

Gwynn Holdings Limited - Rata Park Rest Home

Introduction

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

The audit has been conducted by 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: 9 March 2016 End date: 9 March 2016

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: 17

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Rata Park is certified to provide rest home level care for up to 20 residents. On the day of audit there were 17 residents. The service is owned and managed by a registered nurse. The owner/manager is supported by a full time registered nurse and care staff.

Residents and families interviewed were complimentary of the service that they receive. There has been recent care staff turnover.

This certification audit was conducted against the Health and Disability service standards and the district health board contract. The audit process included a review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff and management.

The audit has identified that improvements are required around informed consent, corrective actions, analysis of data, incident reporting, staff position descriptions, education and training, timeframes for assessments, resident and family input in to care planning, aspects of care planning including assessments, care plans, interventions, evaluations and activities plans, medication management, first aid training for staff, analysis of infection data and review of the infection control programme.

Consumer rights

<p>Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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The staff at Rata Park Rest Home strives to ensure that care is provided in a way that focuses on the individual and residents' autonomy is valued. Information about the Code of Rights and services is easily accessible to residents and families. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

<p>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.</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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Rata Park Rest Home is certified to provide rest home level care. There were 17 residents on the day of audit. The owner/manager is an experienced registered nurse. The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities are conducted and this generates improvements in practice and service delivery. Health and safety policies, systems and processes are implemented to manage risk. Discussions with families identified that they are fully informed of changes in health status. Staff advised that there is an orientation programme that provides new staff with

relevant information for safe work practice. Human resources policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

<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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Entry to the service is managed by the owner/manager or registered nurse. There is comprehensive service information available. Care plans and reviews are completed by a registered nurse. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. Medication is stored appropriately in line with legislation and guidelines. General practitioners review residents at least three monthly or more frequently if needed. Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are able to be provided. Residents and relatives interviewed were complimentary about the food service.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		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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There is a current building warrant of fitness. Furniture and fittings are selected with consideration to residents' abilities and functioning. Furniture is appropriate to the setting and arranged that enables residents to mobilise. The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. Chemicals are labelled and there is appropriate protective equipment and clothing for staff. Laundry and cleaning processes are monitored for effectiveness. The service has implemented policies and procedures for fire, civil defence and other emergencies. General living areas and resident rooms are appropriately heated and ventilated. Residents have access to natural light in their rooms and there is adequate external light in communal areas.

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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Rata Park has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. The service is restraint free and no enablers were in use.

Infection prevention and control

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the service and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and also as part of the ongoing in-service education programme. 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)
Standards	0	31	0	8	6	0	0
Criteria	0	77	0	9	7	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure are implemented. Discussions with staff (two caregivers, one activities coordinator, the registered nurse and the manager) confirm their familiarity with the Code. Interviews with five residents and two relatives confirm the services being provided are in line with the Code of Rights. Code of Rights and advocacy training has not been provided in the past two years (link #1.2.7.5).
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	PA Low	Informed consent processes are discussed with residents and families on admission. In one of four long term resident files sampled, written consents are signed by the resident. Advanced directives are signed for separately. There is evidence of discussion with family when the GP completed a clinically indicated not for resuscitation order. Caregivers and the registered nurse interviewed confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. Four of four long term resident files sampled had a signed admission agreement.

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>An advocacy policy and procedure includes how staff can assist residents and families to access advocacy services. Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available at reception.</p> <p>Residents' meetings include discussing previous meeting minutes and actions taken (if any) before addressing new items. The residents' files include information on residents' family/whānau and chosen social networks.</p> <p>Residents are provided with a copy of the Code and Nationwide Health and Disability Advocacy services pamphlets on entry. Discussions with relatives identify that the service provides opportunities for the family/EPOA to be involved in decisions.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>The resident information pack states that visiting can occur at any reasonable time. Interviews with residents and relatives confirm that visiting can occur at any time. Family and friends were seen visiting on the day of the audit. Key people involved in the resident's life are documented in the care plans.</p> <p>Discussions with residents and relatives verify that they are supported and encouraged to remain involved in the community. Rata Park Rest Home staff support ongoing access to community and entertainers are invited to perform at the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>A complaints policy and procedures are in place. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings and complaint forms.</p> <p>Information on the complaint's form includes the contact details for the Health and Disability Advocacy Service.</p> <p>Interviews with residents and relatives are familiar with the complaints procedure and state any concerns or issues are addressed.</p> <p>The complaints log/register includes the date of the incident, complainant, summary of complaint, any follow-up actions taken and signature when the complaint is resolved. There have been no complaints received in 2015 or 2016. Advised that resident meetings are an open forum for residents to air any concerns or issues, which are then dealt with in a timely manner.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of</p>	<p>FA</p>	<p>The service provides information to residents that include the Code of Rights, complaints and advocacy information. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Interviews with residents and relatives identify they are informed about the Code of Rights. The manager and registered nurse provide an open-door policy for concerns or complaints.</p> <p>Resident meetings have been held providing the opportunity to raise concerns in a group setting. A resident</p>

<p>their rights.</p>		<p>satisfaction survey has been conducted. The survey includes questions relating to complaints process and residents rights, with respondents reporting they were overall satisfied or very satisfied. Advocacy pamphlets, which include contact details, are included in the information pack and are available at reception. The service has an advocacy policy that includes a definition of advocacy services, objectives and process/procedure/guidelines.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The service has policies which align with the requirements of the Privacy Act and Health Information Privacy Code. Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records. House rules and a code of conduct is signed by staff at commencement of employment. The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. The local Anglican priest advised that church services are held once a week. Contact details of spiritual/religious advisors are available to staff. Residents and relatives interviewed confirm the service is respectful. Residents' files include their cultural and/or spiritual values when identified by the resident and/or family. Discussions with residents confirm that they are able to choose to engage in activities and access community resources. Staff education and training on abuse and neglect has not been provided in the past two years (link #1.2.7.5).</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>There is a Māori health plan and an individual's values and beliefs policy which includes cultural safety and awareness. Discussions with staff confirm their understanding of the different cultural needs of residents and their whānau. There is information and websites provided within the Māori health plan to provide quick reference and links with local Māori. Interviews with staff confirm they are aware of the need to respond appropriately to maintain cultural safety. Policies include guidelines about the importance of whānau. Cultural awareness training is required to be provided for staff (link #1.2.7.5).</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p>	<p>FA</p>	<p>Care planning includes consideration of spiritual, psychological and social needs. Residents interviewed indicate that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives report that they feel they are consulted and kept informed. Family involvement is encouraged e.g. invitations to residents meetings and facility functions. The service provides a culturally appropriate service by identifying the individual needs of residents during the admission and care planning process as reported by the registered</p>

<p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>nurse. Care plans reviewed include the residents' social, spiritual, cultural and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The staff employment process includes the signing of house rules and a Rata Park Rest Home code of conduct. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues which are provided to staff on employment (link #1.2.7.4). The orientation programme provided to staff on induction includes an emphasis on dignity, privacy and boundaries; evidenced in interview with the care staff. Interviews with staff confirm their understanding of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The quality programme is designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. The 2015 resident satisfaction survey reflects high levels of satisfaction with the services that are received. The registered nurse has been responsible for coordinating the internal audit programme. Policies and procedures have been reviewed. These are available in hard copy. There is staff meetings and residents meetings conducted. Residents and relatives interviewed spoke very positively about the care and support provided. Staff had a sound understanding of principles of aged care and state that they are well supported by the registered nurse and manager. There are implemented competencies for caregivers and registered nurses. There are clear ethical, professional standards and boundaries within job descriptions.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Policies are in place relating to open disclosure. Residents interviewed state they were welcomed on entry and were given time and explanation about the services and procedures. A sample of incident reports reviewed and associated resident files, evidenced recording of family notification. Relatives interviewed confirm they are notified of any changes in their family member's health status. The manager and registered nurse were able to identify the processes that are in place to support family being kept informed. 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. The facility has an interpreter policy to guide staff in accessing interpreter services.</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>Rata Park Rest Home provides rest home care to up to 20 residents. On the day of audit there were 17 residents. There were two respite residents and one resident assessed as hospital level care. The service has MOH dispensation for this resident to remain at Rata Park. All residents were under the age related contract.</p> <p>The service has a strategic plan, a business plan and a quality and risk management plan. The manager has maintained at least eight hours of professional development in relation to management of a rest home.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the manager, the registered nurse is in charge with support from care staff.</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 quality management manual includes the quality risk and management plan and service philosophy. The quality programme is reviewed annually. The current quality and risk management plan has documented aims and objectives. The internal audit schedule and internal audits are being completed. Corrective actions have not been developed where compliance is less than expected in all cases and corrective actions that have been developed did not evidence full completion. Staff meetings are held two monthly with evidence of discussion of quality outcomes. The registered nurse and manager meet informally at least weekly as advised by the manager. Resident meetings are held two monthly.</p> <p>There is a document control policy that outlines the system implemented whereby all policies and procedures are reviewed regularly. Documents no longer relevant to the service are removed and archived. An external consultant provides the service with policies and procedures and updates.</p> <p>The resident and relative survey was conducted in September 2015 with respondents advising that they are overall very satisfied with the care and service they receive.</p> <p>The service collects information on resident incidents and accidents as well as staff incidents/accidents (link #1.2.4.3). The service has a health and safety management system and hazard registers are maintained.</p>

		<p>Security and safety policies and procedures are in place to ensure a safe environment is provided. Emergency plans ensure appropriate response in an emergency.</p> <p>There is an infection control manual, infection control programme and corresponding policies. There is a restraint use policy and health and safety policies and procedures.</p> <p>There is a staff training programme based around policies and procedures which requires further implementation (link #1.2.7.5).</p> <p>The prospective owner advised that he intends to retain the current suite of policies and procedures. There are procedures to guide staff in managing clinical and non-clinical emergencies. Falls prevention strategies are implemented.</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>PA Moderate</p>	<p>There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the registered nurse and analysis of incident trends occurs. There is a discussion of incidents/accidents at two monthly staff meetings including actions to minimise recurrence. Incident/accident forms are commenced either by the registered nurse, the manager or a caregiver. Progress notes reviewed for a sample of residents do not evidence that all incidents and accidents have been reported. Follow up by a registered nurse is evident in all the sample of resident incident forms reviewed. Discussions with the manager and registered nurse confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There is an open disclosure policy and family members interviewed stated they are informed of changes in health status and incidents/accidents. Family notification was recorded on incident forms and in progress notes.</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>PA Low</p>	<p>There are human resources management policies in place. 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. The human resources policies also include orientation, staff training and development. Five staff files were reviewed (one registered nurse, one activities coordinator and two caregivers) and evidence that reference checks are completed before employment is offered. Not all files reviewed evidenced signed job descriptions. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. Staff were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service.</p> <p>Discussion with the manager, registered nurse and staff confirms that in-service training has been provided since the previous audit in 2015. An online caregiver training programme has been commenced with five caregivers currently working through modules. The in-service calendar for 2016 has not been fully developed. Not all required training sessions has been provided.</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>	FA	<p>The good employer policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The registered nurse works full time. The owner/manager lives on site and is available during work hours and after hours on call. The owner/manager's partner is also a registered nurse with a current first aid certificate and is available to assist staff in the manager's absence. There is a minimum of one caregiver on duty at any one time and either the registered nurse or the manager is on-call. A review of the roster identified that not all staff are currently trained in first aid (link #1.4.7.1). The manager and the registered nurse both have a current first aid certificate. Interviews with staff, residents and family members identify that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' station. Information containing sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. File entries are legible, dated and signed by the relevant caregiver or registered nurse.</p> <p>Individual resident files demonstrate service integration. This includes medical care interventions and records of the activities coordinator. Medication charts and current progress notes are in separate folders.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>The service has admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The owner/manager screens all potential residents prior to entry and records all admission enquires. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the owner/manager. The admission agreement form in use aligns with the requirements of the ARC contract. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge,</p>	FA	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition.</p>

or transfer from services.		
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation with the exception of weekly checks for required medications. Medication administration practice complies with the medication management policy for the medication round sighted. Medication prescribed is signed as administered on the pharmacy generated signing chart in nine of ten medication records sampled. One staff member signs for the administration of controlled drugs. The registered nurse and other staff administer medicines. Not all staff that administers medication have been assessed as competent. The facility uses a blister pack medication management system for the packaging of all tablets. The RN reconciles the delivery and documents this. Medication charts are written by medical practitioners and there was evidence of three monthly reviews by the GP. Warfarin charts do not include ongoing signed instructions from the doctor and warfarin orders are transcribed. Start dates are not documented for all medication charts and some residents have more than one conflicting chart. One respite resident does not have a medication chart. Two current residents self-administer medicines and both had current competency assessments.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a functional kitchen and all food is cooked on-site. There is a food services manual in place to guide staff. A resident dietary profile is developed for each resident on admission and provided to the kitchen staff. The kitchen is able to meet the needs of residents who need special diets and the cook works closely with the RN. The kitchen staff has completed food safety training. The cook follows a rotating menu which has been reviewed by a dietitian. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Residents and the family members interviewed were very happy with the quality and variety of food served.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The reason for declining service entry to residents is documented should this occur. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.</p>
<p>Standard 1.3.4:</p>	<p>PA</p>	<p>In two of five files sampled, all appropriate personal needs information is gathered during admission in</p>

<p>Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>Moderate</p>	<p>consultation with the resident and their relative where appropriate. Appropriate assessment tools were completed in three of four long term resident files sampled and assessments were reviewed at least six monthly or when there was a change to a resident's health condition in files sampled. Two of the four long term resident files sampled had interRAI assessments completed (interRAI was not yet contractually required for the other two). Care plans do not reflect assessments (link 1.3.5.2).</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 long-term care plans reviewed described aspects of the support required to meet the resident's goals and needs and identified allied health involvement under a range of template headings. The respite resident file sampled did not have a documented care plan. Residents and their family/whānau were not documented as involved in the care planning and review process (link 1.3.3.4). Short-term care plans are in use for changes in health status. Staff interviewed reported they found the plans easy to follow.</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>Caregivers follow the care plan (link 1.3.5.2) and report progress against the care plan each shift. Interviews identified that if external nursing or allied health advice is required, the RNs (including the owner/manager) will initiate a referral (e.g., to the district nurse). If external medical advice is required, this will be actioned by the GP. Staff has access to sufficient medical supplies (e.g., dressings). Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described.</p> <p>There was no wound documentation for the one pressure injury. The one other wound has evidence of assessment and reviews, but no plan. The RNs have access to specialist nursing wound care management advice through the district nursing service.</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>PA Low</p>	<p>An activities coordinator is employed to operate the activities programme for all residents. Each resident has an individual activities assessment on admission. From this information, an individual activities plan has been developed by the activities coordinator for one of four long term resident files sampled. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan. Participation is monitored. Group activities reflect ordinary patterns of life and include planned visits to the community. Residents and families interviewed commented positively on the activity programme.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>PA Low</p>	<p>All initial care plans are evaluated by the registered nurses within three weeks of admission. The long-term care plan is reviewed at least six monthly or earlier if there is a change in health status. Reviews do not document progress toward goals. There is at least a three monthly review by the GP. Changes in health status are not always documented and followed up (link 1.3.5.2). Care plan reviews are signed by the RN. Short-term care plans are evaluated and resolved or added to the long-term care plan if the problem is ongoing as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The nurses initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes. The staff provided examples of where a resident's condition had changed and the resident was reassessed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances and incidents are reported on in a timely manner. Material safety data sheets are available and accessible for staff. The hazard register is current. Staff have not been provided with recent training and education around appropriate handling of waste and hazardous substances (link #1.2.7.5). The staff orientation process addresses chemical usage, hazard management and the use of material safety data sheets.</p> <p>There are appropriate protective clothing and equipment that is used in management of waste or hazardous substances. Hazardous substances are correctly labelled and securely stored. The cleaning storage room and the sluice room are locked when not in use.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate,</p>	<p>FA</p>	<p>The service displays a current building warrant of fitness, which expires on 26 June 2016. Maintenance books and records were sighted. Testing and tagging of electrical equipment has been completed. Medical equipment, the sling hoist and stand on scales have all been checked and calibrated by an external provider. Fixtures and fittings are appropriate to meet the needs of the residents. The hazard register is up to date.</p>

<p>accessible physical environment and facilities that are fit for their purpose.</p>		<p>Monthly hot water temperatures checks are conducted and recorded. The interior is maintained with a home-like décor and furnishings. There is a communal lounge, dining area and communal bathroom and toilet facilities throughout the rest home. There is an external covered garden area which rest home residents can access. Interviews with caregivers confirmed there is adequate equipment to carry out the cares according to the resident needs as identified in care plans.</p> <p>Staff interviewed confirmed they know the processes they should follow if any repairs/maintenance is required and that requests are appropriately actioned by the manager. Family and residents interviewed confirm they are able to move freely around the facility and that the accommodation meets their needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels. The communal toilets and showers are well signed, identifiable and have privacy locks on the door indicating if the facility is engaged. Facilities were viewed to be kept in a clean and hygienic state. Regular audits are completed and included in the quality programme. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. Fixtures, fittings, floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices for this environment. Two bedrooms are double rooms with fixed curtain screening between each bed area.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>The resident's rooms in all areas are spacious and appropriate to the needs of the residents. Resident and family interviews confirmed this view. Resident's rooms are decorated with personal belongings in order to allow the residents to feel at home and have a sense of belonging. Mobility aids can be managed in the rooms, confirmed at the caregiver's interviews. All rooms have adequate space to accommodate resident's mobility needs and safety requirements. The two double rooms are of sufficient size for two residents. Curtain screens ensure privacy. One of the two double rooms is currently occupied.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p>	<p>FA</p>	<p>Rata Park Rest Home has a lounge area and a separate dining room. There are also informal areas for residents to sit and meet with their family or friends, confirmed at the resident and family interviews and sighted during the tour of the facility. Group entertainment and activities are conducted in the lounge and</p>

<p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>residents have enough space to mobilise with safety.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>The laundry is of sufficient size with a dirty and clean laundry flow. Laundry and cleaning services have been monitored for effectiveness. Laundry services and cleaning audits have been completed. Cleaning chemicals were securely stored. Chemical safety data sheets are kept. Care staff (who complete the laundry service) have not received training around the use of the chemicals in the past two years (link #1.2.7.5). The residents and their family members confirmed they are happy with the management of their laundry. Visual inspection evidences the implementation of cleaning and laundry processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Moderate</p>	<p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Emergency management training is provided to all staff during orientation and induction and as part of their ongoing training programme. Training includes fire drills and emergency evacuation drills and these have taken place six monthly. Civil defence resources are available. There is an emergency management manual and a fire and evacuation manual. Fire system monitoring and maintenance is provided by an external contractor. Not every shift is covered by a staff member with a current first aid certificate.</p> <p>There is an approved New Zealand Fire Service fire evacuation scheme. The facility has emergency lighting, gas hot water heating and gas cooking facilities in the kitchen. Emergency food and water supplies are maintained and are sufficient for at least three days. The service has a wood fire.</p> <p>A call bell system is available in all areas including bedrooms, toilets, bathrooms and communal lounges and dining areas. The building is secured during the hours of darkness. Staff on afternoon duty conducts security checks.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an</p>	<p>FA</p>	<p>The facility is heated via a mixture of heat pumps, a wood fire and individual heating panels in resident's rooms. The facility is bright and airy and rooms are well ventilated and light. All bedrooms have external windows. On both days of the audit, indoor temperature was comfortable and resident and staff interviews confirmed that the facility is maintained at a comfortable temperature.</p>

environment that is maintained at a safe and comfortable temperature.		
<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>	PA Low	Rata Park 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. The registered nurse is the designated infection control nurse with support from the owner/manager. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has not been reviewed annually.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	The registered nurse at Rata Park is the designated infection control (IC) nurse. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team (comprising all staff) has external support from the local laboratory infection control team and IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies</p>	FA	There are infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by an external contractor and have been reviewed and updated.

and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control nurse has completed infection control training. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that are appropriate to their needs and this is documented in medical records.
<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>	PA Low	Infection surveillance is an integral part of the infection control programme and is described in Rata Park Rest Home's infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. 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 on to a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at management and staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the manager. No outbreaks have been reported since the previous audit.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	The service has documented systems in place to ensure the use of restraint is actively minimized and is restraint free. There were no enablers in use. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on RMSP/enablers has been provided.

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 1.1.10.4 The service is able to demonstrate that written consent is obtained where required.	PA Low	The four long term resident files sampled contained a consent form with the resident name on it and ticks denoting consent for a variety of appropriate areas. In three of four files the second page of the document, where the signature is recorded was missing.	In three of four long term resident files sampled, there was no signature on the informed consent form.	Ensure that all consent forms are signed. 90 days
Criterion 1.2.3.8 A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and	PA Low	There is an internal audit schedule which is managed by the registered nurse. Internal audits are delegated to staff to complete. The registered nurse reviews the audits and documents where improvements can be made where non-compliance has been identified. Internal audits reviewed for 2016 evidence that corrective actions have been documented. Of the thirteen audits completed, only one has had the corrective action completed and signed off.	Six of thirteen internal audits conducted in 2016 required corrective actions. However, five of these have not been fully completed and signed off.	Ensure that all corrective actions are implemented and signed off when completed.

implemented.				90 days
<p>Criterion 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>	PA Moderate	<p>Incident reports for the past three months were reviewed. Incident rates are relatively low. Incidents reported included falls, skin tears and bruises. Incidents were documented in the progress notes of residents but a corresponding incident form had not been completed for one resident. A recent pressure injury was not reported (link tracer #1.3.3).</p>	<p>i) One resident who had two documented incidents of challenging behaviours (as evidenced in progress notes reviewed), did not have the incidents reported via the incident reporting process; and ii) one resident who developed a pressure injury in February 2016, did not have this reported via the incident reporting process.</p>	<p>i) and ii) ensure that all incidents and adverse events are reported via the incident reporting process.</p> <p>60 days</p>
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>Five staff files reviewed included copies of training attended, qualifications and medication competencies. There has been a recent turnover of some of the care giving staff as advised by the manager. Staff annual appraisals have been conducted for the registered nurse. Four of five staff files reviewed had been employed for less than one year. Initial appraisals and performance reviews have been conducted for all new staff within three months of commencing employment. Employment contracts were signed by staff. Signed position descriptions were not evidenced in the staff files reviewed. Orientation documentation was complete in the five staff files reviewed.</p>	<p>Signed position descriptions were not evident in the five staff files reviewed.</p>	<p>Ensure that all staff has a signed position description maintained on file.</p> <p>90 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide</p>	PA Low	<p>The education programme for 2015 was reviewed and showed that training has been provided around first aid, oral health, fire drills and palliative care. Records for 2014 show that the programme had been completed. Training in 2014 included end of life care, sexuality and intimacy, challenging behaviours, wound care, hoist training, palliative care, medication management, communication</p>	<p>The 2016 education plan has not been fully developed to include areas not provided over the past two years, including: falls prevention,</p>	<p>Provide evidence that a training plan has been developed for 2016 and</p>

safe and effective services to consumers.		skills, CPR and pain and symptom management. Training provided so far for 2016 included hoist training, a fire drill and bed making. Due to the recent turn over in care giving staff, there is a number of staff who are not currently trained in first aid (link #1.4.7.1). The manager advised that the care online training programme is available for caregivers and this has been taken up by five staff members.	pressure area care, the Code of Consumer Rights and advocacy, cultural safety and the Treaty of Waitangi, continence management and safe chemical handling.	includes compulsory and core training requirements. 90 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 Moderate</p>	<p>The GP prescribes medications routinely. One long term respite resident does not have a medication chart. Warfarin instructions are phoned through from the GP practice nurse and transcribed by the staff member receiving the instructions. Medication charts are pharmacy generated and signed by the GP but do not have medication start dates documented. Some residents have more than one conflicting chart in use. Medications are signed on the pharmacy generated administration charts by one staff member (including for controlled drugs) when they are administered and these are correct in nine of ten medication files sampled. The service is actively investigating obtaining an electronic medication system as confirmed by the GP and the owner/manager.</p>	<p>(i) Two resident medication files sampled did not have a signed doctor's instruction for ongoing warfarin doses.</p> <p>(ii) One resident had transcribing of the warfarin instructions.</p> <p>(iii) One long term respite resident did not have a medication chart.</p> <p>(iv) Ten of ten medication charts sampled did not have start dates for medications documented.</p> <p>(v) Three of ten medication records sampled had more than one conflicting chart in the medication file.</p> <p>(vi) Controlled drug administration records were not signed by two staff.</p> <p>(vii) One medication chart sampled had regular</p>	<p>(i) Ensure that all ongoing warfarin instructions are documented by the prescribing doctor.</p> <p>(ii) Cease the practice of transcribing.</p> <p>(iii) Ensure all residents have a medication chart.</p> <p>(iv) Ensure start dates are documented for medications.</p> <p>(v) Ensure there is one, easy to understand, medication chart for each resident.</p>

			controlled drugs that are not always signed as administered as prescribed.	(vi) Ensure controlled drug administration records are signed by two staff. (vii) Ensure medications are administered as prescribed. 30 days
Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.	PA Moderate	A medication competency assessment is available but has not been completed for all staff who administers medications	Not all staff who administers medications had a current competency assessment	Ensure all staff who administers medications have a current competency assessment 60 days
Criterion 1.3.3.4 The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.	PA Low	Residents and family interviewed report that they are kept informed by staff and that appropriate care is provided.	Four of four long-term care plans sampled did not contain evidence of family or resident input into the care plan.	Ensure that residents and/or families are involved in care planning and that this is documented. 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>	<p>PA Moderate</p>	<p>The service has a comprehensive nursing admission assessment that is to be used at admission but is not always completed within 24 hours of admission. The respite resident has not had any documented assessment. Paper based assessments included continence, pressure injury risk, falls risk and dietary requirements. One of the two files with paper based assessments did not have a pressure injury risk assessment completed.</p>	<p>(i) The respite resident's file sampled had not had a documented assessment.</p> <p>(ii) Two further files did not have an assessment completed within 24 hours of admission.</p> <p>(iii) One of two files with paper based assessments did not have a pressure injury risk assessment completed.</p>	<p>Ensure all residents have an appropriate assessment within 24 hours of admission and all areas assessed in an ongoing manner.</p> <p>60 days</p>
<p>Criterion 1.3.5.2</p> <p>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>The care plan document completed for the four long term files sampled (there was no care plan for the respite resident) is a template document and does not address all identified needs in the files sampled.</p>	<p>(i) The respite resident file sampled does not have a documented plan for care.</p> <p>(ii) Four of four long term resident files sampled did not document interventions to address all identified areas of need. Examples included behaviour, weight loss, falls, mental health condition, warfarin use and risks, blood sugar level monitoring, light headedness and nutritional needs.</p>	<p>Ensure all residents have an initial care plan completed within 48 hours of admission and that long-term care plans document interventions for all identified needs.</p> <p>60 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or</p>	<p>PA Moderate</p>	<p>The registered nurse (or occasionally the owner/manager) plans wound care, supervises or completes all dressings and assesses all wounds. This is not always documented.</p>	<p>The one grade II pressure injury does not have a documented wound</p>	<p>Ensure that all wounds have a comprehensive</p>

interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.			assessment, plan or reviews. The one other wound does not have a management plan documented.	assessment, management plan and documented reviews. 30 days
Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.	PA Low	The one resident file sampled for a resident admitted since the previous audit had a documented activities plan. The three long term files for residents admitted prior to the previous audit did not.	Three of four long term resident files sampled did not contain an activities plan.	Ensure all residents have a documented plan for activities. 90 days
Criterion 1.3.8.2 Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.	PA Low	Three of four long-term care plans documented that the care plan had been reviewed six monthly with the word 'reviewed' and a signature at the end of the care plan. The other long term resident file was not yet due for review.	Care plan evaluations sampled do not document progress toward goals.	Ensure care plan evaluations document progress toward goals. 90 days
Criterion 1.4.7.1 Service providers receive appropriate information, training,	PA Moderate	A fire drill was last conducted on 29 January 2016. Emergency systems are in place. New staff are orientated to the building and complete a fire safety questionnaire. First aid training was provided for all staff in July 2015. Since then, there has been a turnover of	Not all shifts are covered by at least one person with a current first aid certificate. Five of six	Ensure that there is a staff member on each shift who

and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.		caregivers and now not all shifts are covered by a staff member who holds a current first aid certificate. The owner/manager lives on-site in an adjacent residence and has a current first aid certificate and is available after hours. The registered nurse has a current first aid certificate. The activities coordinator has a current first aid certificate. Six of the seven caregivers work across all shifts and work solo on night shift. Only one of these six caregivers has a current first aid certificate.	caregivers, who work on their own overnight, do not hold a current first aid certificate.	holds a current first aid certificate. 30 days
Criterion 3.1.3 The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.	PA Low	The infection control programme is clearly documented, but there has been no annual review.	The infection control programme has not been reviewed annually.	Ensure the infection control programme is reviewed annually. 90 days
Criterion 3.5.7 Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.	PA Low	Infection data is collected monthly but evidence of analysis of this data is absent.	There is no documented evidence that infection control surveillance data is analysed.	Ensure infection surveillance data is analysed to establish trends or patterns. 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.