

Terrace View Lifecare Limited

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Terrace View Lifecare Limited
Premises audited:	Terrace View Retirement Village
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 April 2016 End date: 28 April 2016
Proposed changes to current services (if any):	Addition of medical to the service certificate
Total beds occupied across all premises included in the audit on the first day of the audit:	40

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

Terrace View is a purpose built retirement village facility. The service is certified to provide hospital – geriatric, and rest home level care for up to 64 residents within the complex. On the days of audit there were 40 residents requiring care.

A new facility manager reports to a regional manager and the owners. The owners are part of a new ownership and management structure, which commenced February 2016. The service has also employed a new clinical manager who is an experienced aged care registered nurse. Family and residents interviewed all spoke positively about the care and support provided.

This unannounced surveillance audit was conducted against a subset of the health and disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, general practitioner, staff and management. The service has also been assessed at this audit as suitable to include ‘medical’ under their current hospital certification.

The service has addressed five of six findings identified at the previous certification audit around resuscitation orders, recording of time of entry and designation on documentation, ensuring care plan documents are signed by a registered nurse, ensuring short-term care plans are utilised fully and dating of decanted foods. Further improvements are required in relation to conducting assessments where required.

This surveillance audit identified improvements required around conducting quality activities, orientation documentation, care-planning timeframes, registered nurse follow up of clinical issues, care plan interventions, and aspects of medication management.

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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Communication with residents and families is appropriately managed and recorded. Complaints are actioned and include documented response to complainants should the need arise. There is a complaints register.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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A business plan, quality assurance and risk management plan has been developed by the new management group for 2016. Policies and procedures have been reviewed to reflect the activities of the service and align with current guidelines and legislation. Corrective actions are identified, implemented and followed through. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are appropriately managed with reporting to staff evident in meeting minutes reviewed. An orientation programme provides new staff with relevant information for safe work practice. Human resource policies are in place to determine staffing levels and skill mixes. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service is implementing the InterRAI process and resident files reviewed provide evidence that the registered nurses utilise the InterRAI and/or paper based assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and all have evidence of evaluation. Resident files include three monthly reviews by the general practitioner. There is evidence of other allied health professional input into resident care.

Medication policies reflect legislative requirements and guidelines. All registered nurses responsible for administration of medicines complete education and medicines competencies. The medicines records reviewed include documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner/nurse practitioner.

An integrated activities programme is implemented for the rest home and hospital residents. The programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the residents. The service has a well-equipped kitchen and all meals are cooked on site. All residents' nutritional needs are identified and documented. Choices are available and provided.

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 facility displays a current building warrant of fitness.

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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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, the service had no residents using restraint and three residents with bedrails as an enabler.

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 type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. No outbreaks have been reported since the previous audit.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	13	0	3	3	0	0
Criteria	0	34	0	5	3	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The previous certification audit identified that advanced directives were not appropriately completed for all residents. The service has made improvements to the advanced directive form and it now includes a section for the general practitioner to verify competence and for medically initiated 'not for resuscitation orders'. Five resident files reviewed evidenced that the resident had signed an advanced directive regarding resuscitation following consultation with a medication practitioner, registered nurse and family. All five resuscitation forms were completed appropriately. The service has addressed this previous finding.</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>The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission, through the information pack. Complaint forms are available at each entrance of the services. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is available. Three complaints have been received in 2016 and eight in 2015. The complaints reviewed have been managed appropriately with acknowledgement, investigations and responses recorded. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Five residents (three rest home and two hospital) and two hospital family members interviewed stated they are informed of changes in health status and incidents/accidents. Residents and family members also stated they were welcomed on entry and given time and explanation about services and procedures. Communication with family members is recorded on the sample of incident and accident report forms reviewed and in the resident daily progress notes. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Interpreter services are provided if residents or family/whānau have difficulty with written or spoken English.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Terrace View retirement village is one of two care services owned and managed by the Aria Group. The facility operates under its own strategic plan and quality programme. The facility manager (non-clinical) and the clinical manager (registered nurse) have been in their respective roles for four weeks. Prior to their appointment the service had an interim manager. A regional manager (interviewed) provides support to the management team and attends the facility weekly.</p> <p>The service is currently certified for hospital services - geriatric and rest home level care. The service has also been verified as part of this audit as suitable to provide medical services under their hospital certification. The care centre includes 43 dual-purpose beds across a 32-bed rest home/hospital wing and 11 care suites. There are also 15 apartments, and 6 studio units certified for rest home level care. There were 19 rest home and 12 hospital residents in the rest home/hospital wing; four rest home and four hospital residents in the care suites; and one rest home resident in the serviced apartments. One rest home and one hospital level resident were on end of life contracts. There were no respite residents.</p> <p>There is a business plan and quality programme for Terrace View for 2016. The quality plan for 2015 has not been fully completed (link #1.2.3.6). The quality and risk management system has policies and procedures provided by an external contractor. The quality plan includes objectives, policies and procedures, implementation, monitoring, quality risk, and corrective action plans.</p> <p>The facility manager is experienced in aged care management and has completed at least eight hours of professional development in the past 12 months.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented,</p>	<p>PA Low</p>	<p>The service has developed and improved the quality and risk management programme for 2016/2017 to include analysis of incidents, infections and complaints, internal audits and feedback from the residents. The new plan has been in place</p>

<p>and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>since April 2016. The quality programme for 2015 has been reviewed three monthly by the previous manager and monitored through quality meetings and staff meetings. Meeting minutes reviewed evidence discussion and reporting on quality activities. The new plan for 2016/2017 includes more-frequent meetings, a full internal audit schedule, reporting by management to the regional manager and owners, a review of the education programme and specific quality goals.</p> <p>The annual internal audit schedule has been completed for 2015 but not for 2016. Areas of non-compliance identified through the quality activities have been documented as corrective actions, implemented and reviewed for effectiveness. The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management.</p> <p>The service has comprehensive policies/procedures to support service delivery, which have been provided by an external contractor. Regular reviews are provided to the service. Policies and procedures align with the resident care plans and have been updated to include reference to the InterRAI assessment tool and pressure injury prevention. A document control policy outlines the system implemented, whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. The service collects information on resident incidents/accidents as well as staff incidents/accidents and provides follow up where required. The resident survey was not conducted in 2015.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Incident and accident data is collected, analysed and reported to staff. A sample of resident related incident reports for March 2016, collated data and related resident files were reviewed and evidence that all adverse events were documented to manage risk. Appropriate care and support has been provided by care staff and registered nurses post incident and this is well recorded in the corresponding resident files. Residents with high rates of falls require further documented action plans (link #1.3.6.1). Reports were completed and family notified as appropriate. Incidents and accident data is communicated to staff, as evidenced in meeting minutes reviewed and staff interviews. The facility manager is aware of the responsibility to notify appropriate authorities when required.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment</p>	<p>PA Low</p>	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Six</p>

<p>practice and meet the requirements of legislation.</p>		<p>staff files were reviewed and included the clinical manager, two registered nurses, two caregivers and the activities coordinator. Staff files reviewed included all appropriate documentation with exception of orientation documentation.</p> <p>The service has an orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals have been conducted for staff. There is a completed in-service programme for 2015, which exceeded eight hours annually and a plan underway for 2016. The registered nurses have attended external training.</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>Terrace View has a roster in place that ensures there are sufficient staff rostered on to meet the needs of the residents. A registered nurse is rostered on duty at all times. The facility manager and the clinical manager work fulltime and are supported by a regional manager, the service owners, registered nurses and caregivers. All registered nurses and the activities coordinator are trained in first aid. Residents and families interviewed advised that there is sufficient staff on duty to provide the care and support required for all residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The previous certification audit identified that staff entries in resident progress notes did not always record the time of entry or staff designation. Five resident files reviewed evidenced that entries in progress notes included the time of entry and the staff name, signature and designation. The service has addressed this previous finding.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Policies and procedures are in place for medication management, including self-administration. The RN checks all medications on delivery against the medication chart and any pharmacy errors recorded and fed back to the supplying pharmacy.</p> <p>Registered nurses and enrolled nurses responsible for administering medications have completed annual medication competencies and annual medication education. Not all caregivers who administer medication have an up-to-date medication competency.</p> <p>Two rest home residents were self-medicating on the day of audit. Self-medicating competency, three monthly reviews and monitoring was in place for both residents. Only one had a documented assessment for self-medication.</p> <p>The medication fridge has temperatures recorded daily and these are within</p>

		<p>acceptable ranges.</p> <p>Ten medication charts were reviewed (a mixture of rest home and hospital). Photo identification and allergy status was on all ten charts. All medication charts had been reviewed by the GP at least three monthly. Not all resident medication administration-signing corresponded with the medication chart and transcribing was noted for one resident file.</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>	FA	<p>The food service is provided on site. The service has a kitchen manual and a four weekly rolling menu is implemented and changes seasonally. A dietitian has approved the menu.</p> <p>The residents' nutritional profiles are assessed on admission and a copy is sent to the kitchen, confirmed at staff interviews. Kitchen staff are aware of residents' likes and dislikes, confirmed at cook interview. There is evidence of modified diets being provided (eg, diabetic menu and further nutritional supplements).</p> <p>Food temperatures are monitored and recorded (sighted). Staff handling food have attended food safety training.</p> <p>Fridge, freezer and chiller temperatures are monitored and documented. Food in the chiller and freezer are covered and dated. This is an improvement on the previous audit.</p> <p>Resident files sampled demonstrate monthly monitoring of individual resident's weight. All five resident files record nutritional needs and interventions on care plans.</p> <p>Residents and family interviewed are satisfied with the food service provided, and report their individual preferences are well catered and adequate food and fluids are provided.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	PA Moderate	<p>The initial care plan is completed on admission, as evidenced in all five resident files reviewed. The service is implementing the InterRAI assessment process and four files all had an InterRAI (one was an end of life resident at hospital level care).</p> <p>The facility has appropriate resources and equipment. The RN interviews confirmed that assessments are conducted in a safe and appropriate setting, including visits from the doctor.</p> <p>Paper-based risk assessments include (but not limited to) continence assessment, mobility assessment, nutrition assessment, pain assessment, falls risk assessment, medical, pressure risk assessment and behavioural assessments. All assessments</p>

		were fully completed including spirituality on the initial assessment; this is an improvement from the previous audit. The documentation of pain assessments continues to be an area for improvement.
<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>	PA Moderate	<p>The RN assesses all residents on admission and completes individualised care plans. When a resident's condition alters, the registered nurses initiate a GP or specialist consultation. Family members interviewed stated their relative's needs are being met.</p> <p>Dressing supplies are available and adequate supplies of wound care products, blood glucose monitoring equipment and other medical equipment is sighted. There are adequate supplies of continence products in all areas. Ten wound care assessments and plans were reviewed (three hospital and six rest home). All wounds had an assessment and up-to-date wound care plan in place. Short-term care plans (STCP) were evidenced on the resident files.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day and night use. Specialist continence advice is available as needed. Altered behaviours are reported and monitored on behaviour logs. The GP is notified and any medical causes are excluded. There is evidence of referrals to mental health services for ongoing behaviours.</p> <p>Monitoring of fluid intake and care plan interventions were not fully documented for all residents.</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>	FA	<p>The service employs a recreational therapist, who is undertaking a diversional therapy course and employed for 25 hours per week. Another part time recreational therapist supports her. The rest home and hospital programme is integrated, and covers five days, and often with additional activities over the weekend.</p> <p>The programme is planned a month in advance and follows a set plan that is flexible to meet the preferences and recreational needs of groups and individuals.</p> <p>The programme is tailored to meet the differing needs of the residents and includes (but not limited to); newspaper reading, crafts, exercises, Tai Chi, manicures, housie, a walking group, baking, entertainers, community visits to the town and weekly swimming at the local town pool.</p> <p>A resident meeting is held monthly where feedback is provided on the activity programme and suggestions for outings.</p>

		Activity assessments, cultural and communication assessments are completed with resident/family/whānau involvement. Each resident has an individual activity plan. The resident/family is involved in the care plan reviews, which occur at the same time as the review of the clinical care plan. Individual activity participation records are maintained.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Care plans (reviewed), had been evaluated by registered nurses (link to 1.3.3.1 for evaluation timeframes), or when changes to care occurred. InterRAI assessments have been utilised in conjunction with paper-based assessments for care plan reviews. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. This is an improvement on the previous audit.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The service displays a current building warrant of fitness that expires on 24 January 2017.
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	Infection surveillance and monitoring is an integral part of the infection control programme and is described in the infection prevention and control policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. The clinical manager is the designated infection control nurse. An individual resident infection report and summary is completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Surveillance of all infections is entered onto a monthly facility infection summary and staff are informed. This data is monitored and evaluated monthly and annually. Infection control education has been provided. No outbreaks have been reported since the previous audit.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Documented systems are in place to ensure the use of restraint is actively minimised. The facility was not utilising restraint on the day of audit. Policies and procedures include the definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Enablers are voluntary. Three hospital level residents have enablers (bedrails). The three resident files with enablers were reviewed and evidenced that appropriate documentation including consent, risk assessment, care planning and monitoring has been completed. Restraint use is reviewed at quality and registered nurse meetings and education and audits have been completed.

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 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	<p>The quality programme for 2015, included internal audits, gathering of incident and accident data, and gathering infection rates. A resident survey scheduled for 2015 was not conducted. A resident file audit has been conducted in February 2016 – other internal audits for 2016 have not been completed. Going forward, the new management team has developed a quality and risk management programme for 2016/2017. This includes quality activities to measure service performance and compliance.</p>	<p>a) Internal audits scheduled for 2016 have not been conducted; b) the resident survey for 2015 has not been conducted.</p>	<p>Ensure that quality activities are completed as scheduled.</p> <p>180 days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme</p>	PA Low	<p>Six staff files were reviewed. Documentation evidenced in the files included position descriptions, employment contracts, copies of</p>	<p>Three of six staff files reviewed did not evidence copies of completed orientation documentation.</p>	<p>Provide evidence that new employee’s complete orientation and that this is</p>

that covers the essential components of the service provided.		training records and qualifications. Registered nurses have current annual practicing certificates. Annual appraisals have been conducted. Three of six staff files have copies of completed orientation records.		documented. 180 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	There is one main medication room for the rest home and hospital. All pharmaceuticals are stored safely within the locked treatment room. Medication administration was observed and evidenced a good process for the administration and signing for medications on the day of audit. Eight of ten medication files reviewed were completed accurately. Nine of ten files did not evidence transcribing.	(i) A review of the medication software evidenced that two charts had medications 'not given' but there were no comments documented to explain. (ii) One of two self-medicating residents did not have an assessment documented. (iii) One resident's short-term care plan included transcribing of medications.	(i) Ensure medication documentation is completed when medications are withheld/not given. (ii) Ensure self-medicating residents have a documented assessment completed. (iii) Cease the practice of transcribing. 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	Registered nurses have competencies for medications including syringe drivers. Not all caregivers have a competency.	Two caregivers who administer medications did not have an up-to-date medication competency.	Ensure that all staff who administer medications have an up-to-date medication competency. 60 days
Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.	PA Low	The service is in the process of embedding the InterRAI process as part of the assessment and evaluation for residents. A combination of paper based assessments and InterRAI are currently used by the service to assess and plan care needs. Registered nurses undertake all assessments, care plans and evaluations. Timeframes were not all	(i) One hospital level resident did not have a long-term care plan documented within 21 days. (ii) Two hospital level residents did not have an InterRAI documented within 21 days of admission. (iii) Two residents (one hospital and one rest home) did not have evaluations documented six monthly.	Ensure all assessments, care plans and evaluations are documented within set timeframes. 60 days

		met.		
<p>Criterion 1.3.3.4</p> <p>The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.</p>	PA Low	Progress notes are documented each shift by caregivers and RNs. There is a documented handover between all shifts. Handovers were witnessed during the audit.	A review of the progress notes for one hospital level resident evidenced the caregivers documented the resident had a sore sacrum and a rash. There was no documented RN follow up of the issues raised.	<p>Ensure that resident related problems are followed up and reviewed by a registered nurse.</p> <p>30 days</p>
<p>Criterion 1.3.4.2</p> <p>The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.</p>	PA Moderate	The InterRAI assessment process and paper-based assessments serve as the basis for care planning and resident care. RN assessments (not documented) and conversations with residents assist RNs to assess pain management for residents.	Three residents who had pain identified as an issue, did not have a pain assessment documented (one hospital and one rest home).	<p>Ensure pain assessments are documented where pain is an identified problem and interventions are documented to manage the pain.</p> <p>60 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Moderate	All resident files reviewed included a long-term care plan for the residents. Basic nursing care such as activities of daily living, sleeping and meals were documented (as examples). Caregivers interviewed were aware of resident needs and families interviewed agreed the level of care was high. The end of life care resident was nursed on a pressure relieving mattress and appeared comfortable.	(i) One hospital-level (end of life care) resident did not have care plan interventions for pressure injury prevention or pain management. (ii) One hospital-level care resident did not have care plan interventions for falls, shortness of breath, behaviour management or management of bowels. (iii) One resident who needed fluid intake monitoring due to a risk of medication toxicity, not have any monitoring in place.	<p>Ensure that care plans document the resident needs and ensure monitoring is undertaken as directed.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.