Waihi Hospital (2001) Limited - Waihi Hospital & Rest Home

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity:	Waihi Hospital (2001) Limited
Premises audited:	Waihi Hospital & Rest Home
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: 18 April 2016 End date: 18 April 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: 28

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

Waihi Hospital and Rest Home is a privately owned and operated service that provides rest home, hospital (geriatric and medical) and maternity levels of care for up to 57 residents. On the day of the audit there were 13 rest home residents and 15 hospital residents. There were no inpatients or maternity clients. The residents and relative interviewed spoke positively about the care and support provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relative, general practitioner, management and staff.

The service has addressed 11 of 14 shortfalls from the previous certification audit around review of business and quality plans, manager training and job description, job description for second in charge, maternity service policies and procedures, police checks, healthcare assistant training for roles in maternity annex, evaluation of care, safety data sheets, servicing of boilers, laundry room and chemical safety.

Improvements continue to be required around open disclosure, meeting minutes and quality data and maternity annex medication management.

This surveillance audit identified improvements required in relation to mandatory training and aspects of medicine management for aged care services and hazard register Improvements required for the maternity service includes documentation in client files and maternity roster requirements.

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Family interviewed confirm that they are kept informed. The right of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints that are lodged are followed up in a timely manner.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The service is developing a quality and risk management programme that includes an internal audit programme, monitoring adverse events, collation of quality data and a health and safety programme and surveys. A meeting schedule is in place. An education and training programme for staff is in place.

The service has a documented rationale for determining staffing that meets contractual requirements. Staff, residents and family report staffing levels are sufficient to meet residents' needs.

Continuum of service delivery

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Rest home and hospital: Initial assessments are completed by a registered nurse. Care plans and evaluations are completed by the registered nurses within the required timeframe. Care plans are written in a way that enables all staff to clearly follow their instructions. Residents and family interviewed confirmed they were involved in the care planning and review process. General practitioners review residents at least three monthly or more frequently if needed.

Each resident has access to an individual and group activities programme. The group programme is varied and interesting. Residents are encouraged to maintain community links.

Medication policies meet legislative requirements. Staff have had education around medication management. Maternity service medications are stored appropriately.

Meals are prepared on-site. The menu is varied and appropriate. Individual and special dietary needs are catered for with alternative options for dislikes. Residents and relatives interviewed were complimentary about the food service. Maternity clients (and partners) are provided with a choice of home cooked meals.

Maternity:

In consultation with their 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 healthcare assistants (HCAs) under the direction of the midwives or registered nurses from the hospital/rest home. Daily checks are implemented and ensure that interventions are consistent and provide ongoing assessment of the needs of the client and her baby as documented in the client progress notes. The maternity services are provided in a timely manner encompassing all education, care provision, decision making topics and referrals as required.

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.

A current building warrant of fitness is posted in a visible location.

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.

There are policies and procedures in place for restraint minimisation and safe practice that includes the definition for the use of enablers. There were two restraints and four enablers in use on the day of audit. Staff receives training on restraint minimisation and managing challenging behaviours.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.

The infection control coordinator is the registered nurse. The infection control coordinator has attended external training. Staff attend annual infection control education. Surveillance data is collated monthly and analysed to identify quality activities and education needs for the service.

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	14	0	3	3	0	0
Criteria	0	38	0	6	4	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click here.

For more information on the different types of audits and what they cover please click here.

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The service has a complaints policy that describes how complaints are managed and is in line with requirements set by The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code). The complaints process is linked to the quality and risk management programme with evidence of complaints being discussed in management and staff meetings. Complaints forms are available at the entrance to the facility. Information about complaints is provided on admission in the admission booklet. Interviews with seven residents (three hospital and four rest home) and one relative confirmed that they understand the complaints process. They also confirmed that the facility manager and care manager (2IC) were approachable and readily available if they have a concern. An up-to-date complaints register is in place. There have been seven complaints regarding the food service in 2015 and seven other complaints. A review of the food service is being undertaken. Other complaints including one to date for 2016 have been managed appropriately and to the satisfaction of the complainant. The manager is the privacy officer and has undertaken Code of Rights training.
Standard 1.1.9: Communication Service providers	PA Moderate	A policy is in place to guide staff on the process around open disclosure. Not all accident/incident forms evidenced family notification. The previous finding around relative notification remains. Resident meetings have commenced January 2016 and are scheduled to occur three monthly. One relative interviewed state they are notified promptly of any change in their relative's condition. Residents and relatives have the opportunity to feed back on the

communicate effectively with consumers and provide an environment conducive to effective communication.		services through an annual survey. Access to interpreter services is available if needed. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The 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. There is a comprehensive information booklet for residents/relatives on admission that covers quality goals for the service.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Waihi Hospital and Rest Home provides care for up to 57 residents. At the time of the audit there were 15 hospital level residents and 13 rest home residents. All residents were under the ARCC. There are four general practitioner (GP) beds (primary inpatient service) for patients to be admitted under the care of the GP for up to seven days. There were no patients under the primary health service (medical) on the day of audit. The service has one maternity birthing unit. There were no clients in the maternity service on the day of audit. The service is privately owned and the owner (non-clinical) for the past three years. The owner visits at least 1 x weekly and is available via phone anytime and email during office hours Monday – Friday). There is a 2016 to 2017 business plan in place with quality goals and timeframes for review which take place three monthly. The business and quality plan identifies the values and philosophy of the service The 2015 business plan and quality goals have been reviewed in consultation with the management team and aged care consultant. The previous finding around the regular review of business goals and the quality plan has been addressed. The manager is a registered nurse who has been with the provider nine years and was previously second in charge. She has been in the role of manager for the last three months. A job description for the manager was sighted and includes management of the maternity annex. The manager has received management mentoring from a contracted aged care consultant who has been providing assistance to the service since November 2015. The consultant visits the site regularly and is available by phone at other times. The manager has attended eight hours of external training relevant to the role. The previous finding around the manager's job description and manager training has been addressed. The manager is supported by the 2IC (care manager/registered nurse) who has been with the service 14 years.
Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and	FA	A registered nurse (RN), who is the 2IC, is the second in charge and covers for the absence of the manager/registered nurse. The RN/second in charge has a job description that outlines her responsibilities in the absence of the manager/RN. The previous finding has been addressed.

effective manner which ensures the provision of timely, appropriate, and safe services to consumers.		
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	PA Low	There is a quality and risk management plan in place. Quality and risk management systems are being implemented. There are weekly management meetings with the owner. The 2016 meeting schedule includes meetings with RNs, activity coordinators, laundry and cleaning and maintenance. The service intends to combine quality meetings with infection control and health and safety into one regular service meeting. Meeting minutes sighted to date do not evidence discussion around quality data including accidents/incidents, infection control, internal audit outcomes and survey results. An internal audit schedule has been developed for 2016 however, there have been no audits completed for 2015. The previous finding around meetings and quality data remains. The service is in the process of transitioning to policies and procedures for aged care which have been developed by an external consultant. The content of policies and procedures are detailed to allow effective implementation by staff. Care staff interviewed (one RN and three healthcare assistants) state they are informed at staff meetings when policies are reviewed. The service conducts surveys relating to delivery of services. Not all surveys have been collated and fed back to participants. The health and safety programme includes policies to guide practice. The policies have been reviewed to include changes to the health and safety legislation 2015. Hazard identification report forms are available for staff to complete for identified hazards. The hazard register requires review. Falls prevention strategies are in place that includes the analysis of falls and the identification of interventions on a case by case basis to minimise future falls. Post falls assessments had been completed for residents who fall. Maternity service: Polices, guidelines and the healthcare assistant job descriptions for maternity outlines responsibilities, guidance and instructions to these care providers. The previous audit finding regarding documented policies and procedures relating to the support provided by the healthcare assistants to maternity clients has been addressed.
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or	FA	Incident/accident forms are completed by staff that have either witnessed an adverse event or were the first to respond. The RN on duty completes a clinical assessment for all resident adverse events. Twelve incident/accident forms for the month of January 2016 were reviewed (seven falls, one choking incident and one medication error). Incident/accident forms were completed and reflected timely follow up and actions

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.		taken by the RN. Residents' files reviewed had adverse event documented in the residents' progress notes. Discussions with the manager/RN confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications. The service has reported two sentinel events on Section 31 forms to the DHB and HealthCERT. Full internal and external investigations were completed. One incident was reported to Worksafe N.Z.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	PA Low	There are human resources policies to support recruitment practices. Current practising certificates were sighted for all RNs, GPs and allied health professionals. Six staff files reviewed (manager/RN, two RNs and three HCAs) contained relevant recruitment and employment documentation including police checks as required dependant on the skill level. The previous finding around police checks has been addressed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Healthcare assistants stated staff were adequately orientated to the service and they felt supported by management. There was a first aider on duty at all times. Maternity Service: Healthcare assistants working in the maternity annex receive specific training around their role in supporting mothers and babies. The previous audit finding around training has been addressed. There are job descriptions which detail each position's responsibilities, accountabilities and authority. All health care professionals have current ongoing education to support them to practice at the Waihi maternity/birthing unit. Contracted midwives have current practising certificates (sighted) and the lead maternity carers (LMC's) that access the service have access agreement contracts that meet all requirements. A signed access agreement and copy of the LMC's current practising certificate and indemnity insurance is kept on file at the facility. Training is recorded for individual staff. There are eight HCA's employed in the service including ten contracted community midwives. Staff files (ten LMCs and eight HCAs) reviewed showed that each employee has a signed contract, job description and training records.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate,	PA Moderate	The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The manager/RN oversees service delivery and is on-site Monday to Friday. On call is shared between the manager/RN and 2IC/RN. There is an RN on duty 24 hours in the hospital and an RN on duty 3 days per week in the rest home. Staff reported that staffing levels and the skill mix were appropriate and safe. Residents and the family member

and safe service from suitably qualified/skilled and/or experienced service providers.		interviewed advised that they felt there is sufficient staffing. Staffing levels include 10 LMC midwives contracted to provide on-call midwifery care for the facility with cover 24/7. There is always someone on call for emergency situations. Phone numbers are available for emergency contacts. Each client has their own lead maternity carer identified, who visits daily and is accessible by telephone. One staff member is always on duty when clients are on-site. Healthcare assistants provide the on-site daily postnatal care for eight hour shifts. The RNs in the hospital/rest home are able to answer the maternity emergency bell and provide assistance as needed. The current midwifery roster reviewed identified a number of shifts where no staff had been rostered.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	PA Low	Maternity service: Waihi maternity has an organised client file documentation system that is maternity focused, however, entries are not always complete or timely. The entries 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. There are check lists that are 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.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate	Rest home and hospital: The medication management policies and procedures comply with medication legislation and guidelines. Medications are checked against the doctor's medication profile on arrival from the pharmacy by an RN. Any discrepancies are fed back to the supplying pharmacy and recorded. Not all staff responsible for administering of medications has completed an annual medication competency. Staff have attended annual medication education. One registered nurse and one healthcare assistant were observed to be safely and correctly administrating medications. There is one rest home resident who self-administers medication. A competency assessment has been completed. Medication was stored correctly, however the medication fridge did not record temperatures within the acceptable range. All 10 medication charts reviewed had photo identification and allergy status noted on the chart. Medication prescribed is signed as administered on the pharmacy generated signing chart. Eight medication charts did not have an indication for use prescribed for ‘as required’ medications. A shortfall was identified around GP three monthly reviews of medication charts. Maternity service: Standing orders for medications to be used in a maternity ward have been reviewed annually. The previous audit finding has been addressed.

		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. 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. Not all prescribing information was recorded in the sample of medication files reviewed. 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 and the client has a form to fill in each time she takes medication. Clients did not have self-medicating charts given to fill in as per facility protocol (Link 1.3.12.5). The facility has a resuscitation trolley and in the birthing room there are medicines required for safe birthing and post-natal emergencies. The medicines refrigerator temperature is monitored daily and recorded. Stock and resuscitation trolley medicines are monitored as per the policy. Entonox and oxygen cylinders are regularly checked and are stored in a secure area.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	Rest home and hospital: There is a fully functional kitchen and all food is cooked on-site. The food services manual was under review. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff. This document is reviewed at least six monthly as part of the care plan review and the kitchen notified of any changes. The kitchen is able to meet the needs of residents who require special diets. The kitchen staff has not completed food safety training (link 1.2.7.5) The kitchen manager and cooks follows a menu which is currently in the process of review 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 happy with the quality and variety of food served. Maternity service: Waihi maternity provides mothers and partners (on request) with all meals. All meals are made on-site by the on duty staff. All aspects of food safety are adhered to and there are always hot drinks, fruit, bread, cheese and fresh baking available for mothers. Clients are given different menu choices each day and meals are taken 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. 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.

Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Rest home and hospital: Registered nurses (RNs) including the 2IC (RN) and healthcare assistants, follow the care plan and report progress against the care plan each shift. If external nursing or allied health advice is required the RNs 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 were sighted on the day of audit. Resident files include a continence assessment and plan where applicable. Specialist continence advice is available as needed and this could be described. Wound assessment, monitoring and wound management plans were in place for two residents with wounds. The wounds were being appropriately managed. The RNs have access to specialist nursing wound care management advice through the district nursing service. Care plan interventions and food and fluid charts demonstrate interventions to meet resident's needs. 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 Waihi 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 and these notes are also comprehensive and include goals, interventions, referrals and care provided. The maternity services are provided in a timely manner encompassing all education, care provision, decision making topics and referrals as required.
Standard 1.3.7: Planned Activities 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.	FA	Rest home and hospital: An activity coordinator is employed for three days per week to implement the activities programme for all residents. Each resident has an individual activity assessment on admission and from this information, an individual activities plan is developed as part of the care plan by the registered nurses with input from the activity coordinator. 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. All resident files reviewed have a recent activities plan within the care plan and this is evaluated at least six monthly when the care plan is evaluated. Residents and families interviewed commented positively on the activity programme. Maternity service: Waihi 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. Waihi maternity provides indoor areas and pleasant gardened outdoor areas for clients and visitors to use.

Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Rest home and hospital: All initial care plans reviewed were evaluated by the registered nurses within three weeks of admission. The long-term care plans were evaluated at least six monthly or earlier if there is a change in health status. There is at least a three monthly review by the GP. All changes in health status are documented and followed up. Care plan reviews are signed by an 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 reviewed. Where progress is different from expected, the service responds by initiating changes to the care plan. Maternity service: Daily evaluations are client focused and orientated to the client's goals and birthing recovery such as: learning breastfeeding techniques, infant bathing, basic hygiene cares, safe sleeping for baby and cord care are ongoing. Evaluations and goal setting continues with their LMC up until six weeks' post-partum when they are then discharged from midwifery care. 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. When progress differs from expectation there is documented evidence in clinical records. Staff contacts LMCs to discuss changes to care provision. Changes to care are initiated by the LMC after discussion with the woman and/or service staff by verbal instruction or by the LMC attending the woman and/or her baby.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies and procedures in place to guide staff in the safe disposal of waste and for the safe use of chemicals. All chemical bottles sighted were stored safely and were labelled correctly. There was no decanting of chemicals. Safety data sheets were readily available for staff. The previous finding around safety data sheets has been addressed. Maternity: Protective equipment is provided for Waihi 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 sited with physical check of facility). All infectious or hazardous substances are collected in Bio hazard bags or red lined linen bags. 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. 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.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate,	FA	A current building warrant of fitness is posted in a visible location (expiry date 24 April 2017). Electrical equipment warrant of fitness test and tags were current. Clinical equipment has been calibrated. Annual contractor service records were sighted for the maintenance of the boilers. The previous finding around servicing of boilers has been addressed.

accessible physical environment and facilities that are fit for their purpose.		
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There is a designated laundry and cleaning person. All laundry is completed on-site. Residents and family interviewed were satisfied with the standard of cleanliness and stated clothing was returned within a timely manner. The laundry room was clean and tidy on the day of audit. The laundry ceiling and walls were clean and the windows open for ventilation. The previous finding around mould on the walls has been addressed. The chemicals in the laundry and maintenance room were stored safely. Both rooms were found to be locked when staff were not in attendance. The previous finding around chemical safety in these areas has been addressed.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Policies and procedures document infection control and prevention. The infection control coordinator (RN) collates infections on a monthly and analyses results to identify trends and areas for improvements. Monthly infection rates are graphed (link 1.2.3.6). There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided. Hand hygiene audits and annual education occurs. There have been no outbreaks.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There are policies around restraints and enablers including definitions last reviewed April 2015. The care manager (2IC) is the restraint coordinator. Care staff receives orientation around restraint/enablers and have completed challenging behaviour education in June 2015 with the mental health service educator. There were two hospital residents with restraints and four hospital residents with enablers. All restraints and enablers were bedsides. Enabler use is voluntary.

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 1.1.9.1 Consumers have a right to full and frank information and open disclosure from service providers.	PA Moderate	Rest home and hospital: Eight out of ten accident/incident forms reviewed evidenced the relatives had been notified within a timely manner for incidents such as falls and skin tears.	Rest home and hospital: There was no documented evidence of relative notification for two incidents including one medication error.	Ensure open disclosure is practised for all accident/incidents. 60 days
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	PA Low	Quality improvement information that is collected monthly includes incidents/accidents and infection control events. Internal audits have not been completed for 2015. Results from surveys have not been collated. Meeting minutes do not evidence discussion around quality data. Hazards have been reported and preventative action taken however, the hazard register has not been updated.	1) There is no documented evidence in meeting minutes of discussion around quality data, trends and analysis for accident/incidents, infection control events, audit outcomes and survey results; 2) The hazard register has not been reviewed within the last year; and 3) Results have not been	1) Ensure discussion around quality data is documented in meeting minutes; 2) Ensure the hazard register is regularly reviewed; and 3) Ensure survey

		Surveys completed in 2015 include maternity annex survey and primary inpatient satisfaction survey. Surveys for 2016 include resident satisfaction, meals on wheels, laundry service and food service. Not all results have not been collated and communicated to participants and staff.	collated and communicated to participants for 2015 surveys or the 2016 laundry and food satisfaction surveys. Surveys are in progress for the meals on wheels and annual resident satisfaction.	results are collated and communicated to participants and relevant personnel. 90 days
Criterion 1.2.3.9 Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include: (a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk; (b) A process that addresses/treats the risks associated with service provision is developed and implemented.	PA Low	Hazards have been reported and preventative action taken however, the hazard register is not current.	The hazard register has not been reviewed within the last year.	Ensure the hazard register is reviewed regularly and is current. 90 days
Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Low	There is an annual training plan in place. External educators such as the aged care consultant, physiotherapist, gerontology nurse and mental health services have provided education. Not all mandatory education has been offered within the last two years.	Staff has not attended education for open disclosure, complaints management and food safety and hygiene within the last two years.	Ensure staff attends mandatory education as per contractual requirements. 90 days

Criterion 1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.	PA Moderate	Maternity service: There is always someone on call for emergency situations. The midwifery service had a list of midwives to ring when cover is required on-site. There is a requirement to have a named midwife on call at all times.	Maternity service: The maternity roster did not have a named midwife for on call for the maternity service. The current roster reviewed identified a number of shifts where there was no LMC named for on call cover.	Ensure the LMC roster meets contractual requirements. 60 days
Criterion 1.2.9.9 All records are legible and the name and designation of the service provider is identifiable.	PA Low	The scope of the audit was extended to include this standard. Maternity service: All records are legible. Five files reviewed identified all files had a missing practitioner's printed name and designation under their signature at least once on each clinical page. Four of five files had no allergy status recorded on the admission form (link 1.3.12.1) and five of five files were missing clinical entries.	Maternity service: All files reviewed evidenced gaps in clinical, professional and legal documentation requirements.	Ensure that at all legal, professional and facility documentation requirements are met. 60 days
Criterion 1.3.12.1 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.	PA Moderate	Rest home and hospital: Medicines with the exception of refrigerated medications are appropriately stored in accordance with relevant guidelines and legislation. The medication fridge temperature is taken and recorded weekly. The temperatures were below the acceptable range. Maternity service: Waihi maternity medication management processes were not fully documented.	Rest home and hospital: The temperatures recorded for the medication fridge in the hospital were not within the acceptable range as per the Ministry of Health legislation and guidelines. The temperatures have been consistently recorded as below 0 degrees Celsius. Maternity: Review of the maternity medication charts	Rest home and hospital: ensure the medication fridge temperature in the hospital is within the required range. Maternity service: Ensure all medications are prescribed correctly including

			showed missing documentation with regards to prescribing, dispensing and documentation requirements as follows: a)One of ten files did not have the signature of the prescriber; b) Two of ten files did not have client allergy status noted; c) Two of ten files did not have the date, dose, route or indication for medication given; d) Eight of ten files did not have the prescription/medication chart for medication identified as given (3x maternal, 5x infant); and e) Ten of ten files did not have the designation of the prescriber or administrator.	dosage, prescriber's signature and designation, route of medication and indication for medication. Ensure allergies are noted on the medication chart. 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 Low	Rest home and hospital: The registered nurses have completed annual medication management training and annual medication competencies. Not all HCAs responsible for administering medications have completed competencies.	Rest home and hospital: Two healthcare assistants that administer medication have not completed an annual medication competency.	Ensure that all staff administering medications complete annual medication competencies. 30 days
Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.	PA Low	Maternity service: The facility has a policy for medication management which includes guidance for clients to be able to self-medicate as required. Most women who enter the service are well and considered competent to self-medicate. If a woman chooses to self-administer her medicines,	Maternity service: Eight of ten client files had not been given the self-medication chart to fill in when they are self-medicating.	Ensure compliance of the clients self-medicating policy. 60 days

		this is recorded on her drug chart and then fills a form out as she takes any medications. This was completed in two of ten client files reviewed.		
Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.	PA Moderate	Rest home and hospital: All ten medication charts sampled indicated that medication is being administered as prescribed. Two of ten medication charts document the indication for giving 'as required' medication. Seven out of ten medication charts evidence a review by the GP three monthly.	Rest home and hospital: 1) Eight out of ten medication charts do not have a prescribed indication of use for 'as required' medications. 2) Three out of ten medication charts did not evidence they had been reviewed by the GP three monthly.	1) Ensure all 'as required' medications have an indication for use prescribed. 2) Ensure all medication charts evidence at least a GP three monthly review. 30 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, these 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.