# Pembrey Investments Limited

## Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Pembrey Investments Limited

**Premises audited:** Brooklands Retirement Village

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 25 June 2015 End date: 26 June 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:** 36

# 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** |
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|  | 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 |
|  | 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

Brooklands rest home is part of the Brooklands retirement village. The rest home provides care for up to 36 rest home residents with full occupancy on the days of audit. Brooklands rest home is managed by enrolled nurse who has been in the role for 26 years. She is supported by two registered nurses and care staff. Family and residents interviewed spoke positively about the care and support provided.

This unannounced surveillance audit was conducted against a subset of the health and disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff and management.

The service has addressed ten of thirteen previous certification audit findings relating to; review of resuscitation orders, policy review, clinical input following incidents, aspects of the education programme, documenting family involvement, timely review of residents by a registered nurse, recording interventions in care plans, aspects of medication management, dating decanted foods and dietitian review of the menu. Further improvements are required around conducting annual appraisals for staff, conducting assessments, and ensuring all staff have medication competencies completed.

This surveillance audit identified further improvements required in relation to timeframes for completing aspects of care planning, and ensuring residents receive care appropriate to their assessed needs.

## Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. |  | Standards applicable to this service fully attained. |

Communication with residents and families is appropriately managed. Complaints are actioned and include documented response to complainants. A complaints register is maintained.

## Organisational management

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| 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. |

There is an implemented quality and risk programme that involves the resident on admission to the service. A business plan, quality assurance and risk management plan is being implemented for 2015. Policies and procedures have been reviewed to reflect the activities of the service and align with current guidelines and legislation. Quality activities are conducted and this generates improvements in practice and service delivery. Corrective actions are identified, implemented and followed through following internal audits and feedback from residents and staff. Quality assurance, staff and resident meetings have been held. Feedback is sought from residents and families. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are appropriately managed with reporting to staff evident in meeting minutes reviewed. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Human resource policies are in place to determine staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

## Continuum of service delivery

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| 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. |  | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |

Registered nurses are responsible for care plan development with input from residents and family. Residents and family interviewed confirmed that the care plans are consistent with meeting residents' needs. Planned activities are appropriate to the resident’s assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are administered in line with legislation and current regulations. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Kitchen staff are trained in food safety.

## Safe and appropriate environment

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| 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. |

The service displays a current building warrant of fitness which expires on 20 December 2015.

## Restraint minimisation and safe practice

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| 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. |

Documentation of policies and procedures and staff training demonstrate residents are experiencing services that are the least restrictive. There are no residents requiring restraint or enablers.

## Infection prevention and control

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| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. |  | Standards applicable to this service fully attained. |

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Debriefing and training relating to outbreak management has been provided.

## Summary of attainment

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

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| **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 | 13 | 0 | 3 | 2 | 0 | 0 |
| **Criteria** | 0 | 36 | 0 | 3 | 2 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Informed consent and advanced directives were recorded as evidenced in six of six resident files reviewed. These have been reviewed as per policy and procedures. The service has addressed this previous finding. |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission through the information pack. Complaint forms are available at the entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is maintained and evidenced that complaints have been appropriately managed and responded to. Residents and family members advised that they are aware of the complaints procedure and how to access forms. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Five residents and four family members interviewed stated they are informed of changes in health status and incidents/accidents. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures. Communication with family members was recorded on the sample of 14 incident and accident report forms reviewed and in the resident daily notes on the computer. Residents meetings have been held three monthly. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services and residents (and their family/whānau). If residents or family/whānau have difficulty with written or spoken English then the interpreter services are made available. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Brooklands rest home is part of the Brooklands retirement village. Rest home level care is provided for up to 36 residents with full occupancy on the days of audit. There were no respite residents and no one under the age of 65. The enrolled nurse manager is experienced in aged care management and has been in the role for the past 26 years. She maintains an annual practicing certificate. The manager is supported by two part time registered nurses and care staff. Brooklands rest home has an established and implemented quality and risk system that includes analysis of incidents, infections and complaints, internal audits and feedback from the residents. The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001.  There is a documented business plan for 2014-2017, which includes the quality and risk management programme and mission statement and philosophy. The service has an annual audit schedule to monitor the goals and service delivered. Quality data is collected, analysed and communicated to staff via the staff meetings. The manager has maintained at least eight hours annually of professional development. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | There is a business plan in place for 2014-2017 and a quality and risk management plan which is being implemented. Quality improvement initiatives have also been implemented and are developed as a result of feedback from residents and staff, audits, and incidents and accidents. Progress with the quality assurance and risk management programme is monitored through the combined staff meetings. The manager and registered nurse meet regularly and informally. Monthly and annual reviews are completed for all areas of service. Meeting minutes are maintained and staff are expected to read the minutes and sign off when read. Minutes for all meetings include actions to achieve compliance where relevant. Discussions with registered nurses and caregivers confirm their involvement in the quality programme. Resident/relative meetings have not been held in 2015.  There is an internal audit schedule which has been completed for 2014 and a schedule is in place for 2015. Areas of non-compliance identified through quality activities are documented as corrective actions, implemented and reviewed for effectiveness. The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/procedures to support service delivery which have been reviewed. Policies and procedures align with the resident care plans. Policies around admissions, care planning, and medication management have been reviewed. The service has addressed this previous finding. There is a document control policy that outlines the system implemented whereby all policies and procedures are reviewed regularly. Death/Tangihanga policy and procedure that outlines immediate action to be taken upon a consumer’s death and that all necessary certifications and documentation is completed in a timely manner. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. The service collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow up where required. Families are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. |
| Standard 1.2.4: Adverse Event Reporting  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. | FA | Incident and accident data is collected and analysed and reported to staff. Discussions with the service confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. An outbreak in September 2014 was reported to the DHB and Public Health South in a timely manner. A sample of 14 resident related incident reports for April and May 2015 were reviewed. All reports and corresponding resident files reviewed evidence that appropriate and timely clinical care by a registered nurse has been provided following an incident. The service has made improvements in this area. Reports were completed and family notified as appropriate. Incidents and accident data is communicated to staff, as evidenced in meeting minutes reviewed and staff interviews. There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | PA Low | The recruitment and staff selection process requires that relevant checks are completed to validate the individual’s qualifications, experience and veracity. A copy of practising certificates are kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Six staff files were reviewed and included all appropriate documentation with the exception of two annual appraisals. The service has an orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals have been conducted for the manager and registered nurses. There is a completed in-service calendar for 2014 which exceeds eight hours annually and a plan for 2015 underway. The service has addressed the previous finding relating to provision of staff training, content of in-service sessions and maintaining attendance records. Caregivers have completed either the national certificate in care of the elderly or have completed or commenced the career force aged care education programme. The manager and registered nurses have attended external training including conferences, seminars and sessions provided by the local DHB. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | Brooklands rest home has a four weekly roster in place which ensures that there is at least two staff members on duty at all times. The service has increased the registered nursing hours, with another registered nurse (RN) employed in October 2014. The two RN’s each work part time and provide cover from Monday to Saturday. The second RN was employed in October 2014. Registered nurses provide 42 hours of cover per week. The manager and registered nurses share after hours and on-call. Caregivers advise that sufficient staff are rostered on for each shift. All care staff are trained in first aid. Residents and families interviewed advised that there is sufficient staff on duty to provide the care and support required. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low | The service uses individualised medication packs, which are checked in on delivery. A registered nurse and a caregiver were observed administering medications correctly. Staff who are responsible for administering medications are assessed as competent to do so with one exception. Medications and associated documentation were stored safely and securely. Medications are reviewed three monthly with medical reviews by the attending GP. Resident photos were current and documented allergies were recorded on all 10 medication charts reviewed. An annual medication administration competency including observations were completed for staff administrating medications and medication training had been conducted. Two care staff signs for medication where applicable to do so. The previous audit findings relating to transcribing, signing of medications, three monthly reviews by the GP, and observing administration during competency assessment have now been addressed.  There is a self-medicating resident’s policy and procedures in place. There was one resident who self-administers medications. Medications were stored securely and three monthly competency reviews have been conducted for this resident. Staff check on each shift that the medications have been taken and record this. The service has made improvements in this area. Individually prescribed resident medication charts are in use and this provides a record of medication administration information. All medication charts reviewed record an indication for use and signed individually by the GP. Medications are managed, stored and administered in line with accepted guidelines and legislation. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | All meals at Brooklands are prepared and cooked on site. The kitchen is able to cater comfortably for all residents in the rest home and for some residents in the retirement village who wish to have meals. There is an eight week winter and summer menu, which has been reviewed by a dietitian in June 2014. The service has addressed this previous finding. Meals are prepared in an equipped kitchen adjacent to the rest home dining room and served directly to the residents. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. The previous audit finding around dating of decanted foods has now been addressed. Staff were observed assisting residents with their lunch time meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known and any changes are communicated to the kitchen. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required. Resident meetings are held and there is an opportunity for resident feedback on food services. Residents and family members interviewed indicated satisfaction with the food service. |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | PA Moderate | Residents are admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission. Personal needs information is gathered during admission, which formed the basis of resident goals and objectives. InterRAI assessments were completed within three weeks in four of six files reviewed (link #1.3.3.3). The InterRAI assessment has been repeated at six month intervals (one exception link #1.3.3.3) as well as other risk assessments including pain, skin, pressure area, and continence. The service has addressed this previous finding around conducting pain assessments. Three of six files had appropriate risk assessments and the care plans reflected the outcome of the risk assessment. The registered nurses have achieved competency in the use of the InterRAI assessment tool. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | PA Moderate | Six of six care plans reviewed were current and in five of six files, interventions reflected the assessments conducted and the identified requirements of the residents. All files reviewed evidenced that sufficient interventions were documented to guide staff. Care plan interventions were detailed, personalised and specific to resident’s medical and nursing needs. The service has addressed this previous finding. Interviews with the registered nurse, caregivers and residents evidence residents input. One resident is residing at Brooklands who requires a more appropriate placement.  Dressing supplies are available and adequately stocked for use. Wound assessment, wound treatment, frequency of dressings and evaluations for two residents with wounds, were documented and linked with the care plan. Pressure area cares and interventions are documented in the care plan for all residents. There were no residents with pressure injuries. The RN interviewed advised that they have access to external wound specialist as required. Specialist continence advice was available as needed and this could be described.  Monitoring forms in place included (but not limited to); monthly weight, blood pressure and pulse, food and fluid charts and blood sugar levels. |
| Standard 1.3.7: Planned Activities  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. | FA | The activities coordinator provides an activities programme over five days each week. Weekend activities are spontaneous and supervised by weekend caregivers. Activities planned for the day were displayed on a notice board. An activity plan is developed for each individual resident based on assessed needs. D16.5d; The activity plans were reviewed at the same time as the care plans in resident files sampled. Residents were encouraged to join in activities that were appropriate and meaningful and to participate in community activities. The service has a van that is used for weekly outings. Residents were observed participating in activities on the day of the audit. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Care plans reviewed have updated as changes were noted in care requirements. Care plan evaluations were comprehensive; three of six files reflected changes to the care plan after evaluations were completed. Three of six residents did not yet require care plan evaluations. Short term care plans were utilised for residents with short term health issues and files reviewed evidenced sufficient detail in the short term care plans to guide care staff. Any changes to the long term care plan were dated and signed. One of six care plans was not evaluated within the required time frame (#1.3.3.3). Three of six care plans were evaluated six monthly or more frequently when clinically indicated. Initial care plans sighted had been evaluated by the RN within three weeks of admission. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | Brooklands rest home displays a current building warrant of fitness, which expires on 20 December 2015. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection surveillance and monitoring is an integral part of the infection control programme and is described in the infection prevention and control policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. A registered nurse is the infection control nurse. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections are entered on to a monthly facility infection summary and staff are informed. This data is monitored and evaluated monthly and annually. An outbreak in September 2014 was reported and managed appropriately with residents isolated, family informed and short term care plans in place. Education and a debrief session was held post outbreak around infection prevention and outbreak management. Infection control education has also been provided in March 2015. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | Documented systems are in place to ensure the use of restraint is actively minimized. The facility was not utilising restraint or enabler use on audit days. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Enablers are voluntary. Restraint use is reviewed via quality assurance meetings and education and audits are completed. |

# 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.

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| --- | --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.7.5  A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | PA Low | Six staff files were reviewed and included the manager, two registered nurses, two caregivers, one activities coordinator and one cook. Education and training is provided for caregivers in the form of the career force training programme and for all staff via in-service education sessions. Sessions provided since the previous audit included cultural safety and Treaty of Waitangi, chemical safety, infection control, medication management, civil defence and fire safety, food safety and challenging behaviours. Staff files reviewed included appraisals for the manager and the registered nurses. The cook is recently employed. Two care staff have not had an annual appraisals conducted. | Two of six staff files reviewed did not evidence that annual appraisals had been conducted. Both staff members last had their appraisal completed in October 2013. | Ensure that annual appraisals are conducted for all employees as per ARC contract requirements.  90 days |
| Criterion 1.3.12.3  Service providers responsible for medicine management are competent to perform the function for each stage they manage. | PA Low | A medication management education session was held in March 2015. Registered nurses and senior caregivers administer medications. Two staff check and sign for medications where required. Competency assessments were evident in the sample of staff files reviewed with exception of one registered nurse. | One registered nurse, who commenced employment in October 2014, has not been assessed as competent to administer medications. | Ensure all staff with medication administration responsibilities are assessed as competent to do so.  60 days |
| Criterion 1.3.3.3  Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer. | PA Low | The service is utilising the InterRAI assessment tool as evidenced in five of six resident files reviewed. Four InterRAI assessments have been completed within the required time frames. Care plans are evaluated and the InterRAI assessment repeated six monthly in two files reviewed. Two long term care plans are not yet due for evaluation. One care plan has not been reviewed within the six months’ time frame. One resident has not had an InterRAI assessment completed, however, there is a long term care plan in place (link #1.3.4.2). | One resident had the InterRAI assessment completed six weeks after admission and five weeks after the long term care plan had been developed; and one long term care plan had not been evaluated within the six month time frame. | Ensure that all aspects of care planning, assessments and evaluations are conducted within the required timeframes.  90 days |
| Criterion 1.3.4.2  The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning. | PA Moderate | Three of five files had comprehensive risk assessments completed and assessments reflect changes in health care needs. One resident did not have falls risk assessment completed following four accidents and one resident did not have a behaviour assessment completed. Pain assessments have been completed where required. InterRAI assessment tool has been utilised for five of six residents. | One resident did not have a falls risk assessment completed following four falls. The InterRAI assessment conducted on admission did not trigger a CAP for falls risk. The falls have occurred since admission, however, a risk assessment has not been conducted; one resident did not have a behaviour assessment completed following behaviour related incidents; and one resident has not had an InterRAI assessment conducted. | Ensure all residents have the required assessments completed for all identified needs.  30 days |
| Criterion 1.3.6.1  The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes. | PA Moderate | Residents and families interviewed were complimentary about the care and services they are receiving at Brooklands. Six files reviewed evidenced that long term care plans were comprehensive and were tailored to the resident’s individual needs. One resident with behavioural and psychological symptoms of dementia requires more appropriate placement. The DHB are aware that the resident is residing at Brooklands and is working with the service to find appropriate placement. There is evidence of input from the needs assessment team and psychiatric services for the elderly. The service is attempting to manage the resident with systems in place to ensure the safety of the resident. The service has not completed an InterRAI assessment for this resident (link #1.3.4.2). | One resident at Brooklands requires a level of care which the service is not certified to provide. While the service is endeavouring to meet the needs of the resident, it was identified at audit that the provision of services is not consistent with the resident’s assessed needs. | Ensure that the provision of services for all residents aligns with their assessed needs and requirements and is within the scope of the certification.  30 days |

# 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.