

Mission Residential Care Limited - Kemp Home and Hospital

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: Mission Residential Care Limited

Premises audited: Mission Residential Care Ltd.

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

Dates of audit: Start date: 9 May 2018 End date: 10 May 2018

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 59

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
Yellow	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
Red	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

Kemp rest home and hospital is a not-for-profit organisation that is owned by the City Mission. A general manager of operations is responsible for the management of the service. She is supported by a nurse manager who is responsible for the daily operations of the service. The rest home provides rest home and hospital level of care for up to 81 residents. On the day of the audit there were 59 residents.

The residents and relatives spoke positively about the care and services provided at Kemp rest home and hospital.

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, family, management and staff.

This surveillance audit identified areas for improvement around 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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The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on noticeboards. Relatives and residents are kept informed on all facility matters and notified on changes to resident's health and any incidents/accidents. Complaints processes are implemented, and complaints and concerns are managed appropriately.

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.		Standards applicable to this service fully attained.
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Kemp rest home and hospital continues to implement a quality and risk management system. Key components of the quality management system include management of complaints, implementation of an internal audit schedule, annual satisfaction surveys, incidents and accidents, review of infections, review of risk and monitoring of health and safety, including hazards. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and there are sufficient staff on duty at all times. There is an implemented orientation programme that provides new staff with relevant information for safe work practice. The education programme includes mandatory training requirements.

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.
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The registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were reviewed at least six monthly. Resident files included medical notes by the contracted GP and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and senior caregivers responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed meet prescribing requirements and were reviewed at least three monthly.

A diversional therapist oversees and coordinates the activity programme for the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for rest home and hospital residents. Residents and families report satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. The kitchen is well equipped for the size of the service. 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

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.

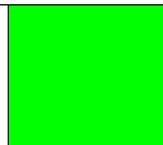


Standards applicable to this service fully attained.

The building holds a current 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.

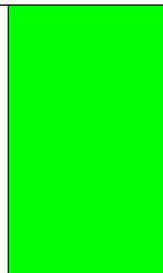


Standards applicable to this service fully attained.

There are policies and procedures to follow in the event that restraint or enablers are required. There were no residents using restraints and six residents using enablers. The nurse manager and senior enrolled nurse share the responsibility for enabler documentation and the staff training around restraint and 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 programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinators collate infection data and provide a report including trends, analyses and any recommendations for improvement. Information obtained through surveillance is used to determine infection control activities and education needs within the facility.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	14	0	1	1	0	0
Criteria	0	38	0	1	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the general manager using a complaints' register. There were two complaints (August 2016 and October 2016) involving police which have been resolved (one dismissed and one closed out). There have been six concerns/complaints in 2017 that have been managed in line with Right 10 of the Code. A review of complaints documentation evidence resolution of the complaint to the satisfaction of the complainant and advocacy offered. One complaint March 2018 has been copied to the Health & Disability Commission. The service has acknowledged the complaint, which is currently being investigated. Residents and family members advised that they are aware of the complaints procedure. Discussion around concerns, complaints and compliments were evident in facility quality assurance meetings.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an</p>	FA	<p>Management promote an open-door policy. Relatives/residents are aware of the open-door policy and confirm on interview that the staff and management are approachable and available. Residents/relatives have the opportunity to feedback on service delivery through resident meetings and annual surveys. There are regular resident and whānau meetings. Survey results and the complaints process have been discussed at the meetings (minutes sighted).</p> <p>Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Relatives interviewed</p>

<p>environment conducive to effective communication.</p>		<p>state they are notified promptly of any changes to resident's health status.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they have to pay for that is not covered by the agreement.</p> <p>An interpreter service is available if required.</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>Kemp rest home and hospital is part of the Wellington City Mission faith based not-for-profit organisation. The service provides rest home and hospital level of care for up to 81 residents. There are two rest home wings with a total of 31 beds including five dual-purpose beds and two hospital wings with a total of 50 beds.</p> <p>On the day of audit, there were 22 rest home residents and 37 hospital residents including five hospital residents in the dual-purpose beds. There were three hospital level residents under 65 years of age on long-term chronic health contracts. All other residents were under the ARCC. There were no respite residents on the day of audit.</p> <p>The general manager (GM) of operations is a registered nurse with experience in aged care management and has been in the role 16 years. She reports to the chief executive officer (CEO) and attends the board meetings. The GM is on-site every weekday morning for a handover and spends 2.5 days per week at Kemp rest home and hospital and the other 2.5 days at the Wellington City Mission head office. The GM is readily available to the team at the Kemp hospital. The experienced nurse manager/registered nurse has been in the role more than 10 years. The nurse manager oversees the clinical and non-clinical services. She is supported by a registered nurse (RN)/team leader who is the second in charge to the nurse manager.</p> <p>There is a two-yearly business plan (2018) that includes the city mission and philosophy of care. Goals are to explore future models of care and continue with refurbishments. Achievements for 2017 include external upgrades to grounds and driveway. Quality goals are to continue to reduce falls and skin tears in consultation with an external contracted service to analyse data and provide recommendations.</p> <p>The general manager maintains an annual practicing certificate and has maintained at least eight hours annually of professional development related to managing a rest home and hospital, including Generations Wellington (increasing social connectedness of older people); national policy settings and delivery and leading change (developing organisational culture and strength-based leadership). The nurse manager has attended at least eight hours of professional development including palliative care course, chemical safety, falls in the elderly, medicine management, pressure injury prevention and other clinical education sessions such as continence management and peritoneal dialysis.</p>
<p>Standard 1.2.3: Quality And Risk</p>	<p>FA</p>	<p>The service has a quality risk management plan in place that is reviewed annually. The service has in place a range of policies and procedures to support service delivery that have been developed by an external consultant</p>

<p>Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>and reviewed regularly by the service. Quality assurance meetings are held at least two monthly which includes comprehensive health and safety and infection reports. Data is analysed and compared against monthly, quarterly and annual statistics for resident and staff related accidents/incidents, infection events and types. Corrective actions are monitored and evaluated for effectiveness. Staff interviewed confirmed there is discussion at meetings around quality data including complaints, compliments, health and safety, accident/incident, infection control, internal audit, survey results and updates of policies and procedures. Meetings minutes and quality data is displayed for staff and they are required to read and sign minutes and quality data. There are other clinical and staff meetings held as required.</p> <p>Internal audits are completed as scheduled by a senior enrolled nurse. Results are reported to the nurse manager and action sheets are completed to summarise audit results and any corrective actions required. An annual resident/relative survey is completed annually in November. All respondents were satisfied or very satisfied. Family members and residents interviewed commented very positively on all areas of service delivery.</p> <p>The health and safety representatives (three interviewed) from across the services have all completed stage three health and safety training. The health and safety representatives review monthly accident/incident reports (resident and staff related) and review the hazard reports and register. They provide a comprehensive report on all health and safety matters at the quality assurance meeting. The representatives are readily available to staff for advice and support. On the day of audit, the health and safety representatives were holding a training day for all staff. There is a health and safety board at the front entrance with staff, visitor and contractor information. A current hazard register is displayed. Falls prevention strategies are in place that include the analysis of falls and the identification of interventions on a case-by-case basis to minimise future falls.</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</p>	<p>FA</p>	<p>As part of risk management and health and safety framework, there is an accident/incident policy. The service collects incident and accident data and reports monthly to the quality assurance meetings. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted.</p> <p>Nineteen incident forms (eight rest home and eleven hospital) were reviewed from March 2018. Incidences for unwitnessed falls, witnessed falls, two pressure injuries and two challenging behaviours were reported with timely RN assessment of the resident and corrective actions to minimise resident risk. Not all neurological observations had been completed as per protocol for unwitnessed falls (link 1.3.6.1). The next of kin and been notified for all incidents/accidents. The caregivers interviewed could discuss the incident reporting process. The nurse manager collects incident/accident forms, completes investigations and implements corrective actions as required.</p> <p>The general manager could describe situations that would require reporting to relevant authorities. A section 31 was completed in August 2016 for a police matter. The regional public health unit was notified in October 2017 for a confirmed norovirus outbreak.</p>

manner.		
<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>	FA	<p>There are human resources policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Five files were reviewed (RN/team leader, one RN, one enrolled nurse, two caregivers and one diversional therapist). All files contained relevant employment documentation including recruitment documentation, completed orientations and current performance appraisals. The orientation programme provides new staff with relevant information for safe work practice. Care staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service. Many staff are long-serving.</p> <p>Caregiving and household staff have the opportunity to commence and complete Careerforce aged care qualifications with the on-site RN assessor. Registered nurses are supported to attend external education. Three of nine RNs have completed the interRAI training. Staff complete competencies relevant to their roles. The 2017 education plan has been completed and covered the required mandatory training requirements. A 2018 education programme is in place. Repeat sessions are provided to ensure all staff attend mandatory sessions.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The nurse manager/RN is on duty during the day Monday to Friday. The general manager and nurse manager provides the on-call requirement. There is a RN on duty in the hospital 24 hours. The rest home has either a RN or enrolled nurse on the morning and afternoon duty. There is a RN on morning duty in the rest home in the weekends.</p> <p>Caregivers on duty for the hospital are as follows: morning shift – six caregivers on full shifts; afternoon shift – four caregivers on the full shift and two caregivers on short shift finishing 9.30 pm and on the night shift there are two caregivers.</p> <p>Caregivers on duty in the rest home are as follows: morning shift – one caregiver full shift and one on short shift; one caregiver on full shift and one caregiver on night shift.</p> <p>Residents and relatives state there were adequate staff on duty at all times. Staff state they feel supported by the management team who respond quickly to after-hours calls. There are dedicated activities staff, kitchen, laundry and cleaning staff.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive</p>	PA Moderate	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Registered nurses and enrolled nurses who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Blister packs are delivered monthly and checked by the RN, however, there was no documented evidence of medication reconciliation.</p>

<p>medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Standing orders are used but the standing orders do not meet legislative requirements. There was one rest home resident self-medicating with a self-medication competency in place. Medication fridges in the rest home and hospital medication rooms are monitored daily and temperatures were within the acceptable range. All medications are stored safely in the two medication rooms.</p> <p>Ten paper-based medication charts reviewed met legislative prescribing requirements. The GP has reviewed the medication charts three monthly. 'As required' medications had indication for use. All medications had been administered as prescribed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals at Kemp are prepared and cooked on-site by a qualified cook supported by kitchenhands. Staff have completed training in food safety and hygiene and chemical safety. The service has a food control plan verified by the city council that expires 31 August 2018. There is a four-weekly seasonal menu, which had been reviewed by a dietitian. The main kitchen is adjacent to the large dining room. Meals are served directly from the bain marie to residents in the main dining room. Meals are plated and delivered in a hot box to the smaller dining room in the hospital unit. Dietary requirements, cultural and religious food preferences are met including diabetic desserts and a monthly Polynesia day. Additional or modified foods are also provided by the service. Lip plates and specialised cutlery are available.</p> <p>Fridge, chiller and freezer temperatures are taken and recorded daily. All foods sighted in fridges and the pantry were dated. End cooked food temperatures are recorded on each meal, along with temperatures of food going into the hot box prior to delivery to the hospital. The dishwasher is checked regularly by the chemical supplier. Cleaning schedules are maintained.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP, dietitian or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented in the resident file reviewed in the family/whānau contact form.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Initial wound assessments, treatment and evaluations were in place for all current wounds and skin tears. There were no pressure injuries on the day of audit. There was a range of equipment readily available to minimise pressure injury. Chronic wounds have been linked to the long-term care plans. There was evidence of wound</p>

		<p>nurse specialist and dietitian involvement in the management of non-healing wounds/ulcers.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences.</p> <p>Short-term care plans document appropriate interventions to manage short-term changes in health. Not all interventions had been documented for potential problems such as declining mental well-being and neurological observations.</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 has a qualified diversional therapist (DT) and recreation officer who coordinate and implement the activity programme across the two levels of care. The programme is from Monday to Saturday 9.30 am to 3.00 pm. From Tuesday to Friday when both of the activity team are on, there are activities held in the rest home and the hospital unit. Activities provided are appropriate to the needs, age and culture of the residents. There is a large recreation hall for combined activities such as baking, crafts, indoor bowls, happy hours, entertainment and guest speakers. Canine friends visit weekly. Cultural events and themes are celebrated. Other activities held in the units include exercises, sing-a-longs, music, board games and quizzes, knitting group and card groups. One-on-one time is spent with residents who are unable to participate or choose not to be involved in group activities. Residents are encouraged to maintain links with the community including RSA visits, library service and with weekly outings to community functions, cafés and drives. A mobility taxi is hired as required.</p> <p>The activities programme is posted throughout the facility and includes van outings, church services and monthly Pasifika and Māori group. The home chaplain visits residents and takes craft sessions weekly.</p> <p>An activity assessment and plan are completed on admission in consultation with the resident/family (as appropriate). Activity plans in all files were reviewed six monthly.</p> <p>Families are invited to the three-monthly resident meetings. The service also receives feedback and suggestions for the programme through surveys and one-on-one feedback from residents (as appropriate) and families.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and</p>	FA	<p>All initial care plans reviewed were evaluated by the RN within three weeks of admission. Long-term care plans have been reviewed at least six monthly or earlier for any health changes. The GP reviews the residents at least three monthly or earlier if required. Written evaluations describe if the resident goals have been met or unmet. Ongoing nursing evaluations occur and are documented within the progress notes and are evident in changes made to care plans.</p>

timely manner.		
<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>	FA	<p>The building has a current building warrant of fitness that expires 5 October 2018. Preventative and reactive maintenance occurs</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinators (RN/team leader and two RNs) collate information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection reports, and short-term care plans are completed for all infections. Infection control data and relevant information is displayed for staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at the quality assurance meeting. Monthly, quarterly and annual infection control reports are provided. Trends are identified, and preventative measures put in place. Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There has been one norovirus outbreak in October 2017. Appropriate personnel were notified. Case-logs and public health correspondence was sighted. The outbreak was contained and well managed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. The nurse manager and senior enrolled nurse share the restraint coordinator responsibilities.</p> <p>On the day of the audit, there were six hospital residents with enablers. Three of six hospital resident files reviewed identified the resident had given voluntary consent (written or verbal as documented) for the use of enablers, four with bedrails and two with lap belts. Restraint and challenging behaviour education is included in the training programme. The restraint committee meet 6-monthly to review enabler use. Enabler use is discussed at the quality assurance meeting.</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>	<p>PA Moderate</p>	<p>Medications for regular and ‘as required’ use are delivered in blister packs and checked by the RN on duty against the medication, however, this is not recorded. The standing orders have been reviewed annually by the GP but do not meet the legislative requirements.</p>	<p>1) There was no documented evidence of medication reconciliation against the medication chart on delivery of monthly blister packs. 2) The standing orders do not have an indication for use or contraindication for use.</p>	<p>1) Ensure there is a record of medication reconciliation against the medication charts. 2) Ensure the standing order meets legislative requirements.</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</p>	<p>PA Low</p>	<p>Monitoring occurs for weight, vital signs, blood glucose, pain, challenging behaviour, wounds, neurological observations, food and fluid monitoring. Monitoring charts are reviewed by the</p>	<p>1) Neurological observations had been commenced for unwitnessed falls or witnessed falls where the resident had knocked their head. Nine of nine neurological observation forms reviewed</p>	<p>1) Ensure neurological observations are completed as per protocol. 2) Ensure</p>

<p>to, meeting the consumers' assessed needs, and desired outcomes.</p>		<p>RN on duty and progress evaluated towards meeting the residents' short-term needs and appropriate interventions including a GP visit initiated for RN concerns.</p>	<p>were not completed as per protocol. 2) There were no documented early warning signs and symptoms for one rest home resident with a known psychiatric illness.</p>	<p>early warning signs and symptoms are documented for residents with known psychiatric disorders.</p> <p>90 days</p>
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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.