to) earthquake, flooding and volcanic eruptions.</p> <p>A review of the staff records and training records verifies all staff have current first aid certificates. The caregivers interviewed detailed their responsibilities in the event of an emergency.</p> <p>The health and safety officer is well informed and explained the emergency resources available, such as emergency water, drinking water (50 litres) available, one emergency gas heater, emergency power with a generator being available, barbecue for cooking. One water tank under the building is available for fire emergencies only. Spare blankets are available. Clinical supplies are available for any emergency.</p> <p>Call bells are located in all service areas and in every resident's room to summon assistance as required.</p>

		<p>The caregivers interviewed understood the significance of checking all windows and doors prior to darkness. The caregivers complete a visual check together at handover to ensure all residents are safe and accounted for. The police can be contacted anytime for security purposes if required.</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>There are windows present in all residents` bedrooms. Ranch slider doors and/or windows were sighted open during the audit. Heating is provided as required and is located under the floor with thermostat controls. Only three rooms have wall mounted heaters.</p> <p>The residents and families interviewed confirmed the facility is normally warm and well ventilated.</p>
<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>The service has a documented infection control programme which is reviewed as part of the annual quality review of the whole programme. The infection control programme minimises the risk of infections to residents, staff and anyone else visiting the facility.</p> <p>The infection control coordinator is the RN. The infection control position description (sighted) has clear guidelines for the accountability and responsibility in the infection control manual. The infection control coordinator monitors for infections, uses standardised definitions to identify infections, surveillance, changes in behaviours, monitoring of organisms related to antibiotic use and the monthly surveillance record. Infection control is a standing agenda item in the staff meetings. If there is an infectious outbreak this is reported immediately to staff, management, and where required, to the DHB and public health departments.</p> <p>The infection control coordinator interviewed reported that the staff have good assessment skills in the early identification of suspected infections. Residents with infections are reported to staff at handover, have short term care plans and documentation in the progress notes.</p> <p>Staff and visitors suffering from infectious diseases are advised not to enter the facility by notices at entrances. When outbreaks are identified in the community, notices are placed at the entrance not to visit the service if the visitor has come in contact with people or services that have outbreaks identified. Sanitising hand gel is available throughout the facility and there are adequate hand washing facilities for staff, visitors and residents. Residents suffering from infections are encouraged to stay in their rooms if required, though the infection control coordinator reports that this can be difficult at times with residents with cognitive impairment.</p> <p>The RN and caregivers interviewed are able to demonstrate good infection prevention and control techniques and awareness of standard precautions, such as hand washing.</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 RN has the role of infection prevention and control coordinator. The infection control committee meets quarterly and report any issues at staff meetings. External specialist advice on infection prevention and control issues is available if and when required from the DHB infection control nurse specialist, the diagnostic service, and the GP. The infection control coordinator undertakes courses in infection prevention and control through the in-service education programme and updates from the DHB. The RN and caregivers interviewed demonstrated good knowledge of infection prevention and control.</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>An infection control policy sets out the expectations the organisation uses to minimise infections. This is supported by an infection control manual and a large suite of policies and procedures that deal with specific areas including antibiotic use, MRSA screening, bandaging, wound management, blood and body spills, cleaning, disinfection and sterilisation, laundry and standard precautions. They are easily understood and appropriate for service requirements.</p> <p>Observations at the onsite audit identified the implementation of infection prevention and control procedures. Staff demonstrated safe and appropriate infection prevention and 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>	FA	<p>Infection control education is included in orientation and as part of the ongoing in-service education programme as sighted on the provider's training calendar. The infection prevention and control education is provided by the infection control coordinator and external specialists as required. The service accesses specialist advice through the DHB. The infection control coordinator demonstrated knowledge of current accepted good practice in infection prevention and control.</p> <p>The RN and caregivers interviewed demonstrated good knowledge of infection prevention and control. Resident education is conducted as required. The infection control coordinator reported that if the resident has cognitive impairment, education with the residents can be difficult. During personal care delivery residents are prompted with infection control measures, such as hand washing after toileting.</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>The infection control surveillance that is undertaken is appropriate to the size and complexity of the service as shown in the infection control programme. All staff are required to take responsibility for surveillance activities as shown in the policy. Monitoring is clearly described in the quality plan and staff meetings, to describe actions taken to ensure residents' safety.</p> <p>There is a monthly infection surveillance report. The service monitors urinary tract infections (UTIs), eye infections, upper and lower respiratory tract infections, wound infections, multi-resistant organisms, diarrhoea, vomiting and other infections. The monthly analysis of the infections includes comparison with the previous month, reasons for increase or decrease and actions taken to reduce infections. The analysis includes the feedback that is provided to staff.</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 policy and procedure reviewed ensured the use of restraint is actively minimised. There are clear definitions of restraint and enablers. Enablers are only used voluntarily.</p> <p>Training is provided to all staff on restraint minimisation and safe practice, enabler usage and prevention and/or de-escalation techniques. The management of challenging behaviour policies provided adequate information to guide staff. Only one resident is using an enabler. The restraint register is completed.</p> <p>Staff interviewed have a good understanding that the use of enablers was a voluntary process along with approval and informed consent processes. A signed consent form is retained in the one resident's record to evidence enabler use.</p>

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 1.1.10.7</p> <p>Advance directives that are made available to service providers are acted on where valid.</p>	<p>PA</p> <p>Moderate</p>	<p>In residents files reviewed resuscitation forms are not signed by the GP as required to ensure this meets the required standard.</p>	<p>In residents' files reviewed all resuscitation forms are not signed by the GP to ensure compliance with legislative requirements.</p>	<p>Review all resuscitation forms to ensure compliance with legislative requirements.</p> <p>90 days</p>
<p>Criterion 1.2.9.1</p> <p>Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.</p>	<p>PA Low</p>	<p>A roll call system is utilised to record daily resident information. It only records the residents in the rest home on a daily basis. No register is available which details the requirements for the aged residential care agreement.</p>	<p>The system currently developed and implemented does not include the relevant information required about the individual residents' at this facility.</p>	<p>To ensure resident information is entered into an information management system which is appropriate for this residential care setting.</p>

				180 days
<p>Criterion 1.2.9.10</p> <p>All records pertaining to individual consumer service delivery are integrated.</p>	PA Low	The resident records reviewed contain information about the individual resident, but there are no dividers or sections to be able to find information in a timely manner.	The resident records reviewed contain all relevant information however, there are no divisions for accessibility when retrieving or adding information.	<p>Ensure records are integrated and accessible.</p> <p>180 days</p>
<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>	PA Moderate	Medication errors are recorded which are higher than expected for this level of care.	As part of the quality system evidence is seen of ongoing medication errors being reported monthly.	<p>Review and implement processed to ensure medication errors are reduced or eliminated.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.