

Radius Residential Care Limited - Radius Peppertree Care Centre

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:	Radius Residential Care Limited
Premises audited:	Radius Peppertree Care Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 October 2015 End date: 19 October 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:	62

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Radius Peppertree is part of the Radius Residential Care Group. Peppertree cares for up to 62 residents requiring hospital and rest home level care. On the day of the audit there were 62 residents.

The manager is an Enrolled Nurse, but is not currently registered, and has been in the role for two and a half years. She is supported by a clinical nurse manager and the Radius regional manager.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, general practitioner, management and staff. Residents and family interviewed spoke positively about the service provided.

Two of the three shortfalls identified at the previous audit have been addressed. These were around indications for use of 'as required' medications and emergency trolley checks. Improvement continues to be required around care planning. This audit has identified further improvements are required around InterRAI assessments, registered nurse follow up of issues, wound management, care interventions and medication administration.

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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There is an open disclosure policy, which describes ways that information is provided to residents and families/next of kin at entry to the service continually, and as required. There is evidence that residents and family are kept informed. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Services are planned, coordinated, and are appropriate to the needs of the residents. A facility manager is responsible for the day-to-day operations of the facility. Quality and risk management processes are maintained, reflecting the principals of continuous quality improvement. Strategic plans and quality goals are documented and regularly reviewed. Corrective action plans are implemented where opportunities for improvement are identified. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and robust health and safety processes. Adverse, unplanned and untoward events are responded to in an appropriate and timely manner. Human resources are managed in accordance with good employment practice, meeting legislative requirements. An orientation programme is in place for new staff. The education and training programme for staff is embedded into practice. Registered nursing cover is provided twenty-four hours a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe.

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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Paper based initial assessments and risk assessment tools are completed by the registered nurses, on admission. 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. Medications are prescribed and stored 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.

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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A current building warrant of fitness is posted in a visible location. The facility's amenities, fixtures, equipment and furniture are appropriate for rest home and hospital care residents. Emergency trollies and equipment are checked weekly.

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 philosophy around restraint is that it requires a rationale and is regarded as a last resort intervention. There are five residents with enablers and none with restraints. Enabler use is voluntary. Staff are trained in restraint minimisation and management of challenging behaviours.

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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Peppertree has an infection control programme that complies with current best practice. Infection control surveillance is established that is appropriate to the size and type of services. There is a defined surveillance programme with monthly reporting by the infection control coordinator.

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	13	0	1	4	0	0
Criteria	0	36	0	1	4	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 1.1.13: 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 that describes the management of the complaints process. Complaints forms are accessible to residents and family. Information about complaints is provided on admission. Interviews with six residents (three hospital and three rest home) and two family members confirmed their understanding of the complaints process and state all concerns/complaints are addressed. Care staff interviewed (four healthcare assistants, two registered nurses and one activities coordinator) were able to describe the process around reporting complaints.</p> <p>The complaints register includes verbal and written complaints with evidence to confirm that complaints are being managed in a timely manner including acknowledgement, investigation, meeting time lines, corrective actions when required, and resolutions. Three complaints received in 2015 (year to date) have been managed within the required timeframes as determined by the Health and Disability Commissioner. Complaints listed include feedback received on satisfaction surveys. Complaints are linked to the quality and risk management system.</p> <p>There has been a complaint lodged through the Health and Disability Commission. The service is waiting for the outcome of the investigation and sign off.</p>
Standard 1.1.9: Communication	FA	An open disclosure policy describes ways that information is provided to residents and families. The information pack contains a comprehensive range of information regarding the scope of service provided to the resident and

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>their family on entry to the service and any items they have to pay that is not covered by the agreement. The facility manager and clinical nurse manager confirm family are kept informed. Two relatives (two from the hospital) interviewed confirm they are notified promptly of any incidents/accidents. Ten incident/accident forms were reviewed and identified that the next of kin were contacted or if not, justification as to why. Residents' meetings are held bi-monthly.</p> <p>There is access to interpreter services. The information pack is available in large print and can be read to residents. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Radius Peppertree is part of the Radius Residential Care Group. Radius Peppertree cares for up to 62 residents requiring hospital and rest home level care. All beds are dual purpose. On the day of the audit there were 29 residents receiving rest home level care and 33 receiving hospital level care. This included four residents under the medical aspect of the certificate – one on a short-term 'hospital recovery' contract and three on long-term chronic conditions contracts. The facility manager reports monthly to the regional manager on a range of operational matters in relation to Radius Peppertree including strategic and operational issues, incidents and accidents, complaints, health and safety. Radius has an organisational philosophy, which includes a vision and mission statement. The Radius Peppertree business plan for 2014 to 2017 is linked to the Radius Care Group strategies and business plan targets. An organisational chart is in place. Comprehensive quarterly reviews are undertaken to report on achievements towards meeting business goals.</p> <p>The Radius Peppertree facility manager was previously an enrolled nurse but no longer holds a practicing certificate. She has experience in aged care since 1987 including many years aged care management experience. She started in the role in July 2013 and has completed at least eight hours professional development in the past 12 months. The facility manager is supported by a clinical nurse manager who has been a registered nurse since 2004, and has worked in aged care in and New Zealand. She has been in the role for 12 months. The organisation provides annual conferences for their managers and 2 - 3 monthly regional conferences.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality</p>	<p>FA</p>	<p>A robust quality and risk management system is in place. There are organisational policies to guide each facility to implement the quality management programme including (but not limited to) continuous quality improvement programme policy, continuous quality improvement methodology policy, quality indicator data collection policy and internal audit timetable. Interviews with four health care assistants confirmed that quality data is discussed at monthly staff meetings. The facility manager advised that she is responsible for providing oversight of the quality programme.</p> <p>There is a monthly quality and risk management meeting where all quality data and indicators are discussed. Minutes of these meetings are made available to all staff. The quality and risk management programme is designed</p>

<p>and risk management system that reflects continuous quality improvement principles.</p>		<p>to monitor contractual and standards compliance. The clinical managers group with input from facility staff, reviews the service's policies at national level every two years. There is an annual staff training programme that is implemented and based around policies and procedures. Internal audits are completed. A resident satisfaction survey is conducted each year. Results for 2015 reflected high levels of resident satisfaction with the services received.</p> <p>Policy manuals are reviewed two yearly. New and/or revised policies are made available for staff to read and sign that they have read and understand the changes. Policies and procedures have been updated to reflect the implemented InterRAI procedures. Processes are in place for accident and incident reporting, injury prevention and management, workplace inspections and hazard management.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The service collects a comprehensive set of data relating to adverse, unplanned and untoward events. This includes the collection of incident and accident information. The reporting system is integrated into the quality and risk management programme. When an incident occurs, the healthcare assistant (or staff discovering the incident) completes the form and the registered nurse (RN) will undertake an initial assessment. The RN will notify family and GP as required. The clinical nurse manager collects incident reports daily and reviews both the incident and actions taken. Where the action taken is not considered to have been comprehensive, the clinical nurse manager will investigate and escalate to the facility manager. Ten incident forms sampled evidence detailed investigations and corrective action plans following incidents including neuro observations for two of the incidents. Monthly data is taken to the risk management and restraint meeting. The health care assistants interviewed could describe the process for management and reporting of incidents and accidents.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment</p>	<p>FA</p>	<p>A recruitment, selection and appointment of staff policy is in place and implemented. There are job descriptions available for all relevant positions that describe staff roles, responsibilities and accountabilities. Seven staff files were reviewed and performance appraisals were up to date. The practising certificates of health professionals are current. Evidence of signed employment contracts, job descriptions, orientation, and training were sighted. Radius Peppertree has an orientation programme that is specific to worker type and includes manual handling, health and safety in service and competency testing. In the staff files reviewed there were records that orientations had been completed. Interviews with healthcare assistants described the orientation programme that includes a period of supervision.</p> <p>The service has an internal training programme directed by head office. The 2015 annual education planner</p>

<p>practice and meet the requirements of legislation.</p>		<p>covered all the compulsory training requirements. Additional sessions and toolbox education at handovers ensure all staff receive training. Visual learning and English tutoring has been implemented to improve staff learning and communication where required.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The roster is able to be changed in response to resident acuity. The facility manager and clinical nurse manager work full time from Monday to Friday. A minimum of one registered nurse (RN) is rostered on 24 hours a day, seven days a week. Residents and families interviewed advised that they felt there was sufficient staffing.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>An RN checks medications against the doctor's medication profile on arrival from the pharmacy. Any mistakes by the pharmacy are regarded as an incident.</p> <p>Designated staff are listed on the medication competency register, which shows signatures/initials to identify the administering staff member. One registered nurse was observed safely and correctly administering medications.</p> <p>Resident medication charts are identified with demographic details and photographs. The medications fridges have daily temperature checks. All 10 medication charts had allergies (or nil known) documented. All medications are stored appropriately.</p> <p>There were no residents self-administering medications.</p> <p>Ten of ten medication charts reviewed identified that the GP had reviewed the resident three monthly and the medication chart was signed. Six of 10 medication charts indicate medication being administered as prescribed. All medication charts document the indication for giving 'as required' medication. This is an improvement since the previous audit. All eye drops were dated on opening.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	<p>FA</p>	<p>The service has a large workable kitchen. The kitchen and the equipment are well maintained. The service employs sufficient kitchen staff to provide meal services over seven days a week. There is a rotating four weekly menu in place designed by a dietitian. Diets are modified as required. There is a choice of foods and the kitchen can cater to specific requests if needed.</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>Food safety information and a kitchen manual are available in the kitchen. Food served on the day of audit was hot and well presented.</p> <p>The residents interviewed spoke positively about meals provided and they all stated that staff ask them about their food preferences.</p> <p>The service has a process of regular checking of food in both the fridge and freezers to ensure it is disposed of when the use-by date expires. All food is stored and handled safely. Food temperatures are recorded. The kitchen is clean.</p> <p>Kitchen staff have been trained in safe food handling.</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>PA Moderate</p>	<p>The previous audit identified that care plans did not always reflect interventions for all identified areas of need. The four long-term care plans sampled for long-term residents (two rest home and two hospital) document comprehensive interventions for all identified needs using a template format. The short-term resident does not have a care plan and not all identified needs are addressed. The previous shortfall has not yet been fully addressed.</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>Wound care plans, infection control plans, diabetes specific plans, fluid balance management plans and pain management plans were evident. The use of short-term care plans was evident in two resident files sampled (link 1.3.8.3). In three of five files sampled, the residents are receiving care that meets all their needs. The GP interviewed stated the facility applied changes of care advice immediately and was complementary about the quality of service delivery provided. Residents' needs are assessed prior to admission and resident's primary care is provided by the facility GPs unless the resident chooses another GP.</p> <p>Dressing supplies are available and a treatment room is stocked for use.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed.</p> <p>Wound assessment and wound management plans are in place for 16 residents including five pressure injuries (four grade two and one grade one). All except one grade two pressure injury and one grade one pressure injury were acquired outside the facility. A corrective action plan including staff education was completed following the identification of the grade two pressure injury. Four wound assessments and management plans had more than one wound addressed in them. There is evidence in files of the wound specialist referrals. Wound care is</p>

		completed within timeframes for all wounds.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>An activity officer works in the facility five days per week providing a programme across both service levels. All recreation/activities assessments and reviews are up to date. Residents were observed being actively involved in a variety of activities in the main lounge and throughout the facility. Residents have a comprehensive assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career and family.</p> <p>Activities are age appropriate and comprehensively planned. Activities provided are meaningful and reflect ordinary patterns of life.</p> <p>All residents and family members interviewed stated that activities are appropriate and varied and spoke positively about the programme.</p> <p>Five resident files reviewed identified that the individual activity plan is reviewed at the time of the care plan review.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	PA Moderate	<p>Files sampled demonstrated that the registered nurses evaluate initial care plans within three weeks of admission. The long-term care plan is evaluated at least six monthly or earlier if there is a change in health status (with one exception). There is at least a three monthly review by the GP. All changes in health status are documented and followed-up. An RN signs care plan reviews. Short-term care plans are used for short-term needs. However, two resident files sampled did not have short-term care plans for short-term needs. Where progress is different from expected, the service does not always respond by initiating changes to the care plan.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current warrant of fitness, which expires on 5 April 2016.</p>
<p>Standard 1.4.7: Essential,</p>	FA	<p>There is an approved evacuation plan. An evacuation policy on emergency and security situations is in place. Fire drills were conducted on 15 and 16 September 2015. Staff confirmed their awareness of emergency procedures.</p>

<p>Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>Registered nurses have current first aid certificates. The emergency trolley is checked on a weekly basis. This is an improvement since the previous audit.</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 surveillance of infection data assists in evaluating compliance with infection control practices. Infections are collated monthly including urinary tract, upper respiratory and skin. This data is reported to the facility meetings. Monthly data was seen in staff areas. The service submits data monthly to Radius head office where benchmarking is completed. There have been no outbreaks since the previous audit.</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 service philosophy around restraint is that it requires a rationale and is regarded as a last intervention when other interventions or calming/defusing strategies have not worked. There is a regional restraint group at the organisational level and a restraint group at the facility where restraint is reviewed.</p> <p>There were five residents with enablers and none with restraints. Enabler use is voluntary as evidenced in two files sampled. Healthcare assistants interviewed confirmed restraint/enablers are discussed at 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)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA</p> <p>Moderate</p>	<p>Registered nurses administer medications. One registered nurse observed administering medication followed correct procedure and signed for each medication when administered. Medication charts are pharmacy generated. Not all charts demonstrated that medications prescribed were administered.</p>	<p>Four of ten medication charts sampled had prescribed medications that had not been signed as administered.</p>	<p>Ensure all medications are administered and signed for as prescribed.</p> <p>60 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service</p>	<p>PA Low</p>	<p>All five resident files sampled contained a comprehensive suite of paper-based assessments completed within 21 days of admission. The file sample</p>	<p>The three residents</p>	<p>Ensure all new</p>

<p>provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>		<p>was extended to include the three residents admitted since 1 July 2015 around InterRAI assessments. All had a suite of paper-based assessments completed but no InterRAI assessment.</p>	<p>admitted since 1 July 2015 have not had an InterRAI assessment completed.</p>	<p>residents have an InterRAI assessment completed within 21 days of admission.</p> <p>90 days</p>
<p>Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	<p>PA Moderate</p>	<p>Two long-term rest home and two long-term hospital resident files sampled had a care plan developed using a comprehensive template that documents clear interventions for all the residents assessed and identified goals and needs. One short-term resident does not have all needs addressed in a care plan. This resident does have a short-term care plan around a hospital acquired pressure injury and a DHB care plan that describes the goals of the admission (link 1.3.6.1).</p>	<p>One of five resident files sampled (for a resident on a hospital recovery contract) did not have a care plan that addresses catheter management or enabler use.</p>	<p>Ensure that all residents have a care plan that addresses all identified areas of need.</p> <p>60 days</p>
<p>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.</p>	<p>PA Moderate</p>	<p>Care plans document the required interventions for four of five resident files sampled (link 1.3.5.2). One short-term resident had a DHB plan that describes interventions to be undertaken during the admission. There was inconsistent documented evidence that these interventions were occurring. The wound assessment and management plans were completed for 12 residents with wounds. Four residents had more than one wound included on the same assessment and management plan. Care plans document when regular turns, frequent weighs or fluid balance charts are required. Fluid balance charts and turning charts were comprehensively completed when these were required. One resident who had a short-term care plan requiring</p>	<p>One hospital resident who had a short-term care plan requiring weekly weighs had not had these completed.</p> <p>There was not consistent</p>	<p>Ensure documented interventions are implemented.</p> <p>Ensure all wounds have an individual wound assessment</p>

		weekly weighs had not had these completed.	documented evidence that interventions documented in the DHB recovery plan for one hospital resident on a short-term contract had been implemented. Four wound assessments and management plans had more than one wound addressed in them.	and management plan. 60 days
<p>Criterion 1.3.8.3</p> <p>Where progress is different from expected, the service responds by initiating changes to the service delivery plan.</p>	<p>PA</p> <p>Moderate</p>	<p>A short-term care plan template was sighted in four files sampled as used for short-term needs including pressure areas, weight loss and infections. However, short-term issues identified in two files sampled did not have short-term care plans. There was evidence in two of three files where needs had changed, of the care plan being updated. This had not occurred in one file sampled.</p>	<p>Two of five files sampled (both hospital) did not have short-term care needs documented in short-term care plans. File one: recurrent epistaxis, file two: pressure injury.</p> <p>One rest home resident who had returned</p>	<p>Ensure that short-term needs are addressed on short-term care plans and that care plans are updated when needs change.</p> <p>60 days</p>

			from hospital had not had the care plan updated to reflect the hospitals discharge instructions.	
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.