

Mossbrae Healthcare 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](#).

The specifics of this audit included:

Legal entity:	Mossbrae Healthcare Limited
Premises audited:	Mossbrae Healthcare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 October 2015 End date: 30 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:	63

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

Mossbrae Healthcare provides rest home and hospital level care for up to 64 residents. On the day of the audit, there were 63 residents, 56 hospital residents and seven rest home residents. An experienced registered nurse manages the service. An assistant manager (registered nurse) who provides clinical oversight and management supports the manager, and there are registered nurses on duty at all times.

This surveillance audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures; the review of residents and staff files, observations and interviews with residents, relatives, staff and management.

The service continues to implement a quality and risk management programme identifying quality improvements through a variety of activities. The service provides care to residents based on the services mission and philosophy of care. Staff interviewed and documentation reviewed identifies the quality and risk management systems in place are appropriate to meet the needs and interests of the resident group. Family and residents interviewed spoke very positively about the care and support provided.

The service has addressed six of the seven previous shortfalls relating to the resuscitation policy, developing individual activities goals and plans, care planning for respite residents, aspects of medication management, hot water temperature monitoring, calibration and servicing of equipment and infection prevention practices. Further improvements are required in relation to review of assessment tools.

This audit has identified that improvements are required around policies relating to InterRAI assessments, care planning timeframes and staff medication competency.

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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Staff at Mossbrae ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service has policy relating to resuscitation and the resident signs advance directives. Accidents, incidents and complaints alert staff to their responsibility to notify family/next of kin of any event that occurs. The complaints procedure is provided to residents and relatives as part of the admission process. The service maintains a complaints register.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Mossbrae is a privately owned facility. The owners visit the service every month and meet with the management team, staff and residents. The manager has been in the role for 11 years and is supported by the owners, an assistant manager, registered nurses and care staff. An internal audit programme monitors service performance. Staffing levels are safe and appropriate. Incidents and accidents are reported. Discussions with families identified that they are informed of changes in health status. A comprehensive

education and training programme has been implemented with a current plan in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. 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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Care plans are individually developed with the resident and family/whānau involvement is included where appropriate and required to be evaluated six monthly or more frequently when clinically indicated. Residents and family interviewed confirmed that the care plans are consistent with meeting residents' needs. The InterRAI assessment tool is utilised and monitoring forms are available to assess effectively the level of risk and support required for residents. Activities provided are meaningful and ensure that the resident maintains involvement in the community. A medication management system is implemented. There are three monthly GP medication reviews. The menu is designed by a dietitian and has summer and winter menus. Dietary requirements are provided where special needs are required.

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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Mossbrae has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Medical equipment and electrical appliances have been calibrated.

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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Mossbrae has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. There are no residents using enablers and 43 residents assessed as requiring restraint. Restraint in use includes bedrails and lap belts. Following discussion with manager the service will undertake a review of the definition of enabler and assess residents who have the capacity to independently request the usage of restraint as an enabler rather than restraint thus minimising restraint usage.

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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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. 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. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

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	16	0	3	1	0	0
Criteria	0	39	0	3	1	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 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The previous audit identified that improvements were required in relation to the provision of resuscitation choices. Policy and procedures have been reviewed and updated. Policies reviewed now reflect the provision for residents to make an informed choice or decision regarding options for resuscitation in the event of an acute, medical life-threatening episode. Informed consent and resuscitation orders were appropriately recorded as evidenced in seven of seven resident files (two rest home and five hospital) reviewed. Residents interviewed confirmed that information was provided to enable informed choices and that they were able to decline or withdraw their consent. The service has addressed and monitored this previous finding.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is</p>	FA	<p>The service has a complaints policy and procedure in place. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings, and complaint forms. Information on the complaint forms includes the contact details for the Health and Disability Advocacy Service. Complaints forms are available at reception. A review of the complaints register evidences that appropriate actions have been taken in the management and processing of complaints. No complaints have been received since the previous audit. A complaints procedure is provided to residents within the information pack on admission.</p>

understood, respected, and upheld.		
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The service has policies in place relating to open disclosure. Ten residents (three rest home and seven hospital) interviewed, stated they were welcomed on entry and were given time and explanation about the services and procedures. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. A sample of incident reports reviewed for September 2015, and associated resident files, evidenced recording of family notification. Five relatives interviewed (rest home and hospital) confirmed they are notified of any changes in their family member's health status. The managers and registered nurses can identify the processes that are in place to support family being kept informed.</p> <p>Interpreter services are available and provided to residents and families who require them.</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>	FA	<p>Mossbrae is a privately owned facility, which provides rest home and hospital level care for up to 64 residents (all dual-purpose beds) across two units. On the days of audit there were 63 residents (seven rest home and 56 hospital residents). The two units are Argyle and Inglis, with a mixture of rest home and hospital residents in each wing. An experienced registered nurse who has been in the role for over 11 years manages the facility. An assistant manager (registered nurse), registered nurses and care staff support her. There are clearly defined and measurable goals developed for the business plan and quality and risk management plan.</p> <p>An organisational chart visually describes reporting relationships for the ownership and management structure. The manager reports to the owners on a range of management issues each month. The owners visit monthly and meet with management, staff, residents and families. The internal audit programme regularly assesses service performance.</p> <p>The manager has attended at least eight hours professional development in the past year relating to managing a rest home/hospital.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality</p>	PA Low	<p>The quality and risk management system is understood and implemented by the manager and staff. A comprehensive set of policies and procedures are in place, however, care-planning policies do not reflect appropriate reference to the InterRAI assessment tool. The manager reports that new and/or revised policies are developed with input from staff. The manager signs off on all new policies. They are available for staff to read and to sign after reading. Key components of service delivery are linked to the quality and risk management programmes. The internal audit programme regularly assesses service performance. The resident/relative survey conducted in March 2015 attracted comments, which were very positive, with residents and families stating they were overall very satisfied. Discussions with individual residents also occurred to address any issues that were</p>

<p>and risk management system that reflects continuous quality improvement principles.</p>		<p>identified, via the survey process.</p> <p>Management meetings with the owners are held monthly. General staff meetings are held two monthly. Quality assurance committee meetings are held monthly with standing agenda items including occupancy, incident and accident reporting, infection control, complaints and compliments, restraint, health and safety, internal audits, surveys, policies and in-service education. Resident and family meetings are held three monthly in each wing. Other meetings include two monthly infection control, and health and safety, and monthly registered/enrolled nurses meetings.</p> <p>Data collected is analysed, evaluated and communicated to staff. Corrective actions are put into place where opportunities for improvements are identified. Results of internal audits are discussed in the quality assurance committee, staff meetings, and the monthly management meetings.</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>Incident and accident data is collected and analysed. Discussions with the service confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A sample of resident related incident reports for September 2015 were reviewed. Adverse events include an investigation. Follow-up is conducted by the registered nurse and the GP is notified if required. The assistant manager investigates all events with further follow-up by the manager if required. Further clinical care and support is documented in resident files. The adverse events form documents the follow-up actions taken. Monthly incident/accident analysis is conducted and results discussed at staff meetings. Monthly and annual collation and analysis of reports is conducted.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in</p>	<p>FA</p>	<p>Eighty-two staff are employed at Mossbrae which includes a manager, assistant manager, registered and enrolled nurses, caregivers, housekeeping and kitchen staff and activities staff. Annual practising certificates, including scope of practice, are validated with copies of certificates held in each applicable health professional's personnel file. Current practising certificates were sighted for the registered nurses, enrolled nurses, general practitioners, pharmacist and physiotherapist.</p> <p>Eleven staff files selected for review. Each staff file audited included evidence of a signed employment agreement and position description, appropriate qualifications, evidence of a completed orientation programme and annual performance appraisals. All staff have a current first aid certificate.</p>

<p>accordance with good employment practice and meet the requirements of legislation.</p>		<p>Discussion with the registered, enrolled nurses and caregivers confirm that a comprehensive in-service training programme is in place that covers relevant aspects of care and support and meets requirements. There is a completed in-service calendar for 2015. The annual training programme exceeds eight hours annually. Caregivers interviewed have completed either the national certificate in care of the elderly or similar NZQA qualifications.</p> <p>Four registered nurses have completed InterRAI training and a further two registered nurses are scheduled to complete in 2016.</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>Staffing rosters were sighted. Mossbrae has a weekly roster in place, which provides sufficient staffing cover for the provision of care and service to residents. There is a registered nurse on duty in each of the two units 24/7. The manager and assistant manager are available afterhours for clinical and non-clinical service issues. Care staff interviewed advised that they are well supported by the manager and registered nurses. The manager reported that staff turnover is low. Staffing levels are altered according to resident numbers and acuity. Residents and relatives confirm that there are sufficient staff on duty, and that they are approachable and competent.</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>The service uses an individualised packed medication system that is checked-in on delivery. Medications are managed appropriately in line with required guidelines and legislation. Medication charts sampled were reviewed three monthly by the attending GP. Each resident has an individual standing orders form and these have been reviewed annually for all residents. This is an improvement since the previous audit. Resident photos and documented allergies or nil known were evident on all 16 medication charts.</p> <p>An initial medication administration competency was completed for all staff administering medications and annual medication training has been conducted, however these competencies have not been reviewed.</p> <p>There is a policy and procedures in place for self-medicating residents. There were currently no residents self-medicating. Medications are stored securely and appropriate checks are conducted. The service has made improvements in this area.</p>
<p>Standard 1.3.13: Nutrition, Safe Food,</p>	<p>FA</p>	<p>An external contractor provides all meals at Mossbrae. Food is delivered in hot boxes three times a day, including morning and afternoon tea. Temperature of hot food is checked at the contractors kitchen prior to departure and</p>

<p>And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>then again at Mossbrae by the kitchen assistant prior to serving to residents. Evidence of this was sighted. There are two kitchen-serving areas at Mossbrae where delivered food is transferred to bain maries and served to residents. Kitchen assistants have completed food safety training. As part of the assessment process, the RN makes a dietary assessment and this includes likes and dislikes. There was evidence of residents receiving supplements. Kitchen fridge and freezer temperatures are monitored and recorded daily. Food in the fridge and freezers was covered and dated. The external contractor conducts audits as part of their food safety programme. Special or modified diets are catered for. Soft and pureed dietary needs are documented in files sampled. This includes consideration of any particular dietary needs (including cultural needs). Resident and families interviewed were complimentary of the food service.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>PA Low</p>	<p>Previous audit identified improvement relating to utilising assessment tools. All residents were admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission, for files sampled. Personal needs information was gathered during admission, which formed the basis of resident goals and objectives in files sampled. Assessment tools were utilised and reviewed at least six monthly for five of the seven resident files sampled, however two files identified they had not been reviewed according to policy.</p> <p>The service has four registered nurses that have completed InterRAI training and InterRAI assessments were evident in all seven resident files sampled.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Previous audit identified improvements were required relating to the development of activity goals and care plan. The sample of care plans evidence that all interventions have been documented for all assessed needs and support. Files reviewed demonstrated that care plans were individualised. Care plans demonstrate service integration and input from allied health. Short-term care plans are in use for changes in health status. All seven files reviewed contained assessment, care plan and evaluation relating to activity goals. This improvement has been addressed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services</p>	<p>FA</p>	<p>Care plans reviewed were current with interventions updated.</p> <p>Continence products are available and resident files include a urinary continence assessment. Specialist continence advice is available as needed and this could be described.</p> <p>Three monthly weighs have been completed in all seven files sampled. Referral to dietitian occurs as required, as confirmed by registered nurses interviewed.</p>

<p>in order to meet their assessed needs and desired outcomes.</p>		<p>Dressing supplies are available and all treatment rooms are stocked for use. The service is currently managing 15 wounds including three grade one pressure related injuries. All wounds had wound management plans in place with evaluations documented. The GP has been involved in wound management where required. The three pressure related wounds had a care plan written to include preventative measures. Incident forms have been completed for the pressure injuries and these have been discussed at RN/EN meetings. One pressure injury had healed and was covered with a protective dressing.</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 activity programme is planned monthly. Activities planned for the day are displayed on notice boards around the facility. An activity plan is developed for each individual resident based on assessed needs of the activity assessment completed on admission. Activity plans were reviewed six monthly in files sampled. Activity progress notes are maintained. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. Community groups are invited to participate in the programme. Resident meetings provide a forum for feedback relating to activities. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents. Mossbrae has its own van for transportation. The activity staff have current first aid certificates.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The registered nurse developed all initial care plans on the day of admission and residents' comprehensive long-term care plan developed within three weeks of admission. Long-term care plans are evaluated three – six monthly if there is a significant change in health status (link # 1.3.3.3). A change in health status triggers an update on the care plan. Care plan reviews are signed as completed by the registered nurse. There is at least a three monthly review by the medical practitioner or when requested if issues arise or health status changes.</p> <p>Short-term care plans were evident for current and previous wounds, skin tears and urinary tract infections. Short-term care plans reviewed evidence evaluation and are signed and dated by the registered nurses when issues have been resolved.</p> <p>Caregivers interviewed confirmed that they are updated as to any changes to/in resident's care or treatment during handover sessions which occur at the beginning of each shift.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are</p>	<p>FA</p>	<p>The service displays a current building warrant of fitness, which expires on 10 June 2016. Previous audit required improvements relating to the temperature of hot water in resident areas. Hot water temperature checks are conducted and recorded monthly by the maintenance person. The service records hot water temperatures between 42 and 45 degrees Celsius. The service has addressed and monitored this previous finding.</p>

<p>provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>Previous audit identified the calibration and servicing of medical equipment had not occurred. All medical equipment including hoist, scales and oxygen concentrator have been checked 12 October 2015. The service has addressed and monitored this previous finding.</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>Mossbrae has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. The assistant manager is the infection control nurse. There is an infection control team, which meets two monthly, and infection control is an agenda item at quality assurance meetings and staff meetings. Discussion and reporting of infection control matters and consequent review of the programme is conducted at these meetings. Regular audits take place. Hand washing facilities are available for staff and residents throughout the facility and signs are displayed promoting hand hygiene and warnings to visitors. Alcohol hand gel is also widely available and utilised. It was evidenced during a tour of facility that the service now supplies disposable hand towels in all toilet/hand washing areas. The service has addressed this previous finding.</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>Infection surveillance and monitoring is an integral part of the infection control programme and is described in policy. The assistant manager is the designated infection control nurse. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered into a monthly infection data sheet. Infection rates are discussed at monthly registered nurse and quality meetings. Surveillance data is graphed and available to all staff. The data has been analysed monthly and annually at facility. There have been no reported outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate</p>	<p>FA</p>	<p>Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Enablers are voluntary. The manager is the restraint coordinator at Mossbrae. There are no residents using enablers and 43 hospital residents assessed as requiring restraint. Restraint in use includes bedrails and lap belts. Thirty-three hospital residents have bedrails in situ at night as a falls prevention and</p>

<p>that the use of restraint is actively minimised.</p>		<p>safety measure. There are 10 hospital residents with a lap belt in place when in a wheelchair to prevent unsafe behaviours, which result in falls. Documentation includes a restraint register for each wing, restraint/enabler assessment forms, restraint consent forms, a restraint plan in the resident care plan, monitoring forms, and three-monthly evaluation forms. Challenging behaviour and de-escalation techniques in service was provided in May 2015, restraint education last provided for staff in August 2015 with associated questionnaire completed.</p> <p>Improvement Note:</p> <p>Following discussion with manager the service will undertake a review of the definition of enabler and assess residents who have the capacity to independently request the usage of restraint as an enabler rather than restraint thus minimising restraint usage. The service should review restraint alternatives to minimise restraint usage and provide further education focussed on restraint minimisation.</p>
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Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.3</p> <p>The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.</p>	PA Low	A comprehensive set of policies and procedures are in place. The manager reports that new and/or revised policies are developed with input from staff. The manager signs off on all new policies. They are available for staff to read and to sign after reading. Care planning policies do not reflect InterRAI assessment.	Care planning policies do not reflect appropriate reference to implementation of the InterRAI assessment tool.	<p>Review care-planning policies to ensure they reflect the InterRAI assessment process.</p> <p>90 days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are</p>	PA Moderate	An initial medication administration competency was completed for all staff administering medications and annual medication training has been conducted, however these competencies are not reviewed. On review of files	Annual competencies for medication have not been completed.	Complete annual competencies for all staff

competent to perform the function for each stage they manage.		and discussion with manager, medication competencies are completed only at the commencement of employment.		who administer medication. 60 days
<p>Criterion 1.3.3.3</p> <p>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.</p>	PA Low	In all long-term residents' files sampled (two rest home, five hospital), the initial admission assessment and resident comprehensive long-term care plans were developed and signed off by a registered nurse. Input from care staff, supporting staff and relatives is recorded. Five of the seven files evidence that reviews have been conducted three to six monthly or earlier if resident health changes.	Two files (hospital), evidence that care plans have not been reviewed within policy timeframes, and the care plans do not reflect the InterRAI assessment tool outcomes.	Care plans are to be reviewed as per policy and to include the outcome of the InterRAI assessment. 90 days
<p>Criterion 1.3.4.2</p> <p>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.</p>	PA Low	Risk assessment tools are utilised when needs are identified, including pressure risk, nutritional, falls prevention, behavioural and pain. Reviews of risk assessments were conducted in five of seven files reviewed. Facility policy states that risk assessments are to be conducted in addition to the InterRAI assessment tool.	Two of seven resident files identified that assessment tools have not been reviewed as per policy.	Ensure assessment tools are reviewed as per policy and care plans are updated following assessment. 90 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, 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.