

# Gwynn Holdings Limited

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Gwynn Holdings Limited

**Premises audited:** Rata Park Rest Home

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

**Dates of audit:** Start date: 28 September 2015 End date: 29 September 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:** 14

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Rata Park rest home is owned and operated by two registered nurses – one is the nurse management of the home. Rata Park provides rest home level care for up to 20 residents with 14 residents accommodated on the day of audit. The owners have owned Rata Park for four years. A registered nurse is employed to provide support to the owner operators. Quality activities are conducted to identify improvements. Family and residents interviewed all spoke very 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 11 of the 18 previous certification audit findings relating to completion of admission agreements, maintaining a complaints register, reporting of essential notifications, human resource management, self-medicating residents, staff medication competencies, food service, hot water temperature monitoring and equipment checks, and infection prevention and control.

Improvements continue to be required around aspects of the quality programme, ensuring incident reports are completed, aspects of assessments, care plans and interventions, care plan evaluations, and medication documentation.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Communication with residents and families is appropriately managed. Complaints are actioned and include documented response to complainants. 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 medium or high risk and/or unattained and of low risk.
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An implemented quality and risk programme involves the resident on admission to the service. A business plan, quality 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. 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 reported. An orientation programme provides new staff with relevant information for safe work practice. Human resource policies are in place to determine staffing levels and skill mixes. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

## 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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Registered nurses are responsible for care plan development with input from residents and family. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medication competencies have been completed and residents who self-administer medications do so safely. 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

<p>Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.</p>		<p>Standards applicable to this service fully attained.</p>
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The service displays a current building warrant of fitness, which expires on 27 June 2016. Hot water temperatures are delivered in line with recommended ranges, electrical equipment has been tested and tagged and medical equipment has been serviced.

## 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.

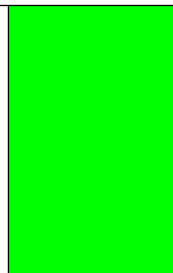


Standards applicable to this service fully attained.

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

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.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	12	0	1	6	0	0
<b>Criteria</b>	0	35	0	2	5	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>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. The service has addressed this previous finding. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p> <p>The Ministry of Health and the district health board requested follow up against aspects of a complaint lodged in 2014 through the Health and Disability Commissioner that included management of adverse events, care planning including the use of short-term care plans, and wound management. This audit has identified issues with follow up and completion of incident reports (link 1.2.4.3), timeliness of care plan development (link 1.3.3.3), assessment of one wound and care planning for all care requirements (link 1.3.6.1 and 1.3.8.3).</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate</p>	FA	<p>Five residents and two 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 incident and accident report forms reviewed and/or in the resident daily progress notes. Residents meetings have been held three monthly. Residents and family are advised in writing of their eligibility and the process to</p>



effectively with consumers and provide an environment conducive to effective communication.		become a subsidised resident should they wish to do so. Signed admission agreements were evident in the five resident files reviewed. The service has addressed this previous finding. 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.
<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>Rata Park rest home is certified to provide rest home level care for up to 20 residents with 14 residents on the day of audit and one private lodger. One resident has been assessed as hospital level care with dispensation approved by HealthCERT. There were no respite residents and one rest home resident is under the age of 65.</p> <p>The service has a strategic business plan in place for organisational governance and direction and a quality plan for 2014/2015. Risk management plans are recorded. The quality plan includes objectives, policies and procedures, implementation, monitoring, quality risk and action plans.</p> <p>The home is managed by an owner/nurse manager with support from another owner (also registered nurse) and one full time registered nurse. Informal management meetings are held between these three staff to discuss issues relating to occupancy, residents, care issues, and staffing. The nurse manager has attended education in the past 12 months in excess of eight hours relating to the management of a 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>	PA Low	<p>The risk management plan, policies and procedures have been reviewed. Policies and procedures are being implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. New/reviewed policies are provided from an external provider and are made available to all staff. Staff advised that they sign a policy form when they have read new/reviewed policies. Staff/quality meetings are held. Health and safety and infection control is included in the staff/quality meeting agenda, discussed and documented in the meeting minutes. The service has an internal audit programme, which has not been fully completed. Corrective actions have been documented and completed as per the internal audits reviewed. The service has addressed this previous finding. Annual resident surveys are conducted that cover each aspect of service delivery. Results/outcomes are collated and communicated to participants. There are health and safety policies in place to guide practice. Fall prevention strategies in place includes the analysis of falls incidents and individual falls risk assessments and care planning.</p>
Standard 1.2.4: Adverse Event Reporting	PA Moderate	Incident and accidents are reported by care staff for review and investigation by either the nurse manager or the registered nurse. Data is collected. Discussions with the service confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. HealthCERT has provided

<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>documented dispensation for one hospital level resident to remain at Rata Park. The service has addressed this previous finding. A sample of resident related incident reports for July and August 2015 were reviewed. Reports and corresponding resident files reviewed evidence that appropriate and timely clinical care by a registered nurse has not always been provided following an incident and not all forms have been completed appropriately. 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.</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 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 is kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Five staff files were reviewed and included all appropriate documentation including annual appraisals. The service has addressed this previous finding.</p> <p>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 that new staff were adequately orientated to the service.</p> <p>There is an in-service calendar for 2015 which exceeds eight hours annually and is being completed. The service has addressed the previous finding relating to provision of staff training. Training relating to wound care has been provided and skin management competences are completed. Care staff are able to access on-line training courses. Content of in-service sessions and staff attendance records are maintained. The nurse manager and registered nurse have attended external training including on-line training and sessions provided by the local DHB.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled</p>	<p>FA</p>	<p>Rata Park rest home has a roster in place, which ensures that there is at least one staff member on duty at all times and a registered nurse 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.</p>

and/or experienced service providers.		
<p><b>Standard 1.3.12: Medicine Management</b></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 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 and medication training has been conducted. Competencies include observation of practice, warfarin and insulin administration. The service has addressed this aspect of the previous finding. Medications and associated documentation were stored safely and securely. Medications have not been reviewed three monthly by the attending GP in all of the samples of medication charts reviewed. Resident photos are current and documented allergies are recorded on all 14 medication charts reviewed. Medication charting, medication documentation and administration signing sheets are not fully completed in the sample of files reviewed. Controlled drug checks have been conducted weekly. The service has addressed this previous finding.</p> <p>There is a self-medicating resident's policy and procedures in place. One resident self-administers medications. Medications are stored securely and three monthly competency reviews are 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. Medications are stored in line with accepted guidelines and legislation.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals at Rata Park are prepared and cooked on site. The kitchen is able to cater comfortably for all residents in the rest home. There is a winter and summer menu, which has been reviewed by a dietitian. Meals are prepared in an equipped kitchen adjacent to the dining room and served directly to the residents. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. Resident dietary profiles, and likes and dislikes are known and any changes are communicated to the kitchen. Dietary profiles have been updated at least six monthly as sited in the kitchen records. The cook was conversant and knowledgeable regarding the residents individual dietary requirements. The service has addressed this previous finding. Staff were observed assisting residents with their meals and drinks. Diets are modified as required. Supplements are provided to residents with identified weight loss issues. Safe food handling is practised and fridge and freezer temperatures are monitored and recorded. The service has addressed this previous finding. 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.</p>
<p><b>Standard 1.3.4: Assessment</b></p> <p>Consumers' needs, support</p>	<p>PA Moderate</p>	<p>InterRAI assessments and assessment summaries were evident in printed format in four of five files. Risk assessments have been completed on admission for four of five files reviewed, however, these have not been reviewed (link #1.3.3.3). One recent admission did not have the InterRAI assessment fully completed and risk assessments were incomplete. In three of five resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans. One resident was a recent admission. One resident has known</p>

<p>requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>behaviours, which have been previously assessed but not reviewed and the long-term care plan did not reflect the behaviours or management guidance for staff. The hospital level residents nutritional requirements and dietary assessment have been reviewed. All residents have a current dietary profile completed and these are kept in the kitchen (sighted). The service has addressed this aspect of the previous finding. The registered nurse, nurse manager and owner/RN are trained and competent in the use of the InterRAI tool.</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>PA Moderate</p>	<p>Interventions reflect the assessments conducted and the identified requirements of the residents in four of five files reviewed (link #1.3.4.2). Files reviewed evidenced that sufficient interventions are documented to guide staff, with one exception. Care plan interventions were detailed, personalised and specific to residents' medical and nursing needs. Interviews with the registered nurse, caregivers and residents evidence residents input. One resident is residing at Rata Park who has been assessed at hospital level care. Documented dispensation has been provided from HealthCERT. The service has addressed this aspect of the previous finding.</p> <p>Dressing supplies are available and adequately stocked for use. Wound assessment, wound treatment, frequency of dressings and evaluations for one of 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 was one resident with a heel pressure area wound. The RN interviewed advised that they have access to an external wound specialist as required. Specialist continence advice was available as needed and this could be described.</p> <p>Monitoring forms in place include (but not limited to); monthly weight, blood pressure and pulse, food and fluid charts and blood sugar levels.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities coordinator provides an activities programme over five days each week. Weekend activities are spontaneous and supervised by weekend caregivers. Activities are planned for the day in conjunction with residents. Volunteers from the community support planned activities. An activity plan is developed for each individual resident based on the resident's social history and assessed needs (part of the InterRAI assessment). 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 bus, which is used for regular outings. Residents were observed participating in activities on the days of the audit. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents.</p>
<p>Standard 1.3.8:</p>	<p>PA</p>	<p>Care plans reviewed are updated as changes were noted in care requirements. Care plan evaluations have been completed outside the required timeframes (link #1.3.3.3). One resident does not yet require care plan evaluations.</p>

<p>Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>Moderate</p>	<p>Short-term care plans are utilised for residents with short-term health issues and files reviewed evidenced sufficient detail in the short-term care plans to guide care staff for four of five resident files reviewed. Any changes to the long-term care plan are dated and signed. Four of five care plans were not evaluated within the required timeframe (#1.3.3.3).</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>Rata Park rest home displays a current building warrant of fitness, which expires on 27 June 2016. Hot water temperatures are monitored and recorded. The nurse manager advised that a new gas hot water system has been installed, providing an improved regulated water system. An authorised person has conducted electrical testing and tagging and medical equipment has been calibrated. The service has addressed these previous findings.</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>	<p>FA</p>	<p>The nurse manager is the infection control nurse. The infection control nurse description has identified delegated responsibilities for infection control within the service. The infection control nurse provides a report to the staff. The infection control programme has been reviewed annually in June 2014 and August 2015. The service has addressed this previous finding. Visitors are asked not to visit if they have been unwell. Influenza vaccines are offered to residents and staff. There are hand sanitizers throughout the facility and adequate supplies of personal protective equipment. There have been no outbreaks reported. During a tour of the facility, it was noted that best practice infection prevention is being implemented. Liquid hand soap and paper towels are available in every bathroom. The service has addressed and monitored this previous finding.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on</p>	<p>FA</p>	<p>The infection control nurse and the registered nurse are responsible for coordinating/providing education and training to staff. Infection control education has been provided in November 2015. The registered nurse and nurse manager have also completed infection control training. The service has addressed this previous finding. Staff receive education on orientation and one-on-one training as required. Resident education occurs at resident meetings such as use of sanitisers and hand washing. Hand hygiene posters have been placed in all resident toilet</p>

infection control to all service providers, support staff, and consumers.		areas.
<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>	FA	<p>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 is entered onto a monthly facility infection summary and staff are informed. This data is monitored and evaluated monthly and annually. No outbreaks have been reported.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The nurse manager and registered nurse are responsible for restraint review and use. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. There are clear guidelines in the policy to determine what restraint is and what an enabler is. The restraint policy includes comprehensive restraint procedures. There are currently no residents with enablers or restraint. The restraint is reviewed through internal audits and staff meetings.</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)
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	PA Low	Infection events, accident/incidents and concerns/complaints are discussed at the monthly staff/quality meetings. Meeting minutes are available to staff. There is an internal audit schedule that covers environmental, safety, infection control and clinical areas. Not all audits have been completed as per the 2015 plan.	Internal audits have not been completed as per the audit schedule for 2015, including medication management, care planning, restraint, and activities.	Ensure that all internal audits are conducted as per the annual plan.  90 days
Criterion	PA	Care staff report incidents and they are	i) Investigations and assessment of residents by a	i) Ensure that all

<p>1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	<p>Moderate</p>	<p>documented on an incident form. The registered nurse advised that following an incident, residents are reviewed by either the registered nurse or the nurse manager. The nurse manager is available to staff after hours. First aid and clinical care is provided, however, investigations and assessment of residents is not always recorded. Incident reports reviewed for July have been completed and signed off. Short-term care plans have been utilised for four of five resident files reviewed (link #1.3.8.2).</p>	<p>registered nurse in two of eight reports reviewed, have not been documented on incident reports or in progress notes. ii) Incident forms for August 2015 have not been completed by a registered nurse to evidence investigation and sign off.</p>	<p>incident reports are completed and that resident assessment and review is documented. ii) Ensure that all incident reports are investigated and completed in a timely manner.</p> <p>30 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</p>	<p>PA Moderate</p>	<p>Regular medications are prepacked and are dispensed from a local pharmacy. The pharmacy generates a medication chart for the regular packed medications for the GP to sign every time a medication is changed or when requested to do so. There have been instances where the pharmacy generated medication chart has not included all prescribed medications, and the GP has not re-signed all the new charts. Staff have continued to administer the medications provided by pharmacy without a documented order on two occasions. These findings remain from the previous audit. Non-packed and 'as required' medications are charted by the GP on a separate medication chart. There are signing sheets in place for all medications. The GP has conducted three monthly reviews for all residents; however, this</p>	<p>i) Seven of 14 medication charts did not evidence three monthly GP medication reviews. ii) One resident on a Fentanyl patch and one resident on B12 injections did not have a signed order for the medications. The medication chart had been generated from the pharmacist and had been left off. The medication orders were received from the pharmacy on the day of audit. iii) Four of 14 medication charts have not been fully signed by the GP. The pharmacy generated charts have been renewed due to changes in medication orders. iv) The registered nurse has developed a medication prompt sheet for care staff at the front of the medication folder resulting in the transcribing of medication orders. v) Four of 14 'as required' medication orders do not record the indications for use. vi) Controlled drug administration signing sheets only have one signature. The controlled drug</p>	<p>i) Ensure that medication reviews are conducted three monthly. ii, iii, v) Ensure that all medications are charted, signed and administered in line with legislation, protocols and guidelines. iv) Cease the practice of transcribing. vi) Provide</p>



comply with legislation, protocols, and guidelines.		has not been recorded on all charts.	register has been completed correctly.	evidence that controlled drug administration signing sheets are completed by two staff.  30 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 Moderate	The service is utilising the InterRAI assessment tool as evidenced in the sample of resident files reviewed, however, not all assessments have been completed or reassessment completed within the required timeframes. Initial care plans have been developed in three files reviewed. Long-term care plans have been developed within the required timeframes. Care plan evaluations are overdue in four of five files sampled. The InterRAI assessment has been repeated six monthly in two files reviewed. One long-term care plan is not yet due for evaluation. One recently admitted resident has not had an InterRAI assessment completed and risk assessments are not fully completed, however, there is a long-term care plan in place (link #1.3.4.2).	i) Two residents did not have an initial care plan developed within the required timeframes. ii) The InterRAI assessment tool and/or risk assessments have not been repeated six monthly in four of five files reviewed. iv) Long-term care plan evaluations have not been conducted six monthly in four of five files reviewed. v) One initial assessment was not signed or dated, however, the registered nurse advised that this was completed on admission.	i) – v) Ensure that all aspects of care planning, assessments and evaluations are conducted within the required timeframes.  30 days
Criterion 1.3.4.2  The needs, outcomes, and/or goals of consumers are identified via the	PA Moderate	Long-term care plans are comprehensive and interventions recorded reflect the required care for residents in four of five files reviewed. The risk assessment tools in use relate to falls prevention, pressure area risk, behaviours, pain, skin, continence, and nutrition. The three registered nurses are trained and competent in the use of the InterRAI tool. Four of five files had comprehensive risk assessments	i) The InterRAI assessment tool has not been completed for one new resident admitted in July 2015. A long-term care plan has been developed. ii) One resident did not have a behaviour assessment reviewed following a change in behaviours. The resident has episodes of confusion and hallucinations with associated behaviours.	Provide evidence that risk assessments are conducted on admission and reviewed regularly, to provide the

assessment process and are documented to serve as the basis for service delivery planning.		completed on admission and assessments reflect changes in health care needs. The InterRAI assessment tool has been utilised for four of five residents, however, these have not been reviewed six monthly (link #1.3.3.3).		basis of the long-term care plan interventions.  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 Rata Park. Four of five files reviewed evidenced that long-term care plans were comprehensive and were tailored to the resident's individual needs. One resident with episodic confusion requires review of behaviour assessment (link #1.3.4.2). Staff interviewed were able to describe the care requirements for this resident. Progress notes and behaviour monitoring charts record the resident's behaviours. Wound care plans were in place for two residents, however, only one resident had had the wound assessed and monitored	i) One resident with a history of confusion and occasional hallucinations does not have these issues addressed in the long-term care plan. ii) One resident with a wound does not have a current assessment in place and the wound monitoring form has not been completed at each dressing change. A wound treatment plan is being followed.	i) Provide evidence that all residents have their assessed needs recorded in interventions on the long-term care plan. ii) Ensure that all wounds have a documented assessment and treatment plan, and that progress is recorded.  30 days
Criterion 1.3.8.3  Where progress is different from expected, the service responds by	PA Low	Short-term care plans have been utilised for four of five residents and include pain management, catheter care, infections, bruising, skin tears, and changes in medication. Short-term care plans have been signed-off when resolved. Evaluations of care plans have not been conducted regularly for all residents (link #1.3.3.3).	One resident who fell and sustained a skin tear in August 2015 did not have a short-term care plan developed. The incident has been reported on an incident report and in the progress notes.	Provide evidence of the use and completion of short-term care plans for all identified care issues.

initiating changes to the service delivery plan.				30 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.