

# Nelson Bays Primary Health Trust - Golden Bay Community Health

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## 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:** Nelson Bays Primary Health Trust

**Premises audited:** Golden Bay Community Health

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services

**Dates of audit:** Start date: 11 April 2016 End date: 12 April 2016

**Proposed changes to current services (if any):**

**Total beds occupied across all premises included in the audit on the first day of the audit: 19**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

The Golden Bay Community Hospital Trust operates as part of the Nelson Bays Primary Health Organisation. The Golden Bay Community Hospital and integrated health centre provide care across four service levels. There is a 24 bed rest home/hospital, one birthing unit and maternity bed and five GP acute admission beds. On the day of audit, there were fourteen rest home and six hospital level residents, four patients in the acute GP beds and no maternity in-patients.

The overall community hospital service is managed by a general manager/registered nurse who has extensive clinical and managerial experience. She is supported by a project leader/personal assistant and interim rural nurse leader/registered nurse. Residents/patients and clients interviewed spoke highly of the integrated community service.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents/patients/clients and staff files, observations and interviews with residents, management, staff and the general practitioner.

Improvements are required around quality data trends and analysis, development of long-term care plans within the required timeframe, care plan interventions to meet resident needs, documented interventions for changes in health, aspects of medicine management and linking risks of restraint/enabler use to the long-term care plans.

Improvements specific to maternity service are required around medication administration and prescribing, review of policies and procedures and documentation in client files.

## 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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Information about services provided is readily available to residents/patients and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on noticeboards. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents/patients and/or their family/whānau. Residents are encouraged to maintain links with the community. Complaints processes and policies are in place to ensure complaints and concerns are managed appropriately. There is an open disclosure policy. Interviews with residents/patients confirm they are kept informed of their current health status. There is documented evidence families are kept informed of their relative's health status including any adverse events.

## 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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The service continues to embed a quality and risk management framework that includes management of incidents, complaints and infection control surveillance data. Policies and procedures have been implemented to meet the required standards. There is an internal audit programme scheduled. The general manager is an experienced registered nurse who has been in the role for five

months and reports to the chief executive officer for the primary health organisation (PHO) based in Nelson. She is supported by an experienced clinical and non-clinical team.

There are human resources policies including recruitment, selection, orientation and staff training and development. There is an annual education plan in place including compulsory training. Lead maternity carers have attended mandatory education as required. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care in all areas including on call cover for the maternity service. There is sufficient staff on duty at all times.

## 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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There is an admission package available on entry to the service that includes information on the all the services provided at Golden Bay Community Hospital. The registered nurses are responsible for each stage of service provision. The registered nurse assesses and develops care plans and evaluates supports and goals in consultation with the resident/patient and/or family. Resident files included medical notes and notes of other visiting allied health professionals.

The activity coordinators implement a four day activities programme for the rest home and hospital residents. Community visitors are involved and regular entertainment is provided. The physiotherapist is involved in the exercise sessions.

There are policies and processes that describe medication management that align with accepted guidelines. The service uses an electronic medication system. Registered nurses are responsible for medication administration and complete annual competencies and education. The GP reviews the medication chart three monthly.

The service prepares and cooks all meals on-site and the menu has been approved by a dietitian. Individual dietary needs, likes and dislikes and cultural needs are catered for. Residents interviewed responded favourably to the food that was provided.

Maternity service: In consultation with their lead maternity carer (LMC), clients choose to use the primary birthing facility for full labour, birth and postnatal care or may transfer from a secondary facility after birth for the postnatal episode of care. Postnatal care is provided within the facility by the contracted LMC midwives. Daily checks are implemented and ensure that interventions are consistent and provide ongoing assessment of the needs of the client and her baby. These are well documented in the client progress notes. Client notes are comprehensive and include goals, interventions, referrals and care provided. The maternity services are given in a timely manner encompassing all education, care provision, decision making topics and referrals as required. Clients (and partners) are provided nutritious meals and snacks to meet nutritional requirements. Medications are appropriately stored and staff complete competencies.

## 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.		Standards applicable to this service fully attained.
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The service has implemented policies and procedures for fire, civil defence and other emergencies. The annual maintenance schedule includes monthly checks of emergency systems including call bells, emergency lighting and fire alarms throughout the whole facility. Protective equipment is provided for all staff working within the facility and maternity service to use when handling waste or hazardous substances. The building has a current building warrant of fitness. All rooms are single. External areas were safe, provided seating and shade and well maintained. The facility has a vehicle available for transportation of residents. There

was a main open plan lounge and dining area with several seating alcoves within the facility. There is a mix of ensuites, shared ensuites and communal toilet/shower facilities. Cleaning services were well monitored through the internal auditing system. Personal clothing only is laundered on-site. Chemicals were stored safely. The temperature of the facility was comfortable.

## 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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There are restraint minimisation and safe practice policies and procedures in place to follow for restraint and enablers. There were two residents using enablers and three residents with restraint. A registered nurse is the restraint coordinator. Staff received training around restraint and enablers and the management of behaviours that challenge.

## 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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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating education and training for staff. The infection control coordinator has attended external training. There is a suite of infection control policies and guidelines to

support practice. The infection control coordinator uses the information obtained through surveillance and internal audits to determine infection control activities and education needs within the facility.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	43	0	6	1	0	0
<b>Criteria</b>	0	93	0	7	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Five residents (three rest home and two hospital level of care), one patient in the acute GP beds and one maternity client interviewed confirmed that information has been provided around the Code of Rights and their rights are respected when receiving resident related services and care. There is a resident rights policy in place. Code of Rights training has been completed by all staff.</p> <p>Discussion with three healthcare assistants (HCA) (across the rest home and hospital areas) and two lead maternity carers (LMC) identified they were aware of the Code of Rights and could describe the key principles of residents rights when delivering care.</p>
<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>Written informed consent is gained for general consents and outings and were sighted in the five resident files reviewed (three rest home and two hospital). Written consent is also gained for specific procedures such as the influenza vaccine. Resuscitation orders/advance directives had been signed by the resident and general practitioner in all files reviewed. Residents interviewed confirm they were given good information to be able to make informed choices. One patient interviewed in the acute GP bed confirmed satisfaction with informed choices. The RNs interviewed confirmed the service actively involves them in decisions that affect their relative's lives.</p> <p>Maternity service: Policies and procedures are in place at Golden Bay maternity for informed choice and</p>

		<p>consent and these meet the requirements within the Code of Health and Disability Consumer Rights. These policies are adhered to within the service and women are supported to make informed choices. Informed consent forms reviewed were consent for formula supplementation of a breastfed baby, vitamin K, Placenta –take home and Anti D-blood products. These were all evidence based, detailed and relevant and in the five client files reviewed. Up to date information is available within the facility to support informed choice for pregnancy and postnatal mothers including baby care.</p>
<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>	FA	<p>Residents/patients and families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Resident/patient advocates are identified during the admission process. Pamphlets on advocacy services are available at the entrance to building. Interviews with the residents confirmed their understanding of the availability of advocacy services. Staff receives education and training on the role of advocacy services. HCAs and RNs interviewed were aware of the resident's right to advocacy services and how to access the information.</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>	FA	<p>The service has an open visiting policy and family and friends are encouraged to visit the home and are not restricted to visiting times. All residents interviewed confirmed that family and friends are able to visit at any time. Residents verified that they have been supported and encouraged to remain involved in the community. The service has a van and group outings are provided. Community groups visit the home as part of the activities programme.</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>	FA	<p>There is a complaints policy that aligns with Right 10 of the Code. The complaints procedure is provided to residents/patients and relatives at entry to the service. Complaint forms and complaints procedure is also available on the website. Booklets and brochures were available in all bedrooms. The general manager is the privacy officer for the service. A record of all complaints (residential aged care and primary health services) is maintained on an online register at the head office. There have been no complaints or sentinel events relating to the residential aged care service or maternity service.</p> <p>Residents advised that they are aware of the complaints procedure.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of</p>	FA	<p>The service has available information on the Code of Health and Disability Services Consumers' Rights. Advocacy pamphlets and the Code of Rights are clearly displayed at the main facility entrance of the building. There is a welcome information folder that includes information about the Code of Rights. The resident, family or legal representative has the opportunity to discuss this prior to entry and/or at</p>

their rights.		admission with the general manager/registered nurse or the rural nurse leader/registered nurse (RN). Residents/patients interviewed stated they received sufficient verbal and written information to be able to make informed choices on matters that affect them. No families visited on the days of audit.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	The service provides physical and personal privacy for residents/patients. During the audit, staff were observed treating residents/patients with respect and ensuring their dignity is maintained. Care staff interviewed (HCAs and three RNs) were able to describe how they maintain resident privacy. Staff attended privacy and dignity, abuse and neglect in-service as part of their annual training plan. Resident's cultural, social, religious and spiritual beliefs are identified on admission and included in the residents care plan/activity plan to ensure the resident receives services that are acceptable to the resident/relatives. Care staff interviewed state they promote independence with daily activities where appropriate.
Standard 1.1.4: Recognition Of Māori Values And Beliefs  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.	FA	There is a Māori health plan and cultural safety policy to guide staff in the delivery of culturally safe care. The Māori health plan identifies the importance of whānau. The service has a good relationship with the local iwi. A local iwi representative is on the clinical governance group and is available at other times for cultural advice and support.  On the day of the audit there were no residents that identified as Māori. Care staff were able to describe how to access information and provide culturally safe care for Māori.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Staff recognises and responds to values, beliefs and cultural differences. Residents are supported to maintain their spiritual needs with regular on-site church services/church visitors and are supported to socialise and attend other community groups as desired.
Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion,	FA	The staff employment process includes the signing of a service Code of Conduct. Professional boundaries are defined in job descriptions. Staff were observed to be professional within the culture of a family environment. Staff are trained to provide a supportive relationship based on sense of trust, security

harassment, sexual, financial, or other exploitation.		and self-esteem. Interviews with HCAs could describe how they build a supportive relationship with each resident. Residents interviewed stated they are treated fairly and with respect.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>The Golden Bay Community Health services and management are committed to providing services of a high standards based on the service philosophy of care and strategic goals. During the days of audit, staff demonstrated a caring attitude to the residents/patients. All residents interviewed spoke positively about the care provided. The service has implemented policies and procedures from a recognised aged care consultant that provides a good level of assurance that it is adhering to relevant standards. Staff have a sound understanding of principles of aged care and acute medical care. Staff state that they feel supported by management. Facility meetings and handovers between shifts enhance communication between the teams and provided consistency of care across the service levels. The RNs rotate between the rest home and hospital and acute general practitioner (GP) beds. The service employs a physiotherapist and physiotherapist assistant who both work 20 hours a week to complete resident assessments, provide support and advice for staff and lead exercise sessions for the residents.</p> <p>Maternity service: The maternity documented daily entries showed informed decision making and consent as well as routine obstetric and infant cares. Information shared both verbal and written appears current and evidence based such as information on: Skin to Skin, Rooming In, Breastfeeding and new-born blood test .There are daily care plans for both mother and baby that provide evidence of the appropriate standard of care by staff being given . Clinical staff are supported to attend midwifery workshops, courses and conferences locally and in the wider region.</p> <p>The facility is currently accredited for the Baby Friendly Hospital Initiative (BFHI) and has just been reaccredited. The accreditation for BFHI is evidence of breastfeeding and baby feeding practices are in line with current best practice standards and meet Ministry of Health (MOH) and World Health Organisation (WHO) requirements. All staff are current with the required BFHI breastfeeding education.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Management promote an open door policy. Residents confirmed on interview that the staff and management are approachable and available. Residents/relatives have the opportunity to feedback on service delivery through annual surveys. Results and corrective actions/areas for improvement are discussed at resident meetings (sighted in minutes). Meeting minutes (in large print) are kept in the lounge and are readily available to residents and families. A monthly newsletter “good old times” keeps residents and families informed on all matters relating to all services provided.</p> <p>Accident/incident forms reviewed evidenced relatives had been notified of any incidents/accidents. Relatives complete an instruction for notification form on admission.</p>

		<p>Residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement. An interpreter service is available if required.</p> <p>Maternity service: Women are thoroughly orientated to the service on admission. Informed decision making and informed consent practices are in place. Interpreter services are available for all maternity clients that may require this service.</p>
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The Golden Bay Community Hospital operates as part of the Nelson Bays Primary Health Organisation (PHO). The Golden Bay Community Hospital and integrated Health Centre provide services for up to twenty-four rest home or hospital level of care, one birthing unit and maternity bed, five GP acute admission/palliative care beds and facilities for recovery and observation following admission. On the day of audit, there were fourteen rest home residents (including one rest home respite care) and five hospital level care residents (including one resident under ACC funding). There were no maternity clients in the birthing unit on the day of audit. There were four patients in the acute admission beds under the care of the GPs and primary health nurse on duty.</p> <p>The overall community hospital service is managed by a general manager who was appointed November 2015. She is a registered nurse with considerable experience in emergency nursing, aged care management and quality management. The general manager has maintained at least eight hours annually of professional development related to managing aged care/integrated services and holds a master's degree in advanced nursing practice and diploma in management.</p> <p>The general manager is supported by a chief executive officer for the Nelson Bays PHO based in Nelson. A project leader/personal assistant to the general manager is based at the community hospital and leads/maintains the Cornerstone accreditation standards for the GP services and oversees the non-clinical services. An interim rural nurse leader oversees the clinical services. She is an experienced RN in acute and aged care services and has been in the role since March 2016. The service is actively recruiting for a nurse manager. There are two self-employed LMC's for the maternity service.</p> <p>A GP is the clinical director for the community hospital. The clinical governance committee comprises of the clinical director (GP), local pharmacist, consumer representative, iwi representative and general manager of community mental health. The committee report to the Nelson Bays PHO board who meet six monthly with the Nelson/Marlborough DHB alliance group. The Golden Bay Community health Trust group remain involved in matters relating to property.</p> <p>There is a Nelson Bays PHO strategic plan in place for 2016 – 2021 that clearly identifies the values, purpose, scope and direction of the organisation.</p>

<p><b>Standard 1.2.2: Service Management</b></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>	<p>FA</p>	<p>During the temporary absence of the general manager, the interim rural nurse leader will provide clinical and management oversight of the service with support from the project leader/personal assistant and the PHO chief executive officer.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>PA Low</p>	<p>The service has a quality risk management plan in place that was last reviewed March 2016. The service has in place a range of policies and procedures to support service delivery that are developed by an external consultant and reviewed regularly. Facility meetings held include quality improvement/infection control meetings, health and safety committee meetings, full staff meetings and clinical RN and HCA meetings. Meeting minutes sighted did not evidence discussion around analysis and trending of quality data. The service has registered to participate in an external benchmarking programme against industry standards.</p> <p>Staff interviewed state they are informed and required to sign meetings minutes/reviewed policies when read. An RN is the quality liaison nurse who has allocated days to complete and follows up internal audits as scheduled. Quality improvement/corrective actions forms are completed for identified areas for improvement, followed up and signed off as completed. Resident satisfaction surveys, food satisfaction surveys and maternity service surveys have been conducted annually, collated and results fed back to participants.</p> <p>Quality improvements implemented have been a) the introduction of an electronic medication system, b) review of meal service as a result of survey outcomes, c) shade cloth in the main courtyard, d) improved security measures, e) concrete garden path around the facility and f) improved safe ramp access to the main entrance.</p> <p>The project leader/personal assistant is the health and safety representative. The health and safety committee provide monthly reports on health and safety matters/concerns and reviews the hazard register regularly. Falls prevention strategies are in place that identify interventions on a case by case basis to minimise future falls.</p> <p>Maternity service: Golden Bay maternity has all the relevant policies, guidelines and protocols for the maternity service but many of these were overdue for review.</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>As part of risk management and health and safety framework, there is an accident/incident policy. Incident and accident details are entered into the online register (link 1.2.3.6)</p> <p>Six incident forms (from February 2016) were reviewed on the online register. All incident forms identified timely RN assessment of the resident/patient and appropriate interventions to minimise resident risk. The next of kin had been notified for all incidents/accidents. The caregivers interviewed could discuss the incident reporting process.</p> <p>The general manager interviewed could describe situations that would require reporting to relevant authorities.</p> <p>Maternity service: Staff and LMCs (interviewed) who work in the maternity service were aware of the systems in place to record and notify with adverse event reporting.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. The register of RN's practising certificates is current. Seven staff files were reviewed (rural nurse leader, two RNs, two HCAs, one activity coordinator and one housekeeping supervisor) on the online system. Hard copy files are kept at head office in Nelson. All relevant recruitment and employment documents including performance appraisals were completed. The orientation pack is currently being reviewed with input from staff. The orientation programme provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and confirmed new staff were adequately orientated to the service.</p> <p>HCAs have access to Careerforce aged care courses and are supported to achieve relevant qualifications. Registered nurses are supported to attend external education. Three RNs have completed their interRAI training. Four RNs and the rural nurse leader have had their portfolios assessed by the DHB through the professional recognition development programme. Staff has attended mandatory training either on-site or through an online learning system. The project leader/personal assistant maintains an online register of training and staff attendance.</p> <p>Maternity service: There are job descriptions which detail each position's responsibilities, accountabilities and authority. All health care professionals have current practicing certificates that require them to practice here at Golden Bay maternity. Lead maternity carer's agreement contracts meet all requirements and include copies of indemnity insurance. Training is recorded for individual staff. All staff were up to date with facility mandatory and professional education requirements. Completion of police checks for staff appointments were in place.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The general manager (clinical) and the rural nurse leader/RN are on during the day Monday to Friday and provide on call cover. There is an RN on 24/7 in the hospital and an additional primary healthcare RN on the morning and afternoon shift. There are dedicated cleaning and laundry staff.</p> <p>Residents state there is adequate staff on duty at all times. Staff state they feel supported by the general manager and rural nurse leader.</p> <p>Maternity service: This service has a LMC 24/7 on-call service and provides a full core maternity provision of care service for the facility. The midwives provide acute emergency assessments and care; they also provide birthing and labour care and subsequent inpatient care. There is one to two relieving locum midwives that provide cover when one of the LMC's is off call. There is an on-call roster system evident.</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>	<p>PA Low</p>	<p>There are resident/patient files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident/patient register. Patients admitted to the GP acute beds have documentation completed on the day of admission. Resident/patient clinical and allied health records are integrated. Information containing personal resident/patient information is kept confidential and cannot be viewed by other residents/patients or members of the public. All entries in the progress notes are legible, dated and signed with the designation.</p> <p>Maternity service: Golden Bay maternity has an organised client file documentation system that is maternity focused, entries are timely and are integrated with the LMC entries. Relevant information from other hospitals e.g. base hospital birthing and postnatal notes, are provided and placed into the client notes on transfer. This provides information on progress and planning to date. Summary information for labour and birth was missing within the client files reviewed. There were check lists that were completed on a daily basis which facilitates daily changes to the care plan according to the client and baby needs. The clients are made aware they can request a copy of their maternity notes. All inpatient client files are held and stored in a secure manner. All documentation is carried out in the staff office which the general public do not enter. Documentation requirements for uniquely identifying each client file is evident.</p>
<p>Standard 1.3.1: Entry To Services</p>	<p>FA</p>	<p>Prior to entry potential rest home and hospital level of care residents have a needs assessment completed. The service has an admission policy, admission agreement and a resident information pack available for residents/families at entry. The information pack includes all relevant aspects of the service.</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>		<p>The admission agreement reviewed aligns with a) -k) of the ARC contract. Five admission agreements viewed were signed.</p> <p>Maternity service: The Golden Bay maternity service has established assessment processes and clients' needs are fully assessed prior to entry with the lead maternity carer (LMC) and are then identified within the facility documentation booking requirements. There is evidence based well-developed written information available for clients/families/whānau in the foyer, antenatal waiting room and ward hallway. Assessments, daily care plans and evaluations are led by the LMC. Risk assessment tools and monitoring forms are available and implemented. Service delivery plans are individualised and updated daily.</p> <p>The inpatient care provided by the Golden Bay maternity contracted staff combined with the LMC daily provision of care provides a high level of continuity of care for the clients. The service provides daily up to date relevant information to the services clients and their families. Referrals are timely and appropriate for the service. The client and relative interviewed on the day of the audit confirmed they were given referral leaflets and had had discussions with core staff/ LMC about any recommended referral options.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>There are policies to describe guidelines for death, discharge, transfer, documentation and follow up. A record is kept and a copy of details is kept on the resident's/patient file. All relevant information is documented and communicated to the receiving health provider or service. Follow up occurs to check that the resident is settled, or in the case of death, communication with the family is made and this is documented</p> <p>Maternity service: All concerns or risks to maternity clients are identified and discussed with all involved. Action plans are developed and regularly updated within the documentation to provide women centred care, safe and effect treatment while an inpatient and for when they are planning discharge or transfer .There are clear daily entries in the clients inpatient files identifying any concerns the client or staff have, this is evidenced in the Golden Bay maternity Mother's and Baby's Care Plans (sited in all inpatient files reviewed). All plans in relation to discharge or transfer are done in collaboration between the LMC, core staff and the client and her family (identified within the staff interviews and the client interview).</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative</p>	<p>PA Moderate</p>	<p>Medication policies align with accepted guidelines. The RNs are responsible for the administration of medications in the rest home/hospital area and acute/palliative beds.</p> <p>All RNs have completed annual competencies including syringe driver competencies and medication education. The service implemented an electronic medication system in November 2015. Medications are checked on delivery against the medication chart. Any pharmacy errors are recorded and fed back to</p>

<p>requirements and safe practice guidelines.</p>		<p>the supplying pharmacy. Expiry dates and hospital stock checks are completed regularly. All stock checked in the medication trolleys and in storage were within the expiry dates. Not all eye drops had been dated on opening. The standing order template (not currently in use) is under review with DHB and pharmacist input. There was one self-medicating resident on the day of audit with a self-medication competency in place. The medication fridge temperature is monitored daily and is maintained between 2-8 degrees Celsius with evidence of corrective actions taken when required.</p> <p>Ten medication charts on the electronic medication system were reviewed. All medication charts had photo identification and allergy status. Oxygen has not been charted for two residents using oxygen. All medication charts had been reviewed three monthly by the GP.</p> <p>Maternity service: The medicine management systems reflect current legislation and guidelines. The service provider's responsibilities are detailed in the policies and procedures. Staff responsible for medication management has attended relevant in-service education and have current annual medication competencies. All Golden bay maternity staff are registered midwives with current practising certificates. All staff is familiar with the medicine management policy, legal requirements within their scope of practice and facility requirements.</p> <p>Individual medication charts were identified in the client and infant notes. The LMC is responsible for prescribing and charting medication required for normal birth and routine postnatal care. The medicines management policy includes guidelines for client self-administration. Most women who enter the service are well and considered competent to self-medicate. If a woman chooses to self-administer her medicines, this is recorded on her drug chart. Not all medication charts reviewed meet the legal requirements of prescribing and administration.</p> <p>The facility has a resuscitation trolley and in the birthing room there are medicines required for safe birthing and postnatal emergencies. The medicines refrigerator temperature is monitored daily and recorded. Stock and resuscitation trolley medicines are monitored as per the policy. Controlled drug checks are completed weekly. Entonox and oxygen cylinders are regularly checked and are stored in a secure area.</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>PA Low</p>	<p>All food is prepared and cooked on-site. The qualified cook is supported by a morning kitchen hand and evening cook. The project leader (who oversees the food services) and kitchen staff have completed food safety and infection control education. There is a seasonal four weekly rotating menu that has been reviewed by a dietitian in March 2014.</p> <p>The meals are served from the kitchen bain marie, plated (with heat retention bases and lids) and delivered to the areas on trolley. Serving temperatures are checked on each meal. End cooked temperatures have not been recorded. Resident dietary preferences, food allergies, dislikes and cultural</p>

		<p>dietary needs are listed and known. Alternative foods are offered. The cook receives notification of any resident dietary changes and requirements. Modified diets and specialised utensils are provided for residents as assessed by the RN.</p> <p>Fridge, freezer and chiller temperatures were recorded. All foods were date labelled and stored correctly. A cleaning schedule is maintained.</p> <p>Golden Bay maternity provides mothers and partners (on request) with all meals. All aspects of food safety are adhered to and there are hot drinks, fruit, bread, cheese and fresh baking available for mothers at all times.</p> <p>Clients are given a variety of menu choices each day and meals are delivered to each woman. On the booking form, there is a section for the client to note any special dietary requirements. Any special needs are identified on entry and people are able to bring food in from home.</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>	FA	<p>The service records the reason for declining entry to residents should this occur and communicates this to residents/family/whānau and refers the resident/family/whānau back to the referral agency. The reason for declining entry would be if there were no beds available or the service could not meet the assessed level of care.</p> <p>Maternity service: The LMC and her client discuss her options of 'place of birth' in the antenatal period in relation to her risk factors. The client would be informed if Golden Bay maternity was not an option to be admitted to or to birth in. The place of birth booking application is sent to the appropriate level hospital for those women e.g. Nelson Hospital. Risk factors are identified at the booking visit and within the pregnancy and place of birth or stay adjusted as needed. It is not common for someone to be declined entry to this service as all women are booked in through the established booking system at twenty weeks gestation via the LMC which is guided by the Section 88 maternity requirements for each level of entry to a hospital. One of the staff interviewed discussed that clients can be declined entry if the facility is full and there are no beds available. This would be discussed with the LMC and they then negotiate entry into another facility for their client. There is a protocol noting reasons women will be declined entry (sited on day of audit). Availability of postnatal beds is stated as a reason for declining transfer for postnatal care only.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a</p>	FA	<p>Nursing and risk assessments were completed in a timely manner using appropriate tools to meet all the resident's needs. InterRAI assessments had been completed for new admissions since 1 July 2015. InterRAI assessments had been completed as they fall due from 1 January 2016 for residents under the ARCC contract. The long-term care plans reflected the outcome of the assessments in two of five long</p>

<p>timely manner.</p>		<p>term files reviewed (link 1.3.5.2). An initial nursing assessment and ongoing assessments were completed for the patient reviewed in the GP acute bed.</p> <p>Maternity service: The self-employed LMC midwives that have access to Golden Bay maternity provide care for women from the booking date at the start of the pregnancy. During the antenatal period, there are extensive assessments of needs, goals and continued planning with all aspects of the maternity experience. There is a Golden Bay maternity booking form which provides comprehensive entry information for the service. Once the client enters the facility for the labour birth experience or the post-natal period, these previous plans form the basis of the care provided while within the facility. All files reviewed confirm the continuum of provision of care with daily assessments, timely interventions and achievement of planned goals (Golden Bay maternity Mother's and Baby's Notes sections). The tracer file shows needs and daily goals being met in a timely manner. One client phoned confirmed that all her questions, queries and requests were attended to straight away, she said this is what she told her friends was such a good thing when staying at this facility.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Low</p>	<p>The care plans describe the resident goals, supports and interventions required to meet desired goals as identified during the ongoing assessment process in three of five aged care files reviewed. There is documented evidence of resident and/or family input ensuring a resident-focused approach to care. Residents confirmed on interview they are involved in the care planning and review process. There was evidence of allied health care professionals involved in the care of the resident.</p> <p>Short-term care plans were sighted in use for changes in health status. Long-term care plans for three residents did not reflect the current needs.</p> <p>The care plan for the patient in the GP acute bed included managing current medical needs.</p> <p>Maternity service: Continuity of care is provided to the clients by their LMC who visits daily and who also provides all inpatient postnatal care. Inpatient orientation to the facility and its services are identified within the daily entries in the facility files while the client is an inpatient (Golden Bay maternity Mother's and Baby's Notes sections). Handover of information to other LMC providers for the facility are evidenced in the five of five files reviewed and show a team approach to the inpatient care.</p> <p>Consumer's delivery plans displayed evidence of required support or interventions that were identified as part of the daily ongoing assessment process. One Golden Bay maternity client interviewed discussed how much she enjoyed the continuity of the care from the facility staff and how they made her feel part of all planning. This client said she would highly recommend this service to all her friends and to anyone thinking about coming here.</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 Low</p>	<p>When a resident's/patient's condition alters, the registered nurse initiates a review and if required, arranges a GP or nurse specialist visit. There is evidence of three monthly medical reviews or earlier for health status changes. Residents interviewed confirm care delivery and support by staff is consistent with their expectations. There is documented evidence on the family contact sheet in the resident files of family notification of any changes to resident's health status. HCAs interviewed confirmed they are updated of any changes in resident's care or treatment during handover sessions at the beginning of each shift. A shortfall has been identified around documenting the effectiveness of pain relief.</p> <p>Staff report there are adequate continence supplies and dressing supplies. On the day of the audit supplies of these products were sighted. There were three skin tears, one surgical wound and four chronic wounds being treated at the time of audit. There were no pressure injuries. Wound assessments and dressing plans were in place for all wounds. Skin care issues short-term plans were linked to the wounds. There is evidence of GP and district nurse/wound care specialist involvement in the management of chronic wounds. Referrals had been made to the mobile surgical team where required.</p> <p>Maternity service: The midwifery philosophy of 'Continuity of Care' is provided by the self-employed LMC midwives and core staff that work in and access Golden Bay maternity. This forms the fundamental basis of the maternity provision of care and it consistently develops to meet the client's needs and desired outcomes throughout the provision of inpatient care. The daily checks ensure that interventions are consistent and provide ongoing assessment of the needs of the woman and her baby. These are well documented in the client progress notes. These notes are also comprehensive and include goals, interventions, referrals and care provided. The maternity services are given in a timely manner encompassing all education, care provision, decision making topics and referrals as required.</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 service employs two activity coordinators who each work two four hour days a week Tuesday to Friday. One activity coordinator is a qualified caregiver and has completed dementia unit standards. Both activity coordinators hold a current first aid certificate and attend on-site education.</p> <p>The integrated rest home/hospital activity programme is flexible and provides a variety of activities that are meaningful to the residents. The activities include community involvement such as visiting church groups for piano playing and singing and fortnightly church services, visiting school children reading to residents, regular visits from the quilting group and canine pet therapy. Residents are encouraged to socialise and attend local productions and entertainment. The physiotherapist provides the sit and be fit exercise sessions on Mondays. The activity coordinators collect a "suitcase in the museum" each month which contains interesting artefacts which prompts discussion and reminiscing.</p> <p>Residents have the opportunity to provide suggestions for activities and outings at two monthly meetings. The organisation has a four wheel drive for outings.</p>

		<p>Residents have an activity profile completed on admission. Activity plans are reviewed six monthly and activity attendance sheets are maintained.</p> <p>Maternity service: Golden Bay maternity staff are qualified to provide and support family parent craft orientated education. Family members continue to be encouraged to learn about the care of the new baby and how best to support the mother. This is provided on an individual basis. The service has an open door policy for family visiting and encourages children to visit. Golden Bay maternity provides indoor and beautiful garden outdoor areas for clients and visitors to use.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Long-term care plans had been reviewed at least six monthly for residents who had been at the service over six months. Two residents had not been at the service six months. The GP completes a three monthly resident review. The families and relevant care staff and health professionals participate in the care plan review. Evaluations indicate if resident goals have been met or unmet.</p> <p>Short-term care plans in place had been reviewed as resolved or transferred to the long-term care plan if an ongoing problem.</p> <p>Patients in the GP acute beds are reviewed on a shift-by-shift basis.</p> <p>Maternity service: Files reviewed show evidence of ongoing daily evaluations that are client focused and orientated to the clients goals such as: learning breastfeeding techniques, infant bathing, safe sleeping for baby and cord care. The average inpatient stay of a maternity client at Golden Bay maternity is 1-2 days. Ongoing evaluations and goal setting continues with their LMC up until six weeks post-partum when they are then discharged from midwifery care.</p> <p>Unexpected outcomes in any maternity care provided are documented and support is given as required in a professional and timely manner. Referrals are actioned as needed according to the situation arising. A client interview confirmed that herself and her husband received client focused care and support at times when required. They also discussed the prompt attention they got once they rang for assistance.</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</p>	FA	<p>The interim rural nurse leader/RN could describe the referral process to other medical and non-medical services. Referral documentation was maintained on resident/patient files. The service provided an example of where a resident's condition had changed and a re-assessment for change in level of care was completed and when a patient in the in-patient beds had been transported acutely to tertiary level hospital.</p> <p>Maternity service: All appropriate options of other local supportive health and disability services and providers are discussed and carried out as required or requested such as physiotherapy, occupational</p>

<p>provided to meet consumer choice/needs.</p>		<p>therapy, dietitian and social workers. Referrals to external health providers such as: Golden Bay Community workers, Nelson Lactation Consultant services, Well child providers, National immunization register, Universal newborn hearing screening, Space and PAFT programme are offered in a timely manner as required (evidenced by information leaflets on-site and reviewed in all inpatient files reviewed.). Timely referrals were identified within the tracer file and in the phone interview with the Golden Bay maternity client such as the Newborn Hearing Screen.</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>Chemical product use and safety data sheets are available. Chemicals are all correctly labelled and stored appropriately. Gloves, aprons and goggles were readily accessible for staff. Staff were observed to be wearing appropriate personal protective clothing when carrying out their duties.</p> <p>Maternity service: There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps and placentas. Protective equipment is provided for Golden Bay maternity staff and LMC's to use when handling waste or hazardous substances. Equipment sited included: plastic disposable aprons, safety masks, glasses, gloves and correct plastic hazard bag receiver. All infectious or hazardous substances are collected in Bio hazard bags or red lined linen bags and are transferred to the secondary hospital via a transport contractor for laundering/disposal. There is a clear process of disposal of the placenta. If placenta is not kept by the women/family-the placenta is double bagged then disposed of in a yellow infectious waste bag ready for transport to the secondary hospital. This meets all disposal requirements to protect service providers from harm. Staff interviewed all discussed with ease the management of the disposal of the placenta.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness which expires on 20 June 2016. The maintenance/gardener person is employed 16 hours per week. There is a reactive and planned maintenance programme in place. Building maintenance is managed by the community health trust.</p> <p>Hot water temperatures checks are monitored and recorded monthly and are between 44 and 45 degrees Celsius. Medical equipment has been calibrated by an external contractor. Electrical equipment has been serviced and tagged annually.</p> <p>Residents were observed to safely mobilise throughout the facility with easy access to communal areas. There is safe access to outdoor areas. The external area is well maintained with safe paving, outdoor shaded seating, lawn and gardens. The community maintain the organic gardens which provide produce to the kitchen. Interviews with staff confirmed there was adequate equipment to provide safe and timely care. Eleven hospital rooms have ceiling hoists.</p> <p>Maternity service: All equipment in the Golden Bay maternity ward is in good working order and have</p>

		<p>routine maintenance checks and repairs as required (latest Jan 2016) The resuscitation equipment is appropriate and all working (all checked on day of audit) including: a heat lamp to provide warmth to a baby requiring resuscitation, apgar clock, stethoscopes, oxygen outlet and bag and masks for resuscitation and suction equipment. The postnatal/birthing room has an external door and step that leads to the garden area this is in good repair. There is plenty of outdoor furniture and there are a couple of garden areas for families to enjoy with a large playground for any visiting children. There are plenty of parking spaces close to the maternity entrance.</p> <p>The client and relative interviewed felt the rooms were spacious, accommodating and that all the furniture and equipment was working and met 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>	FA	<p>All resident rooms have hand basins. There are also four bedrooms with full ensuites and two bedrooms with shared ensuites. There are adequate communal shower rooms and toilets. The toilets and showers are identifiable and include vacant/in-use signs. Fixtures, fittings, floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene.</p> <p>Maternity service: In Golden Bay maternity there are adequate numbers of toilets and showers with access to hand basins and paper towels in all areas of client, visitor and staff use. On inspection of the day of the audit, all toilets and showers had locks indicating whether or not they are in use. There is one visitor/staff toilet, this is well signed. All bathrooms have equipment, fixtures, floor and wall surfaces that are made of accepted materials for this environment with surfaces easily able to be wiped down. The birthing room has an ensuite bathroom with room for a disposable birthing pool and includes a separate shower and toilet. Toilets/bathrooms are of generous size and these would enable wheelchair access if necessary.</p> <p>One client interviewed expressed that she enjoyed the homely environment. All clients are offered assistance as required for any personal hygiene assistance by the staff (evidenced in two staff interviews and one phone client interview).</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>	FA	<p>All resident rooms are dual purpose and spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. Healthcare assistants interviewed report that all bedrooms have sufficient space to safely manoeuvre transferring hoists if required to allow cares to take place. The bedrooms are personalised and allow for residents to bring in their personal furnishings.</p> <p>Maternity service: The facility has one birthing room which becomes the post-natal room two hours after</p>

		<p>the birth. On-site inspection showed that the post-natal and birthing room provide plenty of space to allow care to be provided and for the safe use and manoeuvring of all maternity equipment such as baby bassinets, wheel chairs, portable diagnostic equipment and transfer stretchers. Clients stay in the birthing room for their post-natal stay. All equipment can be transferred between maternity areas with ease. There are storage areas in the post-natal room for the client to store their personal belongings up and away from the floor space.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There was one main lounge and a smaller whānau lounge with tea making facilities. There were several seating alcoves throughout the facility.</p> <p>All communal areas are easily accessible for the residents/patients. The furnishings and seating are appropriate for the resident group. Residents were seen to be moving freely within the communal areas throughout the audit. Residents interviewed report they can move freely around the facility and staff assist them if required.</p> <p>Maternity service: The Golden Bay maternity service provides a compact maternity area that is light and airy with a spacious whānau room that supports families to visit. The client can move freely from her room to the other areas as required for visiting, eating and making refreshments. The maternity unit has one main kitchen/dining area that clients can access with the use of a fridge, kettle, crockery, cutlery, microwave, seats and dining table. Visitors are encouraged to visit in visiting hours and there are multiple areas both inside and outside such as the well set out outside garden area which provides many outside sitting areas where visitors and clients can be together. There are inside and outside play areas for visiting children. All toys and playground equipment is in good repair and appropriate for children. Partners are able to stay on the first night after the baby is born. Clients are able to access areas for privacy as required. Furniture in all the areas of this facility is in good repair, comfortable, functional and is appropriate to the setting.</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>	FA	<p>Personal clothing is laundered on-site by cleaning/laundry staff. All other laundry is laundered off-site at a commercial laundry in Nelson. There are clean linen deliveries three times a week. Dirty laundry is collected through a designated external door. There was adequate linen stores sighted on the day of audit. Personal protective clothing is available and used appropriately in the laundry, on the cleaning trolley and in the sluice rooms. There are dedicated cleaners employed Monday to Sunday. The cleaning trolley is stored safely when not in use.</p> <p>Maternity service: A clearly defined area for the laundry services is identifiable and is deemed appropriate</p>

		<p>within this facility setting (sited on day of audit). Materials used for cleaning and laundry services are monitored daily. All cleaning and laundry products appear appropriate for the tasks required and are dated and labelled appropriately (sited on day of audit for Golden Bay maternity). Cleaning is carried out each day by designated staff (identified in one staff interview). There are defined safe areas for storage of all cleaning and laundry products. Laundry services are contracted out to Nelson Hospital but there is an on-site laundry for clients to use if required. All staff has access to the designated laundry room and are aware of supporting guidelines for all tasks that may occur in this facility.</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>	FA	<p>There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. Civil defence supplies include civil defence wheelie bin supplies. There are three 5000 litre tanks of water on-site. There is enough food storage for up to five days. The service has a generator on-site for back-up power. Six monthly fire evacuations are held. There is an approved fire evacuation plan dated 20 December 2013. There is a first aider on duty at all times. Resident/patients rooms, communal bathrooms and living areas all have call bells. The buildings are secure at night.</p> <p>Maternity service: A registered nurse is on-site at any time a client is in residence. The staff at Golden Bay maternity has had regular professional development education and mandatory facility education including neonatal resuscitation and adult CPR certification and fire training. Maternity focused workshops for emergencies occurs e.g. post-partum haemorrhage and breech presentations. All emergency equipment and security systems are well maintained and in working order. There are appropriate policies and guidelines in place to guide staff with security and emergency procedures.</p> <p>Five of five staff education files reviewed meet the requirements of training in relation to clinical emergency procedures (including adult and child CPR) and security situations.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents interviewed state the environment is comfortable.</p> <p>Maternity service: The client birthing/post-natal room is appropriately heated by heat pumps and ventilated by way of doors and windows that open. Clients have access to natural and electric light in their rooms. There is adequate external light in all areas outside. Smoking is not permitted on the facility grounds at all.</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>	FA	<p>The infection control coordinator (RN) who has been in the role oversees infection control for the facility and has a job description with defined responsibilities for infection control. Infection events are collated monthly and infection events are reported to the quality committee (link 1.2.3.6).</p> <p>There is an infection control programme that has been reviewed annually as part of the policy and protocol review.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents are offered the influenza vaccine.</p>
<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	<p>The Infection control coordinator has attended external infection control and prevention courses through the Nurses College and infection control section of the NZNO. The infection control coordinator has access to an external infection control specialist, GPs and the DHB for advice as required.</p>
<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 and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control policies include a comprehensive range of standards and guidelines including defining roles and responsibilities for the prevention of infection, training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies were developed by an external consultant and are reviewed regularly.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Cooks and kitchen hands have attended education specific to their areas on infection control. Hand hygiene competencies are completed annually.</p> <p>Resident education is expected to occur as part of providing daily cares as appropriate.</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>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infections for the month are analysed for trends and graphed by type. Graphs and relevant information is available to staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at the quality and staff meetings (link 1.2.3.6). Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GPs that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the restraint coordinator, RN and HCAs confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had two hospital residents with enablers and three hospital level residents with restraints.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing</p>	<p>FA</p>	<p>Responsibilities and accountabilities for restraint are outlined in the restraint policy and include roles and responsibilities for the restraint coordinator and for staff. A restraint approval group has been formed to meet monthly for the review of restraint use. The GP reviews resident's enabler/restraint use at three monthly medical reviews.</p>

education on restraint use and this process is made known to service providers and others.		
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	Assessments are undertaken by the restraint coordinator in partnership with the resident and their family/whānau. Restraint consents are completed by the relatives. Restraint assessments are based on information in the care plan, resident/family discussions and during observations. Three of three resident files included completed assessments that considered those listed in 2.2.2.1 (a) - (h). The restraint assessment tool identifies risks associated with the use of restraint; however the risks were not included in all care plans of those residents with restraint (link 1.3.5.2). Assessments identify the specific interventions or strategies trialled before implementing restraint.
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	The service has a restraint approval process that is described in the restraint minimisation policy. Monitoring and observation is included in the restraint policy. The restraint coordinator is a registered nurse and responsible for ensuring all restraint documentation is completed. Restraint authorisation is in consultation/partnership with the resident and family. Monitoring is documented on a specific restraint monitoring form that documents the frequency of monitoring and cares to be completed during a restraint episode. A restraint register is maintained providing an auditable record of all restraints used.
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	Restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations occur six monthly as part of the ongoing reassessment for the residents on the restraint register and as part of the care plan review. Families are included as part of this review. A review of resident files of residents using restraints identified that evaluations are up to date.
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	Restraints are discussed and reviewed at the quality/clinical meetings. Restraint and challenging behaviour education has been provided for staff. The facilities restraint policies and procedures have been reviewed.

## 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	<p>Maternity service: The maternity service has all the relevant policies, guidelines and protocols based on best practice and the required service delivery. These also meet all requirements of legislation. Over 50% of the policies, guidelines and protocols relevant to the maternity service that guides the provision of care were found to be outside of their review dates. The midwife in charge of this area is currently working on getting these into a review process.</p>	<p>Maternity service: Not all policies, guidelines and protocols for the maternity service have had their 1-3 yearly review.</p>	<p>Maternity service: Ensure all maternity policies, guidelines and protocols have a regular and timely review process.</p> <p>90 days</p>
<p>Criterion 1.2.3.6</p> <p>Quality</p>	PA Low	<p>Meetings minutes include discussion around infection control concerns and</p>	<p>Accident/incident data is not able to be collated to identify trends and corrective</p>	<p>Ensure there is documented evidence of discussion</p>

improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.		health and safety matters; however there is no documented discussion around incidents/accidents, infection events, trends or analysis. Accident/incidents are entered into the online register, however there is no data available to identify trends and evaluate corrective actions. Infection events are collated monthly and trends identified on the monthly collation form, however events/results and trends are not documented in meeting minutes.	actions and therefore not documented in meeting minutes. Quality data including accident/incidents, infection control events and outcomes of internal audits is not linked into the meeting minutes or quality system.	around quality data, trends and analysis  90 days
Criterion 1.2.9.1 Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.	PA Low	Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident/patient register. Patients admitted to the GP acute beds have documentation completed on the day of admission. Resident/patient clinical and allied health records are integrated.  Maternity service: All maternity files reviewed did not include full labour and birth documentation including summaries from the clients that had birthed at the facility.	All labour and birth information was not documented within the clinical notes and a labour and birth summary was not generated and placed within the client records.	Ensure all labour and birth information is documented within the clinical notes and a labour and birth summary is completed and added to the file.  90 days
Criterion 1.3.12.1 A medicines management system is implemented to	PA Moderate	The signing sheets for regular and 'as required' medications corresponded with the instructions on the medication chart. All oral, topical and subcutaneous medications were prescribed correctly. Oxygen had not	(1) Oxygen therapy has not been prescribed for two hospital residents that have been assessed as requiring oxygen, (2) Five of six eye drops in use have not been dated on opening.	(1) Ensure the use of oxygen is prescribed ; (2) ensure all eye drops are dated on opening; (3) Maternity service: Ensure all medications are prescribed

<p>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>been prescribed on the electronic medication system. There were eye drops in use, however these had not been dated on opening.</p> <p>Maternity service: Golden Bay maternity has a Medicine Administration Policy (last review 2013). The policy covers for all prescribing practices including all legal requirements when prescribing and administering medicines. The LMC is responsible for prescribing medicines that are required for normal delivery and post-natal care. Five infant's medication charts were reviewed and five maternal charts.</p>	<p>(3) Maternity service: Review of the medication charts identified missing documentation with prescribing/dispensing and documentation requirements; (i) Two of ten files did not have the time of administering the medication; (ii) Two of ten files did not have the signature of the prescriber; (iii) Two of ten files did not have a prescription/medication chart for medication identified as given; (iv) one of ten files did not have the date, route or indication for medication given.</p>	<p>correctly including dosage, time of administration, prescriber's signature, route of medication and indication for medication. Ensure medication charts are used if prescribing and dispensing medications for mother or baby while inpatients in the facility.</p> <p>60 days</p>
<p>Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	<p>PA Low</p>	<p>All chilled and frozen goods are stored at correct temperatures as evidenced on the temperature recording sheets. Serving temperatures on all meals have been recorded however end cooked temperatures have not been taken and recorded.</p> <p>There is a food handling policy and food storage policy documented as part of the IC guidelines/policies. Any other food the clients request is brought in for mothers by family members/visitors.</p>	<p>End cooked temperatures have not been taken or recorded for meats/poultry as per protocol.</p>	<p>Ensure end cooked temperatures for meat/poultry are taken and recorded as per protocol.</p> <p>90 days</p>
<p>Criterion 1.3.3.3 Each stage of service provision</p>	<p>PA Low</p>	<p>All resident files reviewed had initial assessments and risk assessments completed on admission. The long-</p>	<p>One hospital resident admitted for permanent care under another contract (ACC) did not have a long-term care plan</p>	<p>Ensure long-term care plans are developed within 21 days of admission for all new</p>

(assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.		term care plan had been developed within twenty-one days of admission in four of the five files reviewed. The interRAI assessment had been completed in the file of one new admission under the ARCC contract.	completed within twenty-one days of admission.	admissions.  90 days
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Low	The outcomes of risk assessments for falls and mobility, pain, continence, activities and daily activities of living were reflected in the five care plans reviewed. Not all supports were identified in the care plans to meet the resident needs for other areas of care.	(1) Long-term care plans for three residents did not reflect the current needs for; (i) one hospital resident with high risk of pressure injury did not have pressure injury prevention strategies documented. The same resident did not have any alert on the file for identified risk of choking and the use of oxygen has not been identified in the care plan, (ii) a rest home resident on oxygen did not have the criteria documented in the care plan for the administration of oxygen. (iii) There were no documented interventions for one hospital resident with significant weight loss in three months.  (2) Three residents on restraint did not have interventions documented to manage the assessed risks related to the restraint.	Ensure care plans reflect the resident's current health status.  90 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the	PA Low	Resident care plans (short-term and long-term) document appropriate interventions to manage clinical risk such as poor mobility, falls, skin integrity, pain and nutrition. There was no documented effectiveness of 'as required' pain relief in progress notes.	There was no documentation in the progress notes or electronic medication system of the effectiveness of 'as required pain' relief for three residents (two hospital and one rest home).	Ensure the effectiveness of 'as required' pain relief is documented.  90 days

consumers' assessed needs, and desired outcomes.		A dietitian is available for advice and support for residents at risk of weight loss and losing weight.		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.