

Nelson Bays Primary Health Trust - Golden Bay Community Health

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: Nelson Bays Primary Health Trust

Premises audited: Golden Bay Community Health

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

Dates of audit: Start date: 14 March 2019 End date: 15 March 2019

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 24

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

The Golden Bay Community Hospital Trust operates as part of the Nelson Bays Primary Health Organisation. The Golden Bay Community Hospital and integrated health centre provide care across three service levels. There is a 24-bed rest home/hospital, one birthing unit and maternity bed and five GP acute admission beds. On the day of audit, there were fourteen rest home and ten hospital level residents, four patients in the acute GP beds and no maternity in-patients.

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/patients/clients and staff files, observations and interviews with residents, management, staff and the general practitioner/clinical director.

The overall community hospital service is managed by a general manager/registered nurse with clinical and managerial experience. She is supported by a project leader/personal assistant, nurse manager and aged care coordinator. Residents/patients and clients interviewed spoke highly of the integrated community service.

Improvements are required around implementation of the quality programme, clinical documentation for maternity services, orientation for midwives, care plans and medicine management including emergency equipment (maternity services).

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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Information about services provided is readily available to residents/patients and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on noticeboards. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents/patients and/or their family/whānau. Residents are encouraged to maintain links with the community. Complaints processes and policies are in place to ensure complaints and concerns are managed appropriately. There is an open disclosure policy. Interviews with residents/patients confirmed they are kept informed of their current health status. There is documented evidence that families are kept informed of their relative's health status including any adverse events.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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The service has a quality and risk management framework that includes management of incidents, complaints and infection control surveillance data. Policies and procedures have been implemented to meet the required standards. The general manager reports to the chief executive officer for the primary health organisation (PHO) based in Nelson. She is supported by an experienced clinical and non-clinical team.

There are human resources policies including recruitment, selection, orientation and staff training and development. There is an annual education plan in place including a training day to cover mandatory education. Lead maternity carers are included in mandatory education as required. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care in all areas. There is sufficient staff on duty at all times.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available on entry to the service that includes information on the services provided at Golden Bay Community Hospital. The registered nurses are responsible for each stage of service provision. The registered nurse assesses and develops care plans and evaluates supports and goals in consultation with the resident/patient and/or family. Resident files included medical notes and notes of other visiting allied health professionals.

The activity coordinators implement a five-day activities programme for the rest home and hospital residents. Community visitors and volunteers are involved. Regular entertainment is provided.

There are policies and processes that describe medication management that align with accepted guidelines. The service uses an electronic medication system. Registered nurses are responsible for medication administration and complete annual competencies and education. The GP reviews the medication chart three-monthly. Maternity medications are appropriately stored and checked.

The service prepares and cooks all meals on-site and the menu has been approved by a dietitian. Individual dietary needs, likes and dislikes and cultural needs are catered for. Residents interviewed responded favourably to the food that was provided. Maternity clients (and partners) are provided with a choice of hospital cooked meals which includes gluten free, vegan and vegetarian options. Clients also have access to healthy snacks and various fluids at all times.

Maternity service:

There is a partnership between the client and her midwife which incorporates ongoing informed decision making and consent. Care plans are commenced and develop throughout the whole maternity experience. These include whether the client will use the primary birthing facility for labour/birth and postnatal care. Booking forms are submitted to the facility in a timely manner and meet eligibility requirements. Clients choosing to stay at Golden Bay Maternity Services have maternity care provided within the facility by Registered Nurses and the 24/7 on-call employed LMC midwives. The clients own LMC visits daily and in discussion with the client and the core staff reviews, develops and updates care plans to ensure that care/interventions are consistent and provide ongoing assessment of the needs of the client and her baby. Discharge planning commences on admission and is an ongoing three-way process between the clients her LMC and the core staff.

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 service has implemented policies and procedures for fire, civil defence and other emergencies. The annual maintenance schedule includes monthly checks of emergency systems including call bells, emergency lighting and fire alarms throughout the whole facility. Protective equipment is provided for all staff working within the facility and maternity service to use when handling waste or hazardous substances. The building has a current building warrant of fitness. Resident rooms are spacious and personalised. External areas were safe, provided seating and shade and well maintained. The facility has a vehicle available for

transportation of residents. There was a main open plan lounge and dining area with several seating alcoves within the facility. There is a mix of ensuites, shared ensuites and communal toilet/shower facilities. Cleaning services are monitored through the internal auditing system. Personal clothing only is laundered on-site. Chemicals were stored safely. The temperature of the facility was comfortable.

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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There are restraint minimisation and safe practice policies and procedures in place to follow for restraint and enablers. There were six residents using enablers and three residents with restraint. The aged care coordinator/registered nurse is the restraint coordinator. Staff received training around restraint and enablers and the management of behaviours that challenge.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The 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 (registered nurse) is responsible for coordinating education and training for staff. The infection control coordinator has attended external training. There is a suite of infection control policies and guidelines to

support practice. The infection control coordinator uses the information obtained through surveillance and internal audits 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	45	0	4	1	0	0
Criteria	0	96	0	4	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>Six residents (four rest home and two hospital level of care), and one maternity client interviewed confirmed that information has been provided around the Code of Rights and their rights are respected when receiving resident related services and care. There is a resident rights policy in place. Code of Rights training has been completed by all staff.</p> <p>Discussion with five healthcare assistants (HCA) across the rest home and hospital areas and three lead maternity carers (LMC) identified they were aware of the Code of Rights and could describe the key principles of resident's rights when delivering care.</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</p>	FA	<p>Written informed consent is gained for general consents and outings and were sighted in the five resident files reviewed (three rest home and two hospital including one resident on respite care). Permissions granted are also included in the admission agreement signed on admission. Written consent is also gained for specific procedures such as the influenza vaccine. Resuscitation orders/advance directives had been signed appropriately by the resident and general practitioner in all long-term files reviewed. The respite care resident had an advance directive in place. Residents interviewed confirmed they were given good information to be able to make informed choices. The clinical manager and RNs interviewed confirmed the service actively involves them in decisions that affect their relative's lives.</p>

consent.		Maternity Service: Golden Bay Maternity Services has evidence-based, client-focused information, guidelines, policies and procedures in place for informed choice discussions and consent processes. These meet the requirements within the Code of Health and Disability Consumer Rights. These guidelines, procedures, and policies are adhered to within the service and women are supported to make informed choices for themselves and their babies. Informed consent processes were reviewed and found robust, such as for; New-born immunisations, new-born hearing screening, Well Child services, Anti D and the giving of Vitamin K.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Residents/patients and families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Resident/patient advocates are identified during the admission process. Pamphlets on advocacy services are available at the entrance to building. Interviews with the residents confirmed their understanding of the availability of advocacy services. An age concern member visits the residents regularly. Staff receive education and training on the role of advocacy services. Healthcare assistants, RNs and midwives interviewed were aware of the resident's right to advocacy services and how to access the information.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	The service has an open visiting policy and family and friends are encouraged to visit the home and are not restricted to visiting times. All residents interviewed confirmed that family and friends are able to visit at any time. Residents confirmed that they have been supported and encouraged to remain involved in the community. The service has a car and small group outings are provided. Community groups visit the home as part of the activities programme such as school children, church visitors and volunteers.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	There is a complaints policy that aligns with Right 10 of the Code. The complaints procedure is provided to residents/patients and relatives at entry to the service. Complaint forms and complaints procedure is available at the front entrance to the facility. The general manager is the privacy officer for the service. A record of all complaints (residential aged care and primary health services) is maintained on an online register. There had been four written complaints received regarding rest home and hospital level care for 2018. There has been two verbal and one written complaint to date for 2019. All complaints have been managed appropriately and acknowledged within the required timeframes to the satisfaction of the complainant. Advocacy brochures are included in the acknowledgment letter. Residents and relatives advised that they are aware of the complaint's procedure.

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service has available information on the Code of Health and Disability Services Consumers' Rights. Advocacy pamphlets and the Code of Rights are clearly displayed at the main facility entrance of the building. There is a welcome information folder that includes information about the Code of Rights. The resident, family or enduring power of attorney (EPOA) has the opportunity to discuss this prior to entry and/or at admission with the general manager/registered nurse or the clinical manager/registered nurse (RN). Residents, clients and relatives (one rest home and one hospital) interviewed, stated they received sufficient verbal and written information to be able to make informed choices on matters that affect them.</p>
<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 provides physical and personal privacy for residents/patients. During the audit, staff were observed treating residents/patients with respect and ensuring their dignity is maintained. Care staff interviewed (HCAs and three RNs) were able to describe how they maintain resident privacy. Staff attended privacy and dignity, abuse and neglect in-service as part of their annual training plan. Resident's cultural, social, religious and spiritual beliefs are identified on admission and included in the resident's care plan/activity plan to ensure the resident receives services that are acceptable to the resident/relatives. Care staff interviewed stated they promote independence with daily activities where appropriate.</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>There is a Māori health plan and cultural safety policy to guide staff in the delivery of culturally safe care. There was one resident who identified as Māori on the day of audit. The Māori health plan identifies the importance of whānau. The service has a good relationship with the local Iwi. An Iwi representative from Te Piki Ora visits the resident monthly and is available at other times for cultural advice and support. Care staff interviewed were able to describe how to access information and provide culturally safe care for Māori. The service has a whānau room that can accommodate overnight accommodation as required.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally</p>	FA	<p>The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Staff recognises and responds to values, beliefs and cultural differences. Residents are supported to maintain their spiritual needs with regular on-site church services/church visitors and are supported to socialise and attend other community groups as desired.</p>

safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.		
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	The staff employment process includes the signing of a service Code of Conduct. Professional boundaries are defined in job descriptions. All new employees undergo a police check. Staff were observed to be professional within the culture of a family environment. Staff are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Interviews with HCAs and RNs confirmed how they build a supportive relationship with each resident. Residents interviewed stated they are treated fairly and with respect.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>The Golden Bay Community Health services and management are committed to providing services of a high standards based on the service philosophy of care and strategic goals. During the days of audit, staff demonstrated a caring attitude to the residents and patients in acute beds. All residents interviewed spoke positively about the care provided. The service has policies and procedures from a recognised aged care consultant that provides a good level of assurance that it is adhering to relevant standards. Staff have a sound understanding of principles of aged care and acute medical care. Staff interviewed stated that they feel supported by management. Facility meetings and handovers between shifts enhance communication between the teams and provided consistency of care across the service levels. The service employs a physiotherapist and physiotherapist assistant who both work 20 hours a week to complete resident assessments, provide support and advice for staff and lead exercise sessions for the residents.</p> <p>Maternity service: The maternity documented daily entries showed informed decision making and consent as well as routine obstetric and infant cares. Information shared both verbal and written appears current and evidence based such as information on: Skin to Skin, Rooming In, Breastfeeding and new-born blood test. There are daily care plans for both mother and baby that provide evidence of the appropriate standard of care by staff being given. The facility is currently accredited for the Baby Friendly Hospital Initiative (BFHI) and has just been reaccredited. The accreditation for BFHI is evidence of breastfeeding and baby feeding practices are in line with current best practice standards and meet Ministry of Health (MOH) and World Health Organisation (WHO) requirements. All staff are current with the required BFHI breastfeeding education.</p>
Standard 1.1.9: Communication	FA	Management promote an open-door policy. Residents confirmed on interview that the staff and management are approachable and available. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and resident 'forums'. A member of age concern visits residents for

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>chats and discussions. A three-monthly newsletter “good ol times” is emailed to families and available to all residents and visitors to the facility. Seven accident/incident forms reviewed for February 2019 evidenced relatives had been notified of incidents/accidents.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. An interpreter service is available if required.</p> <p>Maternity service: Women are thoroughly orientated to the service on admission. Clients confirmed on interview that the staff and management are approachable and available. Interpreter services are available for all maternity clients that may require this service.</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>The Golden Bay Community Hospital operates as part of the Nelson Bays Primary Health Organisation (PHO). The Golden Bay Community Hospital and integrated Health Centre provide services for up to twenty-four rest home or hospital level of care, one birthing unit and maternity bed, five GP acute admission/palliative care/respite beds (flexi beds) and facilities for recovery and observation following admission. On the day of audit, there were 14 rest home residents and 10 hospital level care residents. There was one hospital level resident for respite care in the flexi beds. There were no maternity clients in the birthing unit on the day of audit. There were three patients in the acute admission beds under the care of the GPs.</p> <p>The general manager is supported by a chief executive officer (CEO) for the Nelson Bays primary health organisation (PHO) based in Nelson. A project leader/personal assistant to the general manager is based at the community hospital and leads/maintains the Cornerstone accreditation standards for the GP services and oversees the non-clinical services. A nurse manager oversees the clinical services. She is an experienced RN who has been in the nurse manager role for over two years. A senior RN has the role of aged care coordinator. There are three employed midwives (LMCs) for the maternity service. The service appointed a RN quality/infection control coordinator two months ago.</p> <p>The overall community hospital service is managed by a general manager who has been in the role three and a half years. She is a registered nurse with considerable experience in emergency nursing, aged care management and quality management. The general manager has maintained at least eight hours annually of professional development related to managing aged care/integrated services including advanced life support, management planning days, health informatics, emergency management and planning days and Treaty of Waitangi.</p> <p>A GP is the clinical director for the community hospital and represents clinical governance on the board. The leadership team (general manager, clinical director and practice coordinator) meet monthly. The general manager reports to the CEO. The Golden Bay Community Health Trust group remains involved in matters relating to property.</p>

		There is a Nelson Bays PHO strategic business plan in place for 2016 – 2021 that clearly identifies the values, purpose, scope and direction of the organisation. The business plan is reviewed at the end of each financial year. Achievements include the transition of resident files to electronic records November 2017, QPS benchmarking and introduction of education days.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	During the temporary absence of the general manager, the interim nurse manager will provide clinical and management oversight of the service with support from the project leader/personal assistant to the general manager and the PHO chief executive officer.
<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>	PA Low	<p>The service has a documented quality risk management plan in place. The service has in place a range of policies and procedures to support service delivery that are developed by an external consultant and reviewed regularly. Golden Bay maternity has all the relevant policies, guidelines and protocols for the maternity service. Quality data is discussed at facility meetings held that includes monthly quality improvement meetings, health and safety committee meetings, HCA and RN meetings. There is documented evidence of discussion around quality data, trends and analysis. The service participates in an external benchmarking programme against industry standards (QPS). Staff interviewed stated they are informed and required to sign meetings minutes/reviewed policies when read. The internal audits have been completed as scheduled up until June 2018. Corrective actions on some completed audits had not been signed off. Resident satisfaction surveys are conducted annually, however the April 2018 survey has not been collated to identify areas of improvement. There is no documented evidence of feedback to participants.</p> <p>The project leader/personal assistant to the general manager is the health and safety representative with level one and two of the health and safety courses. The health and safety committee are representative of all areas across the Golden Bay Community Health service. The committee provide monthly reports to all facility meetings. The hazard register is available to all staff on-line and last reviewed in 2018. The health and safety representative orientates all new staff to the health and safety and fire training. All contractors have received an induction. Falls prevention strategies are in place that identify 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 manner.</p>	<p>FA</p>	<p>As part of risk management and health and safety framework, there is an accident/incident policy. Incident and accident details are entered into the online register. Seven incident forms (from February 2019) were reviewed on the on-line register. All incident forms identified timely RN assessment of the resident/patient and appropriate interventions to minimise resident risk. The next of kin had been notified for all incidents/accidents. The HCAs interviewed could describe the incident reporting process.</p> <p>The general manager and nurse manager interviewed could describe situations that would require reporting to relevant authorities. There have been no events to report as a section 31. There have been no outbreaks.</p> <p>LMCs (interviewed) who work in the maternity service were aware of the systems in place to record and notify with adverse event reporting.</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>PA Low</p>	<p>There are human resources policies to support recruitment practices. Eleven staff files were reviewed (one aged care coordinator/RN, three RNs, three registered midwives, three HCAs and one cook). Hard copy files are kept at head office in Nelson. All relevant recruitment and employment documents including performance appraisals were completed. Orientation had been completed for aged care staff. Staff interviewed were able to describe the orientation process and confirmed new staff were adequately orientated to the service. There are job descriptions which detail each position's responsibilities, accountabilities and authority. All three employed midwives have current midwifery recertification required education and all have commenced mandatory facility education including intravenous certification. The three midwives have not had any orientation to the facility.</p> <p>Healthcare assistants have access to Careerforce aged care courses and are supported to achieve relevant qualifications. The clinical manager is a Careerforce assessor. Registered nurses are supported to attend external education. Four of ten RNs have completed their interRAI training. The service has implemented six monthly training days for mandatory education. The project leader/personal assistant maintains an on-line register of training and staff attendance and records demonstrate near 100% attendance. Staff are required to complete the Ko Awatea iLearn packages following the practical sessions. Staff complete competencies relevant to their role.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely,</p>	<p>FA</p>	<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 across the service. The general manager/RN and nurse manager (clinical) are on during the day Monday to Friday and share on-call cover. An aged care coordinator (senior RN) was appointed June 2018 and is on the</p>

<p>appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>morning duty Monday to Thursday and is supported by an RN on duty who covers the acute flexi beds. On other mornings there are two RNs on duty. There are two RNs on duty on the afternoon shift to cover the aged care beds and flexi beds. The one RN on night shift covers both areas. The resident under ACC has a one-on-one carer for four hours in the morning and four hours in the afternoon funded by ACC.</p> <p>There are five HCAs on the morning shift (four full shifts and one short shift), four HCAs on the afternoon shift (three full shift and one short shift) and two HCAs on night shift.</p> <p>There are two activity coordinators who cover Monday to Friday for four hours each day. There are dedicated cleaning and laundry staff seven days a week. There is a morning and evening cook supported by a kitchenhand from 0700 to 1530.</p> <p>The project leader/personal assistant to the general manager is responsible for non-clinical services and is 0.9 FTE.</p> <p>Residents stated there is adequate staff on duty at all times. Staff stated they feel supported by the nurse manager and aged care coordinator.</p> <p>Maternity service: There is a midwifery roster system providing 24/7 on-call midwifery care, these midwives also provide the inpatient care combined with the facility nurses. There are three LMC midwives who are employed to provide this cover for the facility and there is currently one self-employed midwife in the community.</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>PA Low</p>	<p>There are resident/patient files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the resident's individual record and resident/patient register. Patients admitted to the GP acute beds have documentation completed on the day of admission. Resident/patient clinical and allied health records are integrated. Personal resident/patient information is kept confidential and cannot be viewed by other residents/patients or members of the public. All entries in the progress notes are legible, dated and signed with the designation.</p> <p>Maternity services: Golden Bay Maternity Services has an organised client file documentation system that is maternity focused, entries are timely and are integrated with the LMC entries. Relevant information from referrals (eg, scan results, obstetric or paediatric consultation letters and lab results) are provided and placed into the client notes. This provides information on progress and planning to date. There were checklists that were completed on a daily basis which facilitates daily changes to the care plan according to the client and baby needs. The clients are all provided with a copy of their inpatient maternity notes on discharge from the facility. All inpatient client files are held and stored in a secure manner. All documentation is carried out in the staff office which the general public do not enter. Documentation requirements for uniquely identifying each client file was evident. Client notes are comprehensive but were missing some documentation</p>

		requirements.
<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 services has been identified.</p>	FA	<p>Prior to entry potential rest home and hospital level of care residents have a needs assessment completed. The service has an admission policy, admission agreement and a resident information pack available for residents/families at entry. The information pack includes all relevant aspects of the service. The admission agreement reviewed aligns with a) - k) of the ARC contract. Admission agreements were signed for the four long-term residents.</p> <p>Maternity Services: The Golden Bay Maternity service has established entry criteria booking processes in place. The antenatal client's needs are fully assessed prior to entry with the LMC and are then identified within the facility documentation booking requirements. There is evidence based well-developed written information available for clients/families/whānau in the maternity unit foyer. Assessments, daily care plans and evaluations are led by the LMC on a daily basis. Clinical observation and monitoring forms are available and implemented as needed. The care provided by the Golden Bay Maternity Services staff and LMCs provides a high level of continuity of care for the clients. The service provides daily up-to-date relevant information to the services clients and their families. Referrals are timely and appropriate for the service. The two clients interviewed on the day of the audit confirmed they had been offered and given referral leaflets and had discussions with staff and LMCs about any recommended referral options. They also stated that "they loved the continuity of care generally by their own named LMC midwife and that they gave excellent support with breastfeeding and baby cares, would highly recommend for other parents to come and stay in this hospital".</p>
<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>There are policies to describe guidelines for death, discharge, transfer, documentation and follow up. A record is kept, and a copy of details is kept on the resident/patient file. All relevant information is documented and communicated to the receiving health provider or service. Follow-up occurs to check that the resident is settled, or in the case of death, communication with the family is made and this is documented.</p> <p>Maternity Services: All concerns or risks to maternity clients are identified and discussed with all involved. Care plans are developed and regularly updated within the documentation to provide; women-centred care, safe and effective treatment while staying in the facility, and for when they are planning discharge or transfer. There are clear daily entries in the clients files identifying any concerns the client or staff have, this is evidenced in the Golden Bay Maternity Services Mother's and Baby's Care Plans (sighted in all client files reviewed). All plans in relation to discharge or transfer are done in collaboration between the LMC, core staff and the client and her family (identified within the staff interviews and the client interviews).</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Medication policies align with accepted guidelines. The RNs are responsible for the administration of medications in the rest home/hospital area and acute beds. Senior HCAs complete competencies for checking of restricted medications. All RNs have completed annual competencies including syringe driver competencies and medication education. The service uses an electronic medication system for charting and administration of medications. Medications (blister packs) are checked on delivery against the medication chart. The date of checking blister packs is entered into the electronic system. Any pharmacy errors are recorded and fed back to the local supplying pharmacy. Expiry dates of hospital bulk supply medications are completed regularly. There is an RN initiated list of medications held in the electronic system. A standing order list of medications for acute beds residents only had not been reviewed annually. Eye drops had been dated on opening. The medication fridge temperature is monitored daily and is maintained between 2-8 degrees Celsius with evidence of corrective actions taken when required. There were no self-medicating residents on the day of audit.</p> <p>Ten medication charts on the electronic medication system were reviewed. All medication charts had photo identification and allergy status. All medication charts had been reviewed three monthly by the GP.</p> <p>Maternity service: The medicine management systems reflect current legislation and guidelines. The service provider's responsibilities are detailed in the policies and procedures. Golden Bay employ three midwives who are registered midwives with current practising certificates. They are familiar with the medicine management policy and legal requirements within their scope of practice, and facility requirements.</p> <p>The midwife is responsible for prescribing and charting medication required for normal birth and routine postnatal care. Not all medication charts reviewed had a prescription for medications given as identified in the clinical notes (Vitamin K, Entonox and lignocaine). The medicines management policy includes guidelines for client self-administration. Most women who enter the service are well and considered competent to self-medicate. If a woman chooses to self-administer her medicines, this is recorded on her drug chart.</p> <p>The facility has a resuscitation area and in the birthing room however, not all emergency equipment was available on-site. Medicines required for safe birthing, and postnatal emergencies are stored in the main medication room and readily accessible to RNs and midwives. The medicines refrigerator temperature is monitored daily and recorded. Entonox and oxygen cylinders were regularly checked and readily accessible in the birthing room, but there was no air and oxygen blender in place.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid</p>	<p>FA</p>	<p>All food is prepared and cooked on-site. The service provides meals on wheels to the community. The qualified cook is supported by a morning kitchenhand and evening cook. The project leader (who oversees the food services) and kitchen staff have completed food safety and infection control education. There is a</p>

<p>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>seasonal three weekly rotating menu that has been reviewed by a dietitian April 2017. A dietitian review has been scheduled for April 2019.</p> <p>The meals are served from a bain marie in the resident dining room. Meals to rooms are plated (with heat retention bases and lids) and delivered to the areas on a trolley. Resident dietary preferences, food allergies, dislikes and cultural dietary needs are listed and known. Alternative foods are offered. The cook receives a resident profile for all residents and notified of any changes to resident dietary requirements including weight loss. Modified diets and specialised utensils are provided for residents as assessed by the RN.</p> <p>Fridge, freezer and chiller temperatures were recorded. All foods were date labelled and stored correctly. End cooked temperatures, serving and cooling temperatures had been taken and recorded. A cleaning schedule is maintained. The food control plan was verified and expires 30 June 2019.</p> <p>Maternity Services: Mothers (and partners on request) are provided with all meals. Meals are all made on site and reviewed by a dietitian. All aspects of food safety are adhered to and there are always hot/cold drinks, fruit, bread, cereal, yogurts, and fresh baking/biscuits available for mothers 24 hours a day. Clients are given different menu choices each day and they can eat in their room or at the table in the communal whānau room. On the booking form there is a section for the client to note any special dietary requirements. Any special needs are identified on entry. There is a food handling policy and food storage policy documented as part of the IC guidelines/policies. Any other food the clients request is brought in for mothers by family members/visitors.</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 records the reason for declining entry to potential residents should this occur and communicates this to the potential residents/family/whānau and refers the them back to the referral agency. The reason for declining entry would be if there were no beds available or the service could not meet the assessed level of care.</p> <p>Maternity Services: The LMC and her client discuss her options of 'place of birth' in the antenatal period in relation to her risk factors, the client would be informed if Golden Bay Maternity Services was not an option to be admitted to or to birth in. It is not common for someone to be declined entry to this service as all women are booked in through the established booking system via the LMC which is guided by the Section 88 maternity requirements for each level of entry to a hospital. On the day of the audit the midwives discussed that clients can be declined entry if the facility is full and there are no beds available. Availability of postnatal beds is stated as a reason for declining transfer for postnatal care only.</p>
<p>Standard 1.3.4: Assessment</p>	<p>FA</p>	<p>Initial nursing and risk assessments were completed within 24 hours of admission using appropriate tools to</p>

<p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>assess all the resident's needs. InterRAI assessments had been completed for new long-term admissions within 21 days of admission. Other information gathered to assist with an assessment includes medical notes, discharge summaries, and consultation with resident/relative on admission. The long-term care plans reflected the outcome of the assessments in one of four long-term files reviewed (link 1.3.5.2). An initial nursing assessment and ongoing assessments were completed for the respite care resident in the GP acute bed.</p> <p>Maternity Services: During the antenatal period there are extensive assessments of needs, goals and care planning with all aspects of the maternity experience. There is a generic Nelson Marlborough District Health Board (NMDHB) Maternity booking form which provides comprehensive entry information for the service. Once the client enters the facility for the labour birth experience or the post-natal period, these previous plans form the basis of the care provided while within the facility. All files reviewed confirm the continuum of provision of care with daily assessments, timely interventions, and parent craft education (Golden Bay Maternity Services Mother's and Baby's Notes sections).</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Low</p>	<p>In one of four long-term resident files reviewed, care plans describe the resident goals, supports and interventions required to meet desired goals as identified during the ongoing assessment process. Long-term care plans for three long-term rest home residents did not reflect all current needs. There was a basic care plan and specific needs documented for the respite care resident. There was evidence of resident and/or family input ensuring a resident-focused approach to care. Residents confirmed on interview they are involved in the care planning and review process. There was evidence of allied health care professionals involved in the care of the resident including the palliative care nurse practitioner, speech language therapist, physiotherapist and dietitian.</p> <p>Maternity Services: The clients care plans displayed evidence of required support or interventions that were identified as part of the daily ongoing assessment process. Continuity of care is provided to the clients by their LMC who visits daily, and who work in partnership with the core staff in providing all labour/birth and postnatal care. Client orientation to the facility and its services are identified within the daily entries in the client's files (Golden Bay Maternity Services Mother's and Baby's Notes sections). Detailed handovers of information between LMCs and the core staff is evidenced in the five of five files reviewed and show a team approach to the inpatient care.</p> <p>The two clients interviewed discussed how much they enjoyed the continuity of the care from their LMC and facility staff. They expressed how good it was to see the same midwife for the whole shift instead of many practitioners like at the tertiary hospital. They all felt they were involved in their daily care planning, and would highly recommend this service to all their friends and to anyone thinking about coming here.</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>FA</p>	<p>Maternity Services: The midwifery philosophy of 'Continuity of Care' is provided by the self-employed and employed LMC midwives and core staff that work in and access Golden Bay maternity services. This forms the fundamental basis of the maternity provision of care and it consistently develops to meet the client's needs and desired outcomes throughout the provision of inpatient care. The daily checks ensure that interventions are consistent and provide ongoing assessment of the needs of the woman and her baby. These are well documented in the client progress notes. Records include goals, interventions, referrals and care provided. The maternity services are given in a timely manner encompassing all education, care provision, decision making topics and referrals as required. One client interviewed commented "such excellent breastfeeding education and support and it was exactly what I needed..."</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs two activity coordinators. One, a qualified teacher, works four hours on Monday, Tuesday and Wednesday and the other, a registered social worker works four hours on a Thursday and Friday to coordinate the activity programme. Both activity coordinators hold a current first aid certificate and attend on-site education.</p> <p>The integrated rest home/hospital activity programme is flexible and provides a variety of activities that are meaningful to the residents. The weekly exercise programme is taken by the physiotherapist or occupational therapist. There are many volunteers involved in the programme and a volunteer coordinator ensures residents have volunteer visitors for chats, reminiscing, and one-on-one contact as desired. Activities include movies, crafts, walks, foot therapy, happy hour, reading, board games, quizzes, reminiscing with the museum suitcase and drives. There are community visitors who bring in their pets regularly. School children visit weekly for reading and games with the residents. Resident forums give residents an opportunity to feedback on the activity programme. Residents interviewed commented positively on the programme.</p> <p>Residents have an activity profile completed on admission. Activity plans are reviewed six monthly and activity attendance sheets are maintained.</p> <p>Maternity services staff are qualified to provide and support labour/birth, post birth recovery, breastfeeding and family parent craft orientated education. Family members continue to be encouraged to learn about the care of the new baby and how best to support the mother. This is provided on an individual basis by the LMC and core staff. The service has an open-door policy for family visiting and encourages children to visit. The facility has a spacious whānau room and pleasant outdoor area for clients and visitors to use.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery</p>	<p>FA</p>	<p>Long-term care plans had been reviewed at least six monthly for residents who had been at the service over six months. One rest home resident had not been at the service six months. The basic care plan and</p>

<p>plans are evaluated in a comprehensive and timely manner.</p>		<p>specific needs for the respite care resident has been reviewed regularly to ensure the interventions meet the resident needs/goals. The GP completes a three-monthly resident review. The families and relevant care staff and health professionals participate in the care plan review. Evaluations indicate if resident goals have been met or unmet.</p> <p>Patients in the GP acute beds are reviewed on a shift-by-shift basis.</p> <p>Maternity Services: The LMC visits daily and carries out and documents evaluations that are client focused and orientated to the client's goals and birthing recovery such as; learning breastfeeding techniques, infant bathing, basic hygiene cares, safe sleeping for baby and cord care which are ongoing. Evaluations and goal setting continue with their LMC up until six weeks post-partum when they are then discharged from midwifery care. Unexpected outcomes in any maternity care provided are documented and support is given as required in a professional and timely manner (tracer files identifies timely actions, documentation and stabilisation in an emergency). Referrals are actioned as needed according to the situation arising. When progress differs from expectation there is documented evidence in clinical records. Staff contact the LMCs to discuss changes to care provision. Changes to care are initiated by the LMC after discussion with the woman and/or staff by verbal instruction or by the LMC attending the woman and/or her baby.</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>	<p>FA</p>	<p>The aged care coordinator could describe the referral process to other medical and non-medical services. Referral documentation was maintained on resident/patient files.</p> <p>Maternity services: Golden Bay Maternity Services has consumer-based information to support decision making with recommended referrals. The LMC and/or core staff in discussion with the client explores referral options, and once consent is gained then the referral is actioned. If a referral is declined by the client then the full discussion and reason for declining is documented within the client file (identified in files reviewed on day of audit, eg, documentation of decline Vit K). Referrals to external health providers such as; Smoking cessation, local breastfeeding peer counsellors, well child providers, national immunisation register, universal new-born hearing screening, are offered in a timely manner (evidenced by information leaflets on site and reviewed in all client files reviewed). Timely referrals were identified within the tracer file and with the clients interviewed on site the day of the audit such as; referral to the Obstetrician, new-born hearing screen and new-born metabolic screening.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets and products charts are readily accessible for staff. There are two sluice rooms in the rest home/hospital facility. The chemical bottles sighted had correct manufacturer labels. Chemicals were stored safely throughout the facility. Personal protective clothing was available for staff and were observed being worn by staff while they were carrying out their duties on the day</p>

<p>service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>of audit. All biological waste is collected in biohazard bags and stored in a locked external shed ready for collection by an approved company. Approved sharps containers are issued for the safe disposal of sharps.</p> <p>Maternity Services: Golden Bay Maternity Services staff, LMCs, clients and their families all have access to protective equipment available to use when handling waste or hazardous substances. Equipment sited included; plastic disposable aprons, safety masks, glasses, gloves and plastic hazard bags (all sited with physical check of facility).</p> <p>All infectious or hazardous substances are collected in bio hazard bags. There is a clear process within the NMDHB guideline for disposal of the placenta, if placenta is not kept by the women/family, the placenta is double bagged then disposed of in a yellow infectious waste bag. A contract company removes all hazardous waste on a regular cycle or sooner as requested. This meets all disposal requirements to protect service providers from harm. Staff interviewed all discussed with ease, the management of the disposal of the placenta.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness which expires on 20 June 2019. The maintenance/gardener person is employed 20 hours per week Monday to Friday. There is a maintenance request book at the nurses' station which is checked and signed when repairs are completed. The building is owned by the Golden Bays Community Trust and responsible for any building repairs and maintenance. The project leader/personal assistant to the general manager meets regularly with the Trust to discuss planned building maintenance. There is a planned maintenance programme in place for resident equipment including electric beds, wheelchairs, hoists and weigh scales. Hot water temperature checks are monitored and recorded monthly and are between 44 and 45 degrees Celsius. Electrical equipment has been serviced and tagged annually.</p> <p>Residents were observed to safely mobilise throughout the facility with easy access to communal areas. There is safe access to outdoor areas and courtyards. The external area is well maintained with safe paving, seating and shade sail. The community maintains the large vegetable gardens which provide produce to the kitchen.</p> <p>Interviews with staff confirmed there was adequate equipment to provide safe and timely care.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate</p>	<p>FA</p>	<p>All resident rooms have hand basins. There are a mix of ensuite bathrooms and shared ensuites. There are eight hospital rooms without ensuites and there are adequate numbers of communal toilet/showers. The toilets and showers are identifiable and include vacant/in-use signs. Fixtures, fittings, floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices. Residents interviewed stated their privacy and dignity are maintained when staff are attending to their personal cares</p>

<p>toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>and hygiene. The whānau room has an ensuite for family use when staying overnight.</p> <p>Maternity Services: All clients have easy access to a bathroom that has a toilet, shower, hand basin and paper towels. Bathroom, toilet and shower is well signed and identifiable. Hot water temperature is monitored at below 45 degrees Celsius. Fixtures, fittings and floor and wall surfaces are made of accepted materials for this environment with surfaces easily able to be wiped down. All clients are offered assistance as required for any personal hygiene assistance by the staff (evidenced in three midwives' interviews and client interviews).</p>
<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>	<p>FA</p>	<p>All resident rooms are dual purpose and spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. Healthcare assistants interviewed reported that all bedrooms have sufficient space to safely manoeuvre transferring hoists if required, to allow cares to take place. The bedrooms are personalised and allow for residents to bring in their personal furnishings. There are three single rooms and one double room used for the GP flexi beds.</p> <p>Maternity Services: Golden Bay Maternity Services provides a spacious birthing/postnatal room with a queen size bed so that the partners can also stay. The client's room has sufficient space to allow care to be provided for mother and baby and for the safe use and manoeuvring of cots, breastfeeding chairs, wheelchairs and emergency equipment (link 1.3.12.1). Transfer to an ambulance can occur with plenty of room.</p>
<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>	<p>FA</p>	<p>There was one main open plan lounge/dining room and a smaller whānau lounge with tea making facilities. There were several seating alcoves throughout the facility. All communal areas are easily accessible for the residents. The furnishings and seating are appropriate for the resident group. Residents were seen to be moving freely within the communal areas throughout the audit.</p> <p>Maternity Services: Golden Bay Maternity Services has a pleasant, roomy communal whānau room for clients and their families to use as required. This room includes basic kitchen facilities comfortable chairs and a couch. Most time is spent by the mother in her room with the baby, and visitors are encouraged to visit in visiting hours. Clients are able to access areas for privacy if required. Furniture is in good condition and appropriate to the setting.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided</p>	<p>FA</p>	<p>There are policies and procedures in place for the effective management of laundry and cleaning practices. Linen is laundered off-site and collected from a designated area by the approved contracted company. Clean linen is delivered and distributed to linen cupboards. There was sufficient linen sighted throughout the</p>

<p>with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>facility. All personal clothing is laundered on-site for use. Personal clothing is labelled at the service. There is a defined clean/dirty area within the laundry. Laundry and cleaning processes are monitored for effectiveness. There are dedicated cleaners employed. The cleaning trolley is stored safely when not in use. All chemical bottles were labelled correctly. All cleaning and laundry staff have completed chemical safety training.</p>
<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>There are policies and procedures on emergency and security situations including how services will be provided in civil defence or other emergencies. Golden Bay Community Health, work in collaboration with the DHB and Tasman civil Defence. The emergency plan was activated and tested in 2018. There is sufficient food, water and civil defence supplies including a civil defence radio. There is gas and electric cooking and barbeques available. There is a generator available which is tested monthly. Staff receive annual in-service on emergency situations and attend six monthly fire drills. There is an approved fire evacuation scheme dated 20 December 2013. There is a first aider on duty at all times. Resident/patients rooms, communal bathrooms and living areas all have call bells. The buildings are secure at night with external sensor lighting. There is doorbell access afterhours.</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 communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. There is radiator heating in the communal areas and resident bedrooms which are individually adjusted.</p> <p>Maternity service: The client birthing/postnatal room is appropriately heated by heat pumps and ventilated by way of doors and windows that open. Clients have access to natural and electric light in their rooms. There is adequate external light in all areas outside. Smoking is not permitted on the facility grounds at all.</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</p>	<p>FA</p>	<p>The infection control coordinator (RN) is the practice nurse for the GP service and has been in the role two months. She oversees infection control across the GP, aged care and maternity service. She has a job description with defined responsibilities for infection control.</p> <p>There is an infection control programme that has been reviewed annually as part of the policy and protocol review.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. There was sufficient personal protective equipment sighted throughout the facility. Residents are offered the influenza vaccine.</p>

scope of the service.		
<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 has completed an infection control and prevention course through the Nurses College infection control section January 2019. The infection control coordinator has access to the DHB infection control nurse, district nurses, laboratory services at the GPs for advice as required.</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 policies include a comprehensive range of standards and guidelines including defining roles and responsibilities for the prevention of infection, training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies are reviewed regularly and align with DHB policies and procedures.</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. Training on infection control is included in orientation and as part of the annual mandatory education days. Cooks and kitchenhands have attended education specific to their areas on infection control. Hand hygiene competencies are completed annually. Staff complete the Te Awhatea iLearning infection control module. Southern laboratories personnel have been contracted to provide education and support to the service.</p> <p>Resident education is expected to occur as part of providing daily cares as appropriate.</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>	<p>FA</p>	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infections are analysed for type and trends. Monthly reports are provided to the management and staff at facility meetings. Graphs and relevant information is available to staff. The service participates in QPS benchmarking against industry key performance indicators. Definitions of infections are in place appropriate to the complexity of service provided. Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. Interviews with the restraint coordinator (aged care coordinator/RN) and HCAs confirmed their understanding of restraints and enablers. Care staff receive education and training on restraint minimisation and challenging behaviours.</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 six hospital residents with enablers and three hospital level residents with restraints. All enablers and restraints were bedrails. Enabler use is reviewed at the six-monthly care plan review.</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>	<p>FA</p>	<p>Responsibilities and accountabilities for restraint are outlined in the restraint policy and include roles and responsibilities for the restraint coordinator and for staff. Restraint use is discussed at the RN and quality meetings. The restraint coordinator approves restraint use.</p>

<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>Assessments are undertaken by the restraint coordinator in partnership with the resident and their family/whānau. Restraint consents are completed by the relatives. Restraint assessments are based on information in the care plan, resident/family discussions and during observations. Three of six resident files reviewed included completed assessments that considered those listed in 2.2.2.1 (a) - (h). The restraint assessment tool identifies risks associated with the use of restraint which were reflected in care plans of the resident files reviewed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>The service has a restraint approval process that is described in the restraint minimisation policy. Monitoring and observation is included in the restraint policy. The restraint coordinator is the aged care coordinator/registered nurse and responsible for ensuring all restraint documentation is completed. Restraint authorisation is in consultation/partnership with the resident and family. Monitoring is documented on a specific restraint monitoring form that documents the frequency of monitoring and cares to be completed during a restraint episode. A restraint register is maintained, providing an auditable record of all restraints used.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>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 involving the RN, care staff and GP. Families are included as part of this review. A review of resident files of residents using restraints identified that evaluations are up to date.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>Restraints are discussed and reviewed at the RN and quality meetings. Restraint and challenging behaviour education have been provided for staff. The facilities restraint policies and procedures have been reviewed. There are internal restraint audits completed six monthly.</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 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	<p>Internal audits from June 2018 to date have not been completed. For those audits completed not all corrective actions have been signed off as completed. The resident survey for 2018 had been completed but not collated. Resident meeting reviewed did not evidence feedback of survey outcomes to the participants.</p>	<p>(i) Internal audits had not been completed as scheduled and corrective actions had not been signed off as completed on some audits.</p> <p>(ii) The resident survey had not been collated to identify any opportunities for improvement. The survey results had not been communicated to the participants.</p>	<p>(i) Complete internal audits as scheduled and ensure corrective actions are signed off when completed.</p> <p>(ii) Ensure survey results are collated and communicated to participants.</p>

				90 days
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>All staff who work within the rest home/hospital and GP flexi beds have completed an orientation to the facility on employment. The three midwives employed have not completed a facility orientation that includes health and safety, infection control and fire safety.</p>	<p>Three midwives (employed) have not completed a facility orientation.</p>	<p>Ensure midwives complete a facility orientation on employment.</p> <p>90 days</p>
<p>Criterion 1.2.9.1</p> <p>Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.</p>	PA Low	<p>Residents entering the service have all relevant initial information recorded within 48 hours of entry into the resident's individual record and resident/patient register. Patients admitted to the GP acute beds have documentation completed on the day of admission. Resident/patient clinical and allied health records are integrated.</p> <p>Maternity service: Four of five files did not include all required documentation. There were missing signatures, times of entry and not all entries were legible.</p>	<p>Maternity Services:</p> <p>(i). Two of five files reviewed included illegible clinical entries. (ii) Two of five files reviewed had time of clinical entry missing. (iii) Four of five files reviewed identified clinical pages that did not have the midwives designation and printed last name at least once on each page. (iv) One of five files reviewed identified there was no labour and birth summary.</p>	<p>Ensure documentation if fully completed.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing,</p>	PA Moderate	<p>There are RN initiated medications charted in the electronic medication system that meet the standing order requirements. These have been reviewed annually by the GPs. There is a standing orders list of medications for acute bed residents only. The standing orders meet prescribing requirements but has not been reviewed annually.</p> <p>Maternity service: Golden Bay maternity has</p>	<p>1) The standing orders for the acute bed residents had not been reviewed by the GP since July 2017.</p> <p>2) Maternity service: Review of 10 clinical files identified three medications administered had not been prescribed on the medication chart.</p> <p>3) Current emergency flow charts, guidelines, policies and procedures (Golden Bay and Nelson/Marlborough DHB) support this remote rural primary unit to have the following emergency</p>	<p>1) Ensure standing orders are reviewed annually for the acute bed residents.</p> <p>2) Ensure all medications</p>

<p>administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>		<p>a Medicine Administration Policy that covers for all prescribing practices including all legal requirements when prescribing and administering medicines. The midwife is responsible for prescribing medicines that are required for normal delivery and post-natal care however a review of 10 medication charts identified not all medications given had been prescribed. Not all emergency equipment was available in the resuscitation area of the birthing room. It was noted there is a fully equipped resuscitation trolley within the facility with neo-natal capabilities.</p>	<p>pieces of equipment, due to long stabilisation time and transfer of babies and mothers: hospital grade bed, CTG monitor, pulse oximeter, emergency transfer pack, air and oxygen blender and neopuff. Emails sighted identified that MNDHB have committed to supplying a neopuff and CTG machine. Since the draft report, the provider advised that equipment items are on the capex plan for purchase. The DHB are supplying a Neopuff at this stage, the CTG Machine is on the wishlist.</p>	<p>administered to clients are prescribed on the facility medication chart.</p> <p>3) Ensure all pieces of emergency equipment is made available.</p> <p>60 days</p>
<p>Criterion 1.3.5.2 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>The outcomes of risk assessments for falls and mobility, continence, activities and daily activities of living were reflected in the four long-term care plans reviewed. In three rest home files reviewed, not all supports were identified in the care plans to meet the resident needs.</p>	<p>(i) There was no pain management plan or behaviour management plan as triggered in the interRAI assessment. There was no bowel management plan for the resident on a regular analgesic known to cause constipation.</p> <p>(ii) There was no hydration, fluid or dietary plan for one resident with unintentional weight loss.</p> <p>(iii) There was no diabetic management plan in place for an insulin dependent resident.</p>	<p>(i)-(iii) Ensure care plans reflect the resident's current health status.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.