

Presbyterian Support Southland - Peacehaven

Introduction

This report records the results of a Partial Provisional 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: Presbyterian Support Southland

Premises audited: Peacehaven Village

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

Dates of audit: Start date: 7 July 2016 End date: 7 July 2016

Proposed changes to current services (if any): Reconfiguration of the 20-bed psychogeriatric area in Iona unit, into a 10-bed dementia wing and a 10-bed psychogeriatric wing. This would increase dementia bed numbers from 20 to 30, and decrease psychogeriatric bed numbers from 20 to 10.

Increase number of dual-purpose beds in the Peacehaven rest home and hospital unit from 10 to 81.

Total beds occupied across all premises included in the audit on the first day of the audit: 107

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.

General overview of the audit

Peacehaven provides care for up to 121 residents across four service types - rest home and hospital (Peacehaven) and dementia and psychogeriatric care (Iona). On the day of the audit, there were 107 residents. The service is part of the Presbyterian Support Southland (PSS) group and is managed by an experienced facility manager.

This partial provisional audit was conducted to assess the service's ability to reconfigure the Iona 20 bed psychogeriatric wing into a 10-bed dementia wing, and a 10-bed psychogeriatric wing. There will be no change in overall bed numbers. This audit verified that the service has appropriate processes, facilities and staffing to reconfigure the service. Audit processes included a tour of the facility, review of documentation, medication management and food service, and interviews with the facility manager, the PSS quality manager, the clinical leader and staff.

This audit also verified an increase in dual beds from 10 within the rest home and hospital area, to all 81 beds within the rest home and hospital area.

Improvements are required prior to occupancy around safe medication storage in the 10-bed psychogeriatric wing. This audit also identified that improvements are required in relation to completion of cleaning audits and conducting an annual review of the infection control programme.

The service has addressed the previous surveillance audit findings relating to medication management. Further improvements are required around care plan interventions.

Consumer rights

Not Audited

Organisational management

Services are planned, coordinated and are appropriate to the needs of the residents. The facility manager and clinical leader are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is documented and a plan for reconfiguration of services is documented.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training is in place, which includes in-service education and competency assessments. Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of service delivery

The service uses electronic medication management system. Medication policies and procedures align with current standards and guidelines. Staff responsible for medicine administration are trained and have current medication competencies. Food service at

Peacehaven is provided on site by experienced kitchen staff. The service is equipped to manage the needs of the residents. Kitchen staff have completed food safety training. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

Peacehaven has documented processes for waste management. The service has a policy for investigating, recording and reporting incidents involving infectious material or hazardous substances. Chemical safety training has been provided to staff. There is a current building warrant of fitness. The maintenance role entails checks for safety of the facility and implementing requests from the maintenance book. Annual testing and tagging of electrical equipment and calibration and service of medical equipment has been conducted. The majority of rooms have shared full bathroom facilities. The service has implemented policies and procedures for fire, civil defence and other emergencies and training has been conducted. There are staff on duty with a current first aid certificate. General living areas and bedrooms are appropriately heated and ventilated. The residents have access to communal areas for entertainment, recreation and dining. Residents are provided with safe and hygienic cleaning and laundry services, which are appropriate to the setting.

Restraint minimisation and safe practice

Not Audited

Infection prevention and control

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors.

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	1	0	0
Criteria	0	33	0	3	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: 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>PSS Peacehaven provides care for up to 121 residents across four service types, rest home, hospital (medical and geriatric), dementia care and psychogeriatric care. On the day of audit, there were 107 residents - 18 rest home residents (including one Young People with Disabilities (YPD), 55 hospital residents (including two YPD) in the Peacehaven unit.</p> <p>In Iona, there were 18 residents in the secure 20-bed dementia wing and 15 residents in the secure 20-bed psychogeriatric wing. The YPD residents were on MOH contracts. All other residents were under the ARC contract.</p> <p>Peacehaven and Iona units are under the same facility and are part of the Presbyterian Support Southland (PSS) group. The PSS group have developed a charter that sets out its vision and values. Peacehaven (rest home and hospital) and Iona (dementia and psychogeriatric) both have identified vision, values and goals for 2016. Each goal has a critical success indicator, strategies to achieve and initiatives to be implemented.</p> <p>There is a documented plan for the reconfiguration of the 20-bed psychogeriatric unit into a 10-bed dementia wing and a 10-bed psychogeriatric wing. There will be no change in the total number of resident beds. The 10-bed psychogeriatric unit will</p>

		<p>be staffed by a minimum of one registered nurse. This area is able to be separated from the other 10 beds and has keypad locks installed to provide a secure environment. Following the reconfiguration of Iona there will be a secure 20-bed dementia unit, a secure 10-bed dementia unit for higher functioning residents and a 10-bed psychogeriatric unit.</p> <p>There are currently 10 dual-purpose beds in the 81-bed rest home and hospital area. There were four hospital and two rest home residents in dual-purpose beds. This audit also assessed the service for all 81 beds in the Peacehaven rest home and hospital area to be dual-purpose.</p> <p>The facility manager (RN) has been in the role for one year and is experienced in aged care. He is supported by a clinical leader, who has been in the position for two years and has been with Peacehaven for twenty years. The facility manager has completed a minimum of eight hours of professional development relating to the management of an aged care service in the past 12 months.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>In the absence of the facility manager, the clinical leader assumes the role of manager with support from head office staff.</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 resource policies to support recruitment practices. A list of practising certificates is maintained. Eight staff files were reviewed (two registered nurses (RN), three care workers, one diversional therapist, one activities coordinator, one enrolled nurse and one housekeeper). All had relevant documentation relating to employment and had current performance appraisals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists (sighted in files of newly appointed staff). Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>There is an education plan that is being implemented that covers all contractual education topics, and exceeds eight hours annually. PSS has a compulsory study day that includes all required education as part of these standards. There is</p>

		<p>evidence on RN staff files of attendance at the RN training day(s) and external training. A competency programme is in place that includes annual medication competency for staff administering medications. Core competencies are completed and a record of completion is maintained, signed competency questionnaires sighted in reviewed files. There is a minimum of one care staff member with a current first aid certificate on every shift in both Peacehaven and Iona.</p> <p>Twenty-six care workers work in the Iona dementia/psychogeriatric unit. Twenty-four care workers have completed the dementia unit standards and two staff are currently completing their registered nursing 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>Peacehaven/Iona has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager and the clinical leader work 40 hours per week and are available on call for any emergency issues or clinical support. There is 24-hour RN cover seven days a week at both Peacehaven and Iona. Iona wing is staffed separately from Peacehaven.</p> <p>A proposed roster for the reconfiguration of the 20-bed psychogeriatric unit was reviewed. There will be a minimum of one registered nurse stationed in the psychogeriatric wing, with one care worker stationed in each of the dementia wings. The clinical leader and facility manager oversees Iona.</p> <p>The facility manager is responsible for the clinical oversight of the dementia units. The PG unit RN is responsible for the PG unit only. There are two (sometimes three) RN's overnight in the hospital/rest home area. An RN from this area would provide cover and assistance to the residents in the dementia unit.</p> <p>There is scope within the roster to increase caregiver roles and duties in response to a change in rest home and hospital resident numbers (increase in dual-purpose beds).</p> <p>There will be a diversional therapist/team leader on duty Monday to Friday 08:00 – 16:30 hours to facilitate the activities programme for all residents in the Iona unit. An activities coordinator will also be employed from 10:00 – 18:00 hours. An activities coordinator will provide weekend activities. There will be a registered nurse on duty in the psychogeriatric wing 24/7.</p> <p>There is always a staff member with a current first aid certificate in all wings, and</p>

		medication competent care workers in the dementia unit on each shift.
<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>	PA Low	<p>Peacehaven/Iona uses an electronic medication management system. The supplying pharmacy delivers all medicines in fortnightly robotic rolls for regular medications and 'as required' blister packs. Sixteen medication records were sampled. Review of eight medication records in the rest home and hospital, four in the psychogeriatric unit, and four in the dementia unit showed that the medication management system was fully implemented. Registered nurses, enrolled nurses and senior care workers are assessed as medication competent to administer medication. Registered nurses have completed syringe driver training. Standing orders were not in use. The medication fridge temperatures were monitored daily and temperatures were within the acceptable range. Medication reviews were completed by the GP 3-monthly. 'As required' PRN medications were prescribed correctly with indications for use.</p> <p>Medications reviewed were stored securely in the rest home and hospital areas, and in the dementia area. Controlled drug medications are appropriately stored. There were no self-medicating residents.</p> <p>Medications from the pharmacy were checked and signed, on arrival. Medications are not removed from the medication roll unless they are about to be administered, and no single medications were stored in the medication trolleys. Fentanyl patch monitoring is documented 12-hourly. The previous surveillance audit findings relating to management of medications in the dementia unit has been addressed.</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 main kitchen supplies meals for the whole facility. All staff working in the kitchen have food safety certificates (NZQA). Food is served from the main kitchen to the dining area adjacent to it. Other dining areas have food transported in a bain-marie to the rest home dining room and individual hot plates with thermal covers to the dementia and psychogeriatric units</p> <p>Special diets being catered for. The menu was designed and reviewed by a registered dietitian, at an organisational level. Residents have had a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This was reviewed six monthly as part of the care plan review or sooner if required. The kitchen staff were aware of changes in residents' nutritional needs.</p>

		<p>An annual resident satisfaction survey was completed and showed satisfaction with food services. Regular audits of the kitchen fridge/freezer temperatures and food temperatures were undertaken and documented. Residents and families interviewed reported satisfaction with food choices. Special equipment was available and this was assessed as part of the initial nursing assessment. There were additional nutritious snacks available over 24 hours.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Moderate</p>	<p>Eight resident files were reviewed (two rest home, two hospital, two dementia unit and two psychogeriatric unit residents). The previous surveillance audit identified that (i) not all care plans evidenced interventions fully documented; (ii) that care plan interventions were not reviewed after transferring residents one level of care to another; or (iii) that wound care assessments and evaluations were accurate. This audit identified that shortfalls around wound care management, care plan interventions and transferring of residents has not been addressed. The finding remains open.</p> <p>Adequate continence and dressing supplies were sighted on the day of audit. Weights were recorded on a monthly basis and were evaluated by the RNs identifying any resident with issues.</p> <p>There were 19 residents with 36 current wounds.</p> <p>There were three rest home residents with wounds, including two skin tears and an ulcer, and one stage 2 sacral pressure injury. There were seven hospital residents with wounds including one with a stage 2 sacral pressure injury, one with a stage 2 sacral pressure injury and a stage 3 toe pressure injury, skin tears, skin lesions and surgical wounds. The stage 3 pressure injury had been notified to the MOH under section 31. There were six dementia residents with wounds including skin tears and abrasions.</p> <p>There were three psychogeriatric residents with wounds including skin tears and abrasions.</p> <p>There were no dementia or psychogeriatric residents with pressure injuries.</p> <p>Wound care nurse specialist input has been obtained where required.</p> <p>Monitoring records were sighted for weights, blood sugars, turning charts and restraint monitoring.</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>There are two activities coordinators and one diversional therapist who provide cover in the rest home and hospital area for six days a week. Activities hours are 9.00am to 7.30pm. The activities programme meets resident's interests and abilities, and covers physical, social, recreational and emotional needs of the residents.</p> <p>In Iona, two diversional therapists and four activities coordinators provide activities seven days a week. There are separate programmes for the dementia and psychogeriatric units and this will continue after the reconfiguration. In the dementia and psychogeriatric units, caregivers were involved in the activities over a 24-hour period and have individual activities that can be carried out with residents on a one-on-one basis. At Iona, the day programme runs from 10.30am to 6.00pm then a second activities coordinator works from 5.00pm to 9.00pm. Activities care plans were completed and evaluations were completed when care plan reviews occurred. Caregivers were observed at various times throughout the day diverting residents from behaviours. The programme observed was appropriate for older people with mental health conditions.</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>All chemicals were securely stored. Chemicals are clearly labelled and safety material datasheets are available and accessible in all service areas. The hazard register is current. Staff can access personal protective clothing and equipment at any time. Cleaning resources are stored securely when not in use.</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>There are established systems in place to ensure the physical environment and facilities are safe and fit for their purpose. The facility has a current building warrant of fitness, which expires on 1 February 2017. Both internal maintenance personnel and external contractors undertake maintenance. Electrical safety test-tag system shows this has occurred. The facility is being maintained in good repair. All maintenance records were reviewed and are clearly documented. Review of the records reveals water temperatures are all below 45 degrees Celsius and whenever it was out of range, corrective actions had been taken. The wide corridors and rails promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where</p>

		<p>required. The external areas and gardens are well maintained. There is outdoor furniture and seating and shaded areas. There is safe wheelchair access to all communal areas. There is an outdoor designated smoking area. The care workers and RNs interviewed stated that they have all the equipment referred to in care plans necessary to provide care.</p> <p>The reconfiguration of the Iona unit will include a lounge and dining area in each wing. The current 20-bed dementia wing remains unchanged with an internal courtyard. The current psychogeriatric wing will be divided in to two 10-bed areas – keypad locked double doors separate each area. Each 10-bed wing has a dining and lounge area. The lounge areas are designed so that space and seating arrangements provide for individual and group activities. Seating is appropriate and designed to meet the consumer group. There are quiet, low stimulus areas that provide privacy when required. The residents in the 10-bed psychogeriatric unit will have access to an internal courtyard. The residents in the 10-bed and 20-bed dementia wings have access to another large internal courtyard.</p> <p>The 20 bed dementia unit and the 10 bed dementia unit will be run separately. The providers intend to have higher functioning dementia residents in the smaller 10-bed unit. Both units will be staffed separately. There are key pad locks in place between all three units: 20 bed dementia, 10-bed dementia and 10-bed PG unit. All residents in the dementia unit may come together for some activities e.g. entertainment. The residents in the 10 bed dementia will be taken on separate outings as part of the activities programme. They will also be able to utilise the large internal courtyard.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>The facility has four wings (hospital, rest home, a secure psychogeriatric unit and a secure dementia unit). There is one room in Peacehaven that has full ensuite facilities. Eight rooms in Peacehaven have shared full ensuites. In addition, the rest home and hospital area have another four communal mobility bathrooms of sufficient size. There are privacy locks on all bathrooms and connecting ensuite doors. There are adequate visitor and staff toilet facilities available throughout the facility. There is appropriate signage, easy clean flooring and fixtures, and handrails appropriately placed. Advised that privacy is maintained at all times. There is one communal bathroom in the Iona 20-bed dementia wing and no communal bathrooms in either the 10-bed dementia unit or the 10-bed psychogeriatric wing. All rooms in Iona have shared full ensuite facilities. There are</p>

		public toilets near the entrance to the facility.
<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	There is adequate space in the bedrooms and enough space for the safe manoeuvring of mobility equipment. Residents can personalise their rooms.
<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	In Peacehaven, there is a large dining room for rest home and hospital residents, and a large lounge area. In addition, there are three other lounge areas, which residents and families can access for privacy and quiet times – in addition to the residents’ rooms. There are two lounges and a dining area in the 20-bed dementia unit and a lounge and dining area in both of the proposed 10-bed dementia and psychogeriatric wings. All lounge/dining rooms are also accessible and accommodate the equipment required for the residents. Activities occur throughout the facility. Residents are able to move freely and furniture arranged to facilitate this. Residents were seen to be moving freely both with and without assistance throughout the audit. Residents in the proposed 10-bed psychogeriatric wing will have access to a secure internal courtyard, which has seating and shade. All dementia residents in Iona will be able to access the other existing large secure internal courtyard.
<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>	PA Low	There are cleaning and laundry policies and procedures in place. The domestic services officer oversees the areas and is responsible for procurement, and health and safety. Housekeeping staff are responsible for cleaning and laundry service. Sufficient staff are allocated seven days a week to carry out these services. All laundry and personal clothing is laundered on-site. There are defined clean/dirty areas. Cleaner’s trolleys are stored in locked areas when not in use. There were adequate linen supplies sighted in the facility linen-store cupboards. Cleaning audits have not been completed in 2016.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response</p>	FA	The service has an approved evacuation plan. This remains unchanged as the reconfiguration does not affect the layout of the facility. Fire evacuation drills are held six monthly. Civil defence equipment and resources are available and this was

<p>during emergency and security situations.</p>		<p>discussed with the maintenance person responsible. The kitchen has gas cooking and a generator is available. The facility also has back-up lighting, power and sufficient food, water and personal supplies to provide for its maximum number of residents in the event of a power outage.</p> <p>The emergency plans and security systems meet regulation requirements. Registered nurses complete first aid training and there is at least one staff member on duty with a first aid certificate. The nurse call system is appropriate for the size of the facility and call bells are accessible in the rooms, lounge and dining areas. Staff are responsible for ensuring that the facility is secure at night. The 20-bed dementia unit is secure with a keypad locking system. The psychogeriatric wing is also secured with a keypad locking system. The proposed two 10-bed wings (dementia and psychogeriatric) are able to be secured with a keypad locking system, which is in place in readiness for the reconfiguration.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>The communal areas and bedrooms have adequate natural light with large windows and in some rest home and hospital rooms there are ranch sliders to the outdoors. A boiler system provides heating to the buildings via a radiator system. The temperature can be individually adjusted in the resident bedrooms. Bedrooms, lounges and other communal rooms were warm and comfortable.</p>
<p>Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>PA Low</p>	<p>PSS Peacehaven has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The clinical leader is the designated infection control nurse with support from another registered nurse. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The 2015 infection control programme has not been reviewed.</p>

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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>The current 20-bed psychogeriatric wing is to be divided into two 10-bed wings - one 10-bed wing for dementia residents and one 10-bed wing for psychogeriatric. The proposed 10-bed dementia wing has a locked cupboard, and a locked storage area for a medication trolley. The proposed 10-bed psychogeriatric wing has a cupboard and storage area, which is not yet secure. Advised, that there will be a medication trolley for use in the 20-bed dementia, one for the 10-bed dementia wing and one for the 10-bed psychogeriatric wing.</p>	<p>The proposed 10-bed psychogeriatric wing does not yet have a secure medication storage area.</p>	<p>Ensure that all medications are able to be stored securely.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and</p>	PA Moderate	<p>PSS Peacehaven/Iona employs a nurse practitioner (NP) 15 hours a week to support their facilities. The NP focusses on advanced care planning and palliative care plans. She</p>	<p>(i) Care plan interventions were not fully documented for one dementia resident with a high falls risk and challenging behaviours; and one</p>	<p>i) Ensure that all aspects of care plan interventions are documented.</p>

<p>contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>		<p>also supports the nursing team for any clinical interventions.</p> <p>PSS Peacehaven and Iona also have access to another gerontology NP with mental health focus to support the Iona wing. Physiotherapist input was evidenced in the resident file including for the resident identified as being a high falls risk.</p> <p>Verbal and written handover occurs between shifts. Progress notes consistently provided detail of observations/interventions. Wound documentation was reviewed for 19 residents with 36 wounds. Wound care documentation including assessment, plans, progress, evaluations and short-term care plans, were completed for 11 wounds. Long-term care plans reviewed for rest home, hospital and psychogeriatric residents were comprehensive and included all care requirements in interventions including residents with specific medical conditions, weight loss and undernutrition.</p>	<p>dementia resident with pain issues and on regular controlled drug medication.</p> <p>(ii) One resident in the dementia unit had been transferred from another PSS facility from rest home level care. The care plan had not been reviewed or updated, to reflect the change in care requirements. The InterRAI assessment had also not been completed within the required time frames; and</p> <p>iii) Wound assessments were not fully completed for five wounds, and wound progress/evaluation had not been fully documented for 24 wounds reviewed.</p>	<p>ii) Ensure that care plan interventions are reviewed after transferring residents one level of care to another.</p> <p>iii) Ensure that wound care assessments and evaluations are accurate and fully completed.</p> <p>30 days</p>
<p>Criterion 1.4.6.2</p> <p>The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.</p>	<p>PA Low</p>	<p>Cleaning and laundry audits are scheduled to take place. The 2016 audit schedule and completed internal audits were reviewed. A laundry audit was completed in January 2016. Cleaning audits have not been conducted.</p>	<p>Cleaning audits have not been completed as per the 2016 schedule.</p>	<p>Ensure that cleaning audits are completed as per the internal audit programme.</p> <p>60 days</p>
<p>Criterion 3.1.3</p> <p>The organisation has a clearly defined and</p>	<p>PA Low</p>	<p>The infection control programme is part of the overall quality and risk management programme. Infection prevention and control activities are conducted. The programme was</p>	<p>The 2015 infection prevention and control programme has not been reviewed.</p>	<p>Ensure that the infection prevention and control programme</p>

documented infection control programme that is reviewed at least annually.		last reviewed in 2015 for the 2014 year.		is reviewed annually. 90 days
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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.