

Auckland Healthcare Group Limited - Palms Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Auckland Healthcare Group Limited
Premises audited:	Palms Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 July 2018 End date: 27 July 2018
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	39

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

Palms Home and Hospital provides rest home and hospital levels of care for up to 44 residents. On the day of the audit, there were 39 residents. The service is one of four aged care facilities owned by two directors. An operations manager/registered nurse oversees the daily operations and is supported by a full-time clinical manager/registered nurse. The residents and relatives interviewed spoke positively about the care and support provided.

This certification audit was conducted against the relevant health and disability standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and a general practitioner.

This audit identified improvements required around documentation of care plan interventions and prescribing of medication.

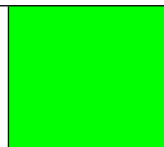
Consumer rights

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.	Green	Standards applicable to this service fully attained.
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Staff demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents are treated with dignity and respect. Residents' cultural, spiritual and individual values and beliefs are assessed on admission. Good practice is evident, promoting and encouraging best practice. There is evidence that residents and family are kept informed. The right of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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.

The business plan outlines goals and objectives for the year. The quality programme includes an internal audit programme, collecting, collating and analysing adverse events and a health and safety programme that meets current legislative requirements. Quality and risk management information is shared at staff meetings. Residents are provided the opportunity to feedback on issues during resident meetings and in satisfaction surveys.

Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff that is specific to the role and responsibilities of the position. A staff education and training programme is being implemented. There is an annual performance appraisal process in place.

The service has a documented rationale for determining staffing. Caregivers, residents and family members report staffing levels are sufficient to meet residents' needs. There is a minimum of one registered nurse on site 24 hours a day, seven days a week.

The residents' files are appropriate to the service type.

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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Residents and families receive an information pack on admission. A registered nurse completes admission assessments and risk assessment tools. Care plans are developed in consultation with the resident and/or family input. Care plans demonstrate allied health input into the care of the resident. Overall changes to health status and interventions required were updated on the care plans to reflect the residents' current health status. Care plans are reviewed six-monthly. The contracted medical practitioner completes three-monthly resident reviews or earlier due to health changes.

Medication policies reflect legislative medicine management and guidelines. All staff responsible for administration of medicines complete education and medicine competencies.

An activities programme is in place. The programme includes outings, entertainment, activities and cultural days that meet the recreational preferences of the rest home and hospital level residents at the service. Residents expressed satisfaction with the activities provided.

All food is prepared on site. Residents' nutritional needs were identified and documented. Ethnic food preferences are accommodated. Alternative choices are available for dislikes. Meals were well presented. Residents commented positively on the meals.

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 has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored safely throughout the facility. Hot water temperatures are monitored and recorded. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of equipment and mobility aids. There are sufficient communal areas within the facility including lounge and dining areas. There is a designated laundry and cleaner's room. External and deck areas are accessible with suitable pathways, seating and shade.

The service has implemented policies and procedures for civil defence and other emergencies. Six monthly fire drills are conducted.

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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The definitions of restraints and enablers are congruent with the definition in the restraint minimisation standard. The service had five hospital level residents assessed as requiring bedrails as a restraint. No residents were using an enabler. A register is maintained by the restraint coordinator/clinical manager. Residents using restraints are reviewed six-monthly. Staff receive education and training in restraint minimisation and managing challenging behaviours that begins during their orientation.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is a registered nurse. The infection control coordinator has completed external training. Staff attend annual infection control education. There is a suite of infection control policies and guidelines that meet infection control standards.

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	48	0	1	1	0	0
Criteria	0	99	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner’s Code of Health and Disability Consumers’ Rights (the Code) poster is displayed in visible locations in English and Māori. Policy relating to the Code is implemented. The operations manager, clinical manager and staff (two registered nurses (RNs), four caregivers, one cleaner, one laundry, one maintenance, one cook and one activities coordinator) were able to describe how the Code is implemented as part of their role within the service.</p> <p>All staff receive training about the Code during their induction to the service, which continues through the regular in-service training programme.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General consents were obtained on admission and sighted in all seven resident files sampled (two rest home and five hospital). Advance directives (if known) were sighted on the resident files. Resuscitation plans within the files were signed appropriately. Residents files clearly indicated if an enduring power of attorney (EPOA) was known or not and where relevant. Records of EPOA were on file in the residents’ notes. Care staff interviewed were knowledgeable regarding the informed consent process.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Information on advocacy services through the Health and Disability Commissioner's (HDC) office is included in the resident information pack provided to residents and their family on admission, and in the information presented on complaint forms. A representative from the local HDC Advocacy Service provides education and training for staff and residents. HDC advocacy services were recently involved to assist with the management of a lodged concern. Interviews with residents and families confirmed their understanding of the availability of advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. Links to the community are in place. The service encourages the residents to maintain their relationships with their friends and community groups by continuing to attend functions and events; and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Community outings are encouraged and include regular visits to local cafés, parks and shopping. Residents are supported to safely maintain their independence.</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>	<p>FA</p>	<p>The service has a complaints policy that describes how complaints are managed and is in line with requirements set by the Health and Disability Commissioner (HDC). Complaints forms are available at the entrance to the facility. The form provides contact details to HDC advocacy services if the complainant is not satisfied with the outcome of the investigation.</p> <p>Information about complaints is provided on admission. Interviews with residents and family members confirmed their understanding of the complaints process. They confirmed that the directors, operations manager and clinical manager are approachable and operate an 'open door' policy, which was observed during the audit. Staff interviewed were able to describe the process around reporting complaints. The complaints process is linked to the quality and risk management programme.</p> <p>A complaints register is maintained. There has been one complaint lodged in July 2018 that was initially documented by a family member as a concern. Appropriate follow-up action has been taken that included involving advocacy services through HDC.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information pack that is provided to new residents and their family as part of the admission process. Information is also available at the entrance to the facility. The operations manager and/or clinical manager discuss aspects of the Code with each resident and their family on admission.</p> <p>Discussions relating to the Code are also held during the quarterly residents' meetings. These meetings</p>

		are facilitated by the activities staff. All seven residents (three hospital and four rest home) and three family interviewed (one rest home, two hospital) reported that the residents' rights are being upheld by the service.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service ensures that the residents' rights to privacy and dignity are recognised and respected at all times. The residents' personal belongings are used to decorate their rooms. All residents' rooms are single rooms. A selection of residents' rooms share toilets with appropriate privacy signage in place.</p> <p>The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. All of the residents interviewed reported that their privacy is respected. They confirmed that staff facilitate their independence by encouraging them to be as active as possible.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff attend mandatory education and training on abuse and neglect, which is provided annually by Age Concern. An abuse and neglect information poster was developed by staff that is displayed in a visible location.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. Staff encourage active participation and input of the family/whānau in the day-to-day care of the resident. There are two Māori residents living at the facility. Māori residents have a Māori health plan in their file (sighted in both residents' files). The Māori health plan includes the resident's tribal affiliations from iwi to whānau. It also identifies if the resident is fluent in te reo Māori and any special needs identified. One Māori resident interviewed during the audit confirmed that their values and beliefs are being upheld by the service.</p> <p>Staff receive education on cultural awareness during their induction to the service, which continues as a regular education and training topic. Care staff interviewed could describe cultural needs identified by Māori and were aware of the importance of whānau in the delivery of care.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural,</p>	FA	<p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved with the resident, family and/or their representative. The service is committed to ensuring that each resident remains a person, even in a state of mental decline. Beliefs and values are discussed and incorporated into the care plan, sighted in all seven residents' files reviewed.</p> <p>All residents interviewed confirmed that they were involved in developing their plan of care, which included the identification of individual values and beliefs. Staff and families assist with translation for</p>

spiritual values, and beliefs.		those residents where English is a second language. Language cards and visual cues are used to assist with translation. One resident who was interviewed identified with her Hindi culture and was observed watching Hindi television. The families interviewed confirmed the resident's individual cultural needs are being met.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Professional boundaries are discussed with each new employee and are linked to their employment agreement. Job descriptions, which are signed by staff, were sighted in all six staff files reviewed. Interviews with staff confirmed their understanding of professional boundaries. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there is infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Good practice is evident, promoting and encouraging best practice. The service receives support from the Counties Manukau District Health Board, which includes visits as needed from specialty services (eg, psychogeriatrician, mental health services). There is an in-service education and training programme for staff, which includes regularly assessing staff competencies. In-services take place multiple times to improve compliance with staff attendance.</p> <p>Regular staff meetings promote discussion around best practice. Posters are displayed for the staff and public to access information around weight loss, continence, challenging behaviours, infection control, falls prevention, pressure injury prevention and management, restraint minimisation and elder abuse. The resident satisfaction survey results (September 2017) reflected high levels of satisfaction with the services received. A physiotherapist is contracted on an 'as needed' basis. Podiatry and hairdressing services are also available at the facility. All residents and family interviewed expressed their satisfaction with the care delivered.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>There is a policy to guide staff on the process around open disclosure. A record of family contact is retained in each resident's file. Fifteen accident/incident forms were reviewed with evidence of open disclosure to the next of kin (NOK). Family are kept informed of any accident/incident unless the resident has consented otherwise. Interviews with the operations manager and clinical manager confirmed family are notified following changes in health status. The family members interviewed stated they were kept informed.</p> <p>Quarterly residents' meetings provide a forum for residents to discuss issues or concerns on every aspect of the service. Access to interpreter services is available if needed although have not been required. Staff and families are used in the first instance. Staff were able to describe how they</p>

		<p>communicate with residents who have English as a second language including the use of picture cards.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that is not covered by the agreement. The information pack is available in large print and can be read to residents who are visually impaired.</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>	FA	<p>Palms Rest Home and Hospital provides care for up to 44 residents. During the audit there were 39 residents (13 rest home level and 26 hospital level). Five residents (four hospital and one rest home) were under the LTS-CHC contract and two (rest home level) residents were on respite. The remaining residents were under the ARC contract.</p> <p>There are 34 residents' rooms that are approved to accommodate hospital or rest home levels of care. The remaining 10 resident rooms are rest home only.</p> <p>There is a 2016 – 2018 business plan in place. The plan outlines objectives for the year that includes a building maintenance programme. Business goals are reviewed monthly with the owners and are signed off when achieved.</p> <p>The operations manager/RN has been in her role since May 2017 and has worked in aged care for 12 years. She is an RN with a current practising certificate and is also a qualified diversional therapist. The operations manager is responsible for four aged care facilities. She reports to the directors and reports that she is at Palms Home and Hospital every day and that the directors are on site at various times each week. The operations manager is responsible for orientating the (recently employed) clinical manager. The clinical manager is an RN that was employed 23 April 2018. She has worked in aged care for four years and completed her CAP nursing registration in 2015. The clinical manager is supported by six staff RNs.</p> <p>The operations manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility.</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</p>	FA	<p>The operations manager/RN is supported by the clinical manager/RN in her absence for all clinical responsibilities. And the staff RNs support the clinical manager if she is absent. Business and administrative duties are overseen by the directors, an administrator and the operations manager.</p>

ensures the provision of timely, appropriate, and safe services to consumers.		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>A quality and risk management system is being implemented. Policies and procedures provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. The content of policy and procedures are detailed to allow effective implementation by staff. A document control system is in place to manage policies and procedures. They are reviewed every two years at a minimum and were recently reviewed prior to this audit.</p> <p>Data is collected each month and results are compared three-monthly and to the previous year. Data is analysed with evidence of corrective actions documented to assist in the identification of opportunities for improvement.</p> <p>An internal auditing programme is being implemented. Corrective actions are documented on a 'moving on audits action sheet' form with evidence of sign off by the operations manager when corrective actions have been implemented. Quality matters are taken to the monthly integrated committee meetings (attended by directors, operations manager, clinical manager and administrator) and then to the monthly staff meetings. Meeting minutes reflect discussions around quality and risk including (but not limited to) internal audit results, incidents/accidents, infection control, complaints (if any), health and safety and resident care review. Meeting minutes are retained in the staff room for staff to read and sign that they have been read.</p> <p>There is a health and safety and risk management programme in place that includes policies and procedures to guide practice. The operations manager is the health and safety officer. She is supported by a health and safety committee (RN, maintenance, laundry, cleaner, cook, caregiver). Staff accidents and incidents, and identified hazards are managed and monitored by the health and safety committee. Contractors are inducted to health and safety procedures by the operations manager. Staff begin their health and safety training during their orientation. Health and safety is a regular agenda item in the integrated (management) meetings and staff meetings (meeting minutes sighted).</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The service has lifting belts, hip protectors and sensor mats in place.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p>	FA	<p>The service collects incident and accident data and reports aggregated figures monthly to the integrated meetings and staff meetings. Incident forms are completed by staff who either witnessed an adverse</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>event or were the first to respond. A record of incidents and accidents is retained in each resident's file.</p> <p>Fifteen incident forms were reviewed, and all were completed in their entirety. The operations manager signs off on all incidents/accidents following completion of an investigation. Neurological observations are completed for any suspected injury to the head. The resident is reviewed by an RN at the time of event.</p> <p>Discussions with the operations manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications. Evidence of a Section 31 report was sighted for one police investigation (July 2018).</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>Human resource policies include recruitment, selection, orientation and staff training and development. Six staff files reviewed (one clinical manager/RN, one staff RN, four caregivers) included a recruitment process (interview process, reference checking), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. Orientation is specific to the job role (eg, caregiver, RN). Staff are required to complete written core competencies as part of their induction to the service (eg, health and safety, hoist training, restraint minimisation, fire safety, medication (RNs)). Performance appraisals are completed after the first three months of employment and annually thereafter. Staff interviewed were able to describe the orientation process and reported new staff were adequately orientated to the service across all three shifts (am, pm and night) before being allowed to work independently.</p> <p>There is an annual education plan that is being implemented and meets contractual requirements. Mandatory in-services reflect high attendance rates. Mandatory in-services are offered multiple times to ensure staff are able to attend. A selection of staff who are unable to attend receive one-on-one training. Individual staff training records are maintained. There are three RNs trained in interRAI.</p> <p>There is a minimum of one care staff with a current first aid certificate on every shift. The operations manager reported that 90% of all care staff hold current CPR certificates.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery, meeting contractual requirements.</p> <p>The operations manager/RN is responsible for four aged care facilities but reports that she spends the majority of her time (five days a week) at Palms Home and Hospital, in particular while orientating the</p>

<p>from suitably qualified/skilled and/or experienced service providers.</p>		<p>new clinical manager/RN. The clinical manager is employed on a full-time basis, five days a week (Monday – Friday).</p> <p>One staff RN is rostered on the AM, PM and night shifts. The operations manager and clinical manager share the on-call roster.</p> <p>There are three wings. Each wing (Nikau (occupancy: four rest home, eleven hospital), Phoenix (occupancy: seven rest home, seven hospital), and Silkfan (occupancy: two rest home, eight hospital) is staffed with two caregivers on the AM shift (7.00 am – 3.00 pm and 7.00 am – 2.00 pm). In addition, there is one floater caregiver from 7.00 am – 10.30 am and one medication competent caregiver from 7.00 am – 12.00 noon.</p> <p>The pm shift is staffed with two caregivers from 3.00 pm – 11.00 pm (one Nikau and one Phoenix) and one caregiver covers Silkfan wing from 3.00 pm – 9.00 pm). Additionally, there are two floating caregivers (4.00 pm – 8.00 pm and 4.30 pm – 6.30 pm).</p> <p>The night staff is covered by two caregivers (in addition to one RN).</p> <p>There are separate cleaning/laundry staff providing cover seven days a week. An activities coordinator is rostered Monday – Friday (9.30 am – 4.30 pm).</p> <p>Staff reported that staffing levels and the skill mix were appropriate and safe. Residents and family interviewed advised that they felt there is sufficient staffing.</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 residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within required timeframes into each resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being held in a secure staff area. Care plans and notes are legible. All residents' records contain the name of resident. Entries are legible, dated and signed by the relevant caregiver or registered nurse including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for</p>	<p>FA</p>	<p>All residents are assessed prior to entry for rest home or hospital level of care. The clinical manager is responsible for screening residents to ensure entry has been approved. An information booklet is given to all residents/family on enquiry or admission. The pack includes information on all relevant aspects of the service, along with other relevant information such as the Health and Disability Code of Rights and how to access advocacy services. The clinical manager was able to describe the entry and admission process. Admission agreements sighted in the resident files aligned with the ARC contract. Residents and relatives interviewed stated they received all relevant information prior or on admission.</p>

services has been identified.		
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The RNs interviewed, described the documentation and nursing requirements as per the policy for discharge and transfers. Any previous discharge summaries that are relevant are copied and sent with the transfer documents. Transfer documentation was sighted in a resident's record recently transferred to the facility. The family are informed of any transfers.</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>	PA Moderate	<p>Overall, medications are managed appropriately and in line with required guidelines and legislation. Only RNs and senior caregivers administer medication and have their medication competency assessed on an annual basis. Education around safe medication administration has been provided. The RNs interviewed were able to describe their role in safe medication management. There were no residents assessed as competent to self-administer medications at the time of audit.</p> <p>The medication charts reviewed identified that the GP had seen and reviewed the resident three monthly.</p> <p>Fourteen of fifteen medication charts reviewed (five rest home and ten hospital) met legislative prescribing requirements. Staff were not always recording verbal orders as per the organisations policy or medicine guidelines.</p> <p>Each resident's allergies/sensitivities are established during admission assessment and documented on the medication administration chart. The supplying pharmacy deliver the medication robotic packs monthly or earlier if required. All medications are checked on delivery by the RN against the medication chart and any pharmacy errors are recorded and fed back to the supplying pharmacy.</p> <p>RNs attend syringe driver education. Medications were stored safely. The medication fridge was checked daily, and temperatures recorded at least weekly. Corrective actions are taken when temperatures are outside of the acceptable range. All medications within the trolley were within expiry dates. The RN was observed during the lunchtime medicines round and correct procedures are followed. The service uses standing orders which were current and are reviewed six-monthly. Where medications were administered as per a standing order, this was documented on a paper non-packed/PRN signing sheet. Controlled drugs were stored within a locked cupboard in the locked medication treatment room. There is evidence of weekly stocktakes of controlled drugs and six-monthly physical and quantity stocktakes completed.</p>
Standard 1.3.13: Nutrition, Safe	FA	All food is cooked on site. There is a qualified cook on duty each day who is supported by a

<p>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>kitchenhand. The main meal is at midday. The tea kitchen assistant assists the cook with preparation of the evening meal and serves the evening meal. The menu caters for special diets and modified meals. The cook receives a dietary profile for each resident and is notified of any dietary changes. There is a dislikes and special requests list. Diabetic desserts are provided. Alternative choices are offered for resident dislikes. There is one main dining room. There is staff access to the kitchen after-hours for nutritional snacks as required.</p> <p>All perishable foods are dated. The fridges and freezers are temperature monitored. End-cooked food temperature is taken and recorded daily. Personal protective equipment is worn as appropriate. A cleaning schedule has been maintained. Chemicals are stored safely.</p> <p>The food services staff have completed food safety and chemical safety training.</p> <p>The service has a number of residents of other ethnicities. This has been recognised in the menu plan, which includes a daily vegetarian menu and a daily pacific island menu which the residents may choose as an alternative. The vegetarian menu meets cultural needs around no meats (for example no pork or beef). Residents and family spoke positively about the food service and the meals provided to accommodate cultural and religious needs.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service has a policy regarding acceptance/declining entry to service. Should a potential resident be declined, the referral agency, potential resident and/or family member would be informed of the reason (eg, if there are no beds available, the service cannot provide the level of care or the acceptance of an admission could potentially affect other residents).</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>InterRAI assessments have been completed for all current residents and are completed for all new admissions. The RN completes an initial assessment on admission, including the use of risk assessment tools. Resident needs and supports are identified through the ongoing assessment process in consultation with significant others. The activities coordinator or diversional therapist complete an activity assessment as part of admission that identifies individual activities and preferences.</p> <p>Cultural assessments are completed on admission for all residents. Cultural assessments were completed in all seven resident files sampled. The care plans document the resident's cultural needs, values and spirituality and supports (including support persons) available, to ensure the resident's needs are met. For those residents who identify as Māori, a specific Māori health plan is also completed and</p>

		incorporated within the long-term care plan.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Low	<p>Resident files reviewed included an initial assessment and (initial) short-term care plan. Long-term care plans were in place for all seven residents. Short-term care plans were available for use to document any changes in health needs. Short-term care plans were evidenced for skin tears, short course antibiotics, bruising and weight loss. The residents' long-term care plans reviewed were overall resident-focused and individualised, however, interventions in three of seven care plans did not always fully describe the care needed to support the change in the residents identified needs. Long-term care plans evidenced resident and/or relative and staff input into the development of care plans. Relatives and residents interviewed confirmed that they were involved in the care planning process.</p> <p>Short-term care plans were evaluated at regular intervals and were either resolved or added to the long-term care plan if an ongoing problem. Medical notes and other allied health professionals progress notes were evident in the resident files sampled. Relatives interviewed were positive and complimentary about the staff, clinical and medical care provided and confirmed they are kept informed of any significant events and changes in health status. Family contact forms sighted in the resident's individual record evidenced family are informed of any health changes, incidents/accidents, infections, specialist visits, care plan review and weight loss.</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>	FA	<p>Family members and residents interviewed reported the residents' needs were being appropriately met. During the tour of facility, it was noted that all staff treated residents with respect and dignity, residents and families were able to confirm this observation. Caregivers reported that they are informed of any changes in health status at handover between shifts. Handover records are maintained. When a resident's condition alters, the RN initiates a review by the GP in the first instance. There is evidence that family members were notified of any changes to their relative's health.</p> <p>Three of seven resident's care plans reviewed were not amended to include the residents change in health needs (link 1.3.5.2). Documentation evidenced RN oversight of resident care, additional assessments and/or monitoring records (ie, turning charts, pain assessment, food and fluid monitoring were sighted).</p> <p>Continence products are available and resident files include a continence assessment, where continence products identified for day use and night use were documented. A sample of wound management records and short-term care plans were reviewed. There was evidence of regular photographs taken of chronic wounds and pressure injuries. Adequate dressing supplies were sighted.</p> <p>The registered nurses interviewed described the referral process and related form should they require</p>

		assistance from a wound specialist, continence nurse or other nurse specialist service. There was adequate pressure area care equipment sighted.
<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>There are three activity coordinators employed for the facility. One activity coordinator is employed three days a week and is supported by two part-time activity coordinators that each work one day a week. A caregiver is delegated to activities for three hours each weekend day. The operations manager is an RN and a registered diversional therapist (DT) who oversees the activity programme. The activity coordinators and DT attend three monthly DT regional support groups and education workshops.</p> <p>The activity coordinators complete an activity assessment on admission. Each resident has an individualised activity plan developed within three weeks of admission, that is reviewed at least six-monthly in line with reviews of the long-term care plan.</p> <p>The activity programme is planned a month in advance. There is a large lounge where activities occur. The range of activities meets the recreational preferences and individual abilities of the rest home and hospital residents. The programme has allocated activities for rest home residents, which is open to hospital residents and vice versa. Individual therapy time is spent with residents who are unable to or choose not to participate in the group activities. Residents were observed to be enjoying the activities during the audit. Special events and birthdays are celebrated. Residents are encouraged to maintain links with the community such as shopping, van outings, inter-home visits and competitions. The service owns a small van and a wheelchair van is hired for hospital level resident outings. Entertainers, church groups and school children visit the home regularly. Residents represent several cultures and the activity team hold multi-cultural days with the participation of the residents, staff and food services. Residents interviewed commented very positively on the activity programme.</p> <p>Feedback and suggestions on the activity programme are sought through resident meetings and one-on-one informal discussions.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>In files sampled all initial care plans were evaluated by the RNs within three weeks of admission. The long-term care plans reviewed were evaluated at least six monthly or earlier if there was a change in health status (link 1.3.5.2).</p> <p>The multidisciplinary team (MDT) including the GP and family are involved in the care plan reviews. The GP reviews residents at least three monthly or earlier if required. Ongoing nursing evaluations occur daily/as indicated and are documented within the progress notes. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem was ongoing.</p>

<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the seven resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Examples of referrals sighted were to the physiotherapist, podiatrist and dietitian. The service liaises closely with the needs assessment team, geriatrician and the older people's mental health service.</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>	FA	<p>There is a waste and hazardous substance safety policy. Management of waste and hazardous substances is covered during orientation of new staff and as scheduled on the education planner.</p> <p>All chemicals are correctly labelled and stored in locked cupboards. Safety datasheets were sighted in both laundry/cleaning and kitchen areas. Gloves, aprons and goggles are available for staff use and staff were observed wearing appropriate protective equipment when carrying out their duties.</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>	FA	<p>The building holds a current warrant of fitness, which expires September 2018. Reactive and preventative maintenance is carried out. Essential contractors are available 24 hours a day, seven days a week and are arranged by the operations manager in consultation with the maintenance staff. There is an annual planned maintenance programme. Hot water temperatures of all resident areas are monitored monthly and maintained at or below 45 degrees Celsius. Electrical test and tagging was last completed in December 2017. There was documented evidence of regular function checks of resident-related equipment.</p> <p>The corridors are wide enough to promote safe mobility. Residents were observed moving freely around the areas with mobility aids where required. There are external areas and gardens, which are easily accessible.</p> <p>Care staff stated that they have all the equipment referred to in care plans, to provide safe and timely care such as hoists, wheel-on scale, electric beds, ultra-low beds, hospital recliners, wheelchairs, mobility aids, transfer belts, pressure relieving mattresses.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	There are five bedrooms with their own ensuite. All other rooms have a shared ensuite between the two rooms with privacy signage in place. Residents interviewed confirmed privacy is maintained at all times.
<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	All bedrooms are single occupancy. The 34 rooms designated for hospital and rest home levels of care are spacious enough to manoeuvre transferring equipment. Residents at rest home level can move around the room with the use of mobility aids as required. Residents are encouraged to personalise their rooms as desired.
<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	There is a large lounge, which is also used for recreational activities. There is one spacious dining area for residents. All lounge/dining areas are easily accessible. Residents are able to move freely and safely, and furniture is arranged to facilitate this. There is adequate space to allow for individual and group activities to occur within the lounge.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	There is a cleaning policy and cleaning schedules in place. Personal protective equipment is available in the sluice room, cleaning and laundry room. There is a defined clean/dirty area within the laundry. Adequate linen supplies were sighted. The cleaning equipment is stored safely when not in use. Safety datasheets are available for staff. There are dedicated cleaning and laundry staff who were observed to be wearing appropriate protective wear when carrying out their duties. Cleaning and laundry internal audits are completed on a regular basis. Residents expressed satisfaction with the cleaning and laundry service.

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Emergency and disaster policies and procedures are being implemented. Fire evacuation drills take place every six months. Emergency flip charts were visible in staff areas. The orientation programme and education and training programme includes fire and security training and staff completing competency questionnaires. Staff interviews confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit and all equipment had been checked within required timeframes. An approved fire evacuation plan is in place.</p> <p>A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, torches, batteries and the availability of gas cooking. A back-up battery for emergency lighting is in place.</p> <p>The call bell system is suitable to meet the needs of the residents. Residents reported their call bells are answered in a timely manner. Residents were observed having access to call bells in their rooms and communal areas. There is a minimum of one person available 24 hours a day, seven days a week with a current first aid/CPR certificate.</p> <p>External lighting is adequate for safety and security. Doors are locked at dusk.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All bedrooms and communal areas are well ventilated and light. The facility has under floor heating in all areas.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The infection control coordinator is the clinical manager (RN) who has held the role for one month. She is currently supported in the role by the operations manager (registered nurse). The infection control coordinator has a job description that defines the role and responsibilities for infection control.</p> <p>The infection control committee includes the infection control coordinators and representatives from the aged care facilities owned by the directors. The infection control programme is reviewed annually.</p> <p>Visitors are asked not to visit if they have been unwell. Influenza vaccines are offered to residents. There are hand sanitisers throughout the facility and adequate supplies of personal protective equipment.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator and infection control committee representatives manage infection control. The infection control coordinator has completed external education. The infection control officer has access to external infection control specialist advice through the local district health board (DHB) infection control nurse, public health, and GP and laboratory personnel.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control manual outlines a range of policies, standards and guidelines and includes roles, responsibilities, procedures, and training and education of staff.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Infection control education for staff occurs annually (at a minimum) on multi-resistant organisms, hand hygiene and blood spills.</p> <p>The infection control coordinator provides education at handovers for those staff who do not attend education or for current trends and quality improvements. All newly appointed staff receive infection control education on orientation. Hand hygiene competencies are completed annually for all staff. Staff stated they are kept informed on infection control matters.</p> <p>Resident education occurs as part of providing daily cares and is discussed at resident meetings as appropriate. The service had several educational posters regarding various infection control matters which had been made by the staff and were displayed for both staff, resident and family education.</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. Currently the operations manager collates the monthly infection data. Surveillance data is used to determine infection control activities and education needs in the facility. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is reported at the integrated meetings and staff meetings. Monthly comparison and trends for infection rates are analysed on an individual basis. Information and graphs are available to staff. The GP reviews antibiotic use at least three-monthly with the medication review. There have been no outbreaks. Systems in place are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers and comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirmed their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had no residents using an enabler and five residents using a restraint.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>The restraint approval process is described in the restraint minimisation policy. The approval group is incorporated into the monthly integrated meetings (clinical manager, operations manager, administrator, directors). Roles and responsibilities for the restraint coordinator (clinical manager) and for staff are documented and understood. The restraint pre-assessment process and consent forms identify the indications for restraint use, consent process, duration of restraint and monitoring requirements. The only approved restraint at the facility are bedrails.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in</p>	FA	<p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. Assessments are undertaken by the restraint coordinator in partnership with the resident, the GP and their family/whānau. Restraint assessments are based on information in the care plan, resident/family discussions and observations.</p>

relation to use of restraint.		Ongoing consultation with the resident and family/whānau are evident. Two hospital-level residents' files were reviewed where restraint was in use (bedrails only). Completed assessments considered those listed in in 2.2.2.1 (a) - (h).
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	<p>Procedures around monitoring and observation of restraint use are documented in policy. The restraint coordinator is responsible for ensuring all restraint documentation is completed. The restraint pre-assessment form identifies the specific interventions and/or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident, the GP, the resident's family and the restraint coordinator. The use of restraint is linked to the residents' care plans. Internal audits measure staff compliance in following restraint procedures. Each episode of restraint is monitored a minimum of two hourly and is dependent on the individual risk to that resident. Monitoring is documented on a specific restraint monitoring form, evidenced in two residents' files where restraint was in use.</p> <p>A restraint register is in place, providing an auditable record of restraint use and is completed for all residents requiring restraints and enablers.</p>
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations occur six-monthly as part of the ongoing reassessment for the residents on the restraint register, and as part of the care plan review. Families are included as part of this review. A review of two files of residents using restraints identified that restraint evaluations were up-to-date.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	The restraint programme is discussed and reviewed during the monthly integrated meetings and monthly staff meetings. Meeting minutes include (but are not limited to), a review of the restraints being used, the restraint education and training programme for staff and review of the facility's restraint policies and procedures. Policies were last reviewed in June 2018.

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</p> <p>Moderate</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative and policy requirements. Medication reconciliation is completed on delivery of medications. Staff were observed to be safely administering medications. The prescribing of regular medications met legislative requirements, however staff did not always document verbal orders (eg, according to their organisations policy or medicines guidelines).</p>	<p>Verbal orders were not always documented by the RN as per the organisations policy. A resident’s warfarin administration chart indicated changing doses of warfarin being given, however the verbal orders received verbally and by text from the GP had not been documented on the INR/Warfarin chart. The RNs had at times documented the GPs instructions regarding warfarin administration within the resident progress notes.</p>	<p>Ensure that documentation of all verbal orders include name of the prescriber, date, medicine order and nurses name and are recorded on the relevant medication administration form.</p> <p>30 days</p>

<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	<p>PA Low</p>	<p>Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem was ongoing. Not all long-term care plans had been updated to reflect change in health status.</p>	<p>Three of seven files reviewed (all hospital) did not have interventions documented to reflect changes in health status; (i) care plan of resident (tracer) requiring two-person assist with standing hoist stated independent with mobility, (ii) resuscitation status for resident no longer for resuscitation not updated within the care plan, (iii) care plan for resident taking warfarin did not include use or interventions to manage risks of anticoagulant.</p>	<p>Ensure that all changes to a resident's needs are updated within the care plan</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.