

Bucklands Beach Rest Home Limited - Bucklands Beach Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bucklands Beach Resthome Limited
Premises audited:	Bucklands Beach Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 16 December 2019 End date: 17 December 2019
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:	19

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Bucklands Beach Rest Home can provide rest home level care for up to 20 residents. On the day of the audit there were 19 residents.

This second surveillance audit was conducted against a subset of the Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management and staff.

The owner/manager is a registered nurse. She has been operating this facility for 20 years. The manager has maintained a minimum of eight hours of professional development relating to the management of an aged care facility. She is supported in her role by a second registered nurse who works four mornings a week.

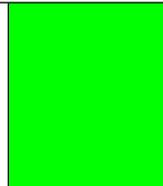
The service has an established quality and risk management system. Residents, family and the general practitioner interviewed, commented positively on the standard of care and services provided.

Five of the six shortfalls identified as part of the previous audit have been addressed. These were around; incident forms, the assessment process, care interventions, aspects of medication management and fire evacuation practices. There continues to be improvements required around medication prescribing.

This audit did not identify any further areas for improvement.

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.

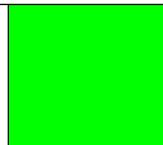


Standards applicable to this service fully attained.

The service has a culture of open disclosure. Families are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community.

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.

There is a business plan with goals for the service that has been regularly reviewed. Bucklands Beach Rest home has a fully implemented quality and risk system in place. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation and training programme that provides staff with relevant information for safe work practices. The staffing policy aligns with contractual requirements and includes appropriate skill mixes.

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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Care plans are developed by the registered nurse who also maintains and reviews care plans. Care plans reviewed were individually developed with the resident, and family/whānau involvement is included where appropriate, they are evaluated six-monthly or more frequently when clinically indicated. There is a medication management system in place. Each resident is reviewed at least three-monthly by their general practitioner. A range of individual and group activities is available and coordinated by the activity therapist. All meals are prepared on site. There is a seasonal menu in place, which is reviewed by a dietitian. Residents' food preferences are accommodated, and the residents reported satisfaction with the food service.

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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There is a current building warrant of fitness.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The service has policies and procedures to ensure that restraint is a last resort and safely used when required, and that enabler use is voluntary. There were no residents using restraints or enablers at the time of the audit.

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. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

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	18	0	0	1	0	0
Criteria	0	48	0	0	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints continues to be maintained by the nurse manager (who is also the owner), using a complaints' register. There have been three complaints made for 2019 (YTD), this includes two Health and Disability complaints. One Health and Disability complaint has now been closed. One Health and Disability complaint was received in February 2019 and the service has recently sent information as requested. The DHB is aware of both complaints.</p> <p>Three residents and a family member interviewed advised that they are aware of the complaint procedure. Discussion around concerns, complaints and compliments was evident in facility meeting minutes.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. The nurse manager confirmed family are kept informed. One relative interviewed stated they are notified promptly of any incidents/accidents. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management. Resident meetings encourage open discussion around the services provided (meeting minutes sighted). Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. The relative interviewed stated they are notified promptly of any changes to residents' health status.</p>

communication.		Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required.
<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>Buckland's Beach Rest Home is owned and operated by the registered nurse manager. Buckland's Beach Rest Home can provide rest home level care for up to 20 residents. On the day of the audit there were 19 residents. This included three residents on the long-term chronic conditions contract. All other residents were under the ARCC contract.</p> <p>The service has a business plan, which is reviewed annually. The business plan identifies the purpose, values and scope of the business. The service has an implemented quality plan. The nurse manager has a current practising certificate and works full time. She has been operating this facility for 20 years. The nurse manager is supported by a recently employed registered nurse four days a week.</p> <p>The manager has maintained a minimum of eight hours of professional development relating to the management of an aged care facility.</p>
<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>The quality and risk system implemented at Buckland's Beach Rest Home has been developed by an aged care consultant. The nurse manager and the consultant have recently reviewed all policies and ensured that the service has the most up to date policies available to staff. Any changes to policies have been communicated to staff. Staff interviewed stated they are aware of the policies.</p> <p>Two-monthly staff meeting minutes sighted evidenced staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. Ad hoc training was documented as provided during meetings, related to audit outcomes and quality data outcomes. Examples include the importance of neurological observation (every meeting) standard precautions, care for urinary tract infections and skin care.</p> <p>The service collates accident/incident and infection control data. Monthly comparisons include detailed trend analysis and graphs. There is an internal audit programme that covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. Corrective actions are developed, implemented and signed off.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. A senior caregiver is responsible for all aspects of health and safety with assistance from a designated caregiver. There is a current hazard register. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>Falls management strategies include assessments after falls and individualised strategies. The service has</p>

		emergency plans covering all types of emergency situations and staff receive ongoing training around this.
<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>	FA	<p>The service collects incident and accident data on forms and enters them into a register. Reports are generated monthly by the nurse manager, which are discussed at the staff meetings.</p> <p>Five incidents were reviewed over July – October. All were falls related. All five incident forms were comprehensively documented. Neurological observations were documented for all five falls and RN follow-up on the incident form and in progress notes was documented. Progress notes were reviewed for five residents and all incidents identified though progress notes had a corresponding incident form. The GP stated on interview that staff were very good at reporting any issues to her. This is an improvement from the previous audit</p> <p>The next of kin had been notified for all required incidents/accidents. The caregivers interviewed could discuss the incident reporting process.</p> <p>The nurse manager interviewed could describe situations that would require reporting to relevant authorities. Two section 31 reports included; an intruder on the premises (outside) and one alleged drug abuse issue. Both included police involvement and both issues have been resolved.</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>	FA	<p>There are human resources policies to support recruitment practices. Both the nurse manager and the registered nurse have an up to date practicing certificate. Five staff files were reviewed (three caregivers, one activities person and one RN). All files contained relevant employment documentation including current performance appraisals and completed orientations. All required staff have been employed and appropriate employment practices followed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed, believed new staff are adequately orientated to the service on employment.</p> <p>There is an annual education planner in place that covers compulsory education requirements. The planner and individual attendance records are updated after each session. Additional training has also been provided around; wound care, skin care, continence care, the aging process.</p> <p>The nurse manager and RN have completed interRAI training. The nurse manager had also submitted her portfolio to the nursing council this year. Care staff complete competencies relevant to their role including medication and first aid.</p> <p>Care staff interviewed were able to discuss the on-call process and there was a direction chart on the wall of the nurses' station with on-call and emergency calls process.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The staffing policy aligns with contractual requirements. The nurse manager is on site five days a week, Monday to Friday and is on call. A newly appointed RN works four mornings a week including Saturday.</p> <p>There are adequate numbers of caregivers available with one caregiver rostered during the night shift and two caregivers (one long shift and one short shift) rostered on the am and pm shifts. An activities therapist is available five days a week (9.00 am – 1.00 pm). Staffing is flexible to meet the acuity and needs of the residents.</p> <p>A separate cleaner is employed four days a week. Caregivers are responsible for laundry duties. They also assist with breakfast and supper, with direction provided by the cook.</p> <p>Interviews with residents and a family member confirmed staffing overall was satisfactory. Staff stated they feel supported by the nurse manager who responds quickly to after-hour calls. The GP confirmed that she is called in a timely manner.</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>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All residents have individual medication orders with photo identification and allergy status documented.</p> <p>The service uses a four-weekly roll pack system for tablets and other medicines are pharmacy packaged. A verification check is completed by the RN against the resident's medicine order when new medicines are supplied from the pharmacy. Short-life medications (ie, eye drops and ointments) are dated once opened. There is a dedicated fridge for medications.</p> <p>Education on medication management has occurred with competencies conducted for the caregivers with medication administration responsibilities. Administration sheets sampled were appropriately signed. Ten medication charts reviewed identified that the GP had seen the resident three-monthly. A caregiver was observed administering medications and followed correct procedures.</p> <p>One resident who self-administered Ventolin had an assessment, consent, and had the medication stored securely. This is an improvement from the previous audit. All medication administered had been prescribed and all controlled drug medication included two signatures on administration: these are all improvements since the previous audit.</p> <p>Four short course medications had no stop date. This is a continued shortfall from the previous audit. The service aims to implement an electronics medication system February 2020.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals continue to be prepared and cooked on site. The service has cooks who cover Monday to Friday. The head cook oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen. Meals are served directly from the kitchen to the dining rooms via a hatch. Special equipment such as lipped plates are available if required. The food control plan is in the process of verification. The service is preparing for a food control audit next February.</p> <p>On the day of audit meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked, and these were all within safe limits.</p> <p>The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted on a kitchen whiteboard. The four-weekly menu cycle is approved by a dietitian. All resident/families interviewed were very satisfied with the meals.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Files sampled continue to indicate that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Files sampled contained interRAI assessment tools that were complete and reviewed at least six-monthly. The interRAI assessment tool is implemented. InterRAI assessments had been completed for residents whose files were sampled. Two residents with wounds documented that the wound had been evaluated by an RN. Three resident files whose need's included pain management all had pain assessments as well as an evaluation of pain through progress notes. The service has provided additional training around pain management and wound care since the previous audit. The shortfalls around pain management, wound care and RN review have been addressed.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans reviewed were resident-centred. The service has introduced a new care plan template since the previous audit. Caregivers stated that the care plans were easy to read and follow. Care interventions around pain management and falls minimisation were documented well.</p> <p>Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals including the podiatrist and mental health care team for older people.</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>Care plans sampled were goal orientated and they had been evaluated and updated by the nurse manager or RN at least six monthly. The staff interviewed stated that they have sufficient equipment and supplies to provide care. Resident weights were noted to be monitored monthly or more frequently if necessary.</p> <p>The care continues to be supportive and caring as observed on the day of audit.</p> <p>There were two wounds at the time of the audit. There were no residents with pressure injuries. Both wounds had an assessment, a completed management plan and timely, documented reviews. One wound included input from the virtual wound clinic. The previous shortfall around wound documentation has been addressed.</p> <p>There is an RN available six mornings a week (the nurse manager and the RN) who develop and review all resident care plans. Progress notes document RN follow-up of all identified issues. This is an improvement from the previous audit. Five resident falls-related incident forms all documented neurological observations. This is an improvement from the previous audit.</p> <p>Advice is available from the DHB as needed. A physiotherapist is available as needed.</p> <p>Monitoring records sighted (weights, food and fluids and turning charts) were consistently completed.</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 continues to employ an activities therapist who works four hours daily, five days a week. On the day of audit residents were observed participating in exercises, making flowerpot art and listening to music.</p> <p>There is a weekly programme. The daily programme is written up on a whiteboard in the dining room. Residents have the choice of a variety of activities in which to participate, and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, brainteasers, news from the NZ Herald, music, walks outside and games.</p> <p>Those residents who prefer to stay in their room or who need individual attention, have one-on-one visits to check if there is anything they need and to have a chat.</p> <p>Church services are held three-weekly and Catholics have communion weekly.</p> <p>There are weekly van outings and entertainers visit the facility and there is community input from local kindergartens and schools. Special events like birthdays, Easter, Mothers' Day, Anzac Day and the Melbourne Cup are celebrated.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. Resident files reviewed identified that the individual activity plan is based on this assessment. Activity plans are evaluated at least six-monthly.</p> <p>Resident meetings are held two monthly.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents are reassessed using the interRAI process at least six-monthly. Long-term care plans are then evaluated and rewritten. There was documented evidence that care plan evaluations were current in resident files sampled. Care plan reviews are signed as completed by the RN. The files sampled documented that the GP had reviewed residents at least three-monthly. The registered nurses interviewed explained the communication process with the GP. Short-term care plans were evident for the care and treatment of residents and had been evaluated and closed or transferred to the long-term care plan if required.</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 June 2020. There is no maintenance person on site, but the manager phones contractors when maintenance is required.</p> <p>Electrical equipment has been tested and tagged. The scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range.</p> <p>The communal lounges and hallways are carpeted as are residents' bedrooms. The utility areas such as the kitchen, laundry/sluice rooms have vinyl flooring. Toilets and showers have non-slip vinyl flooring. All halls have safety rails and promote safe mobility with the use of mobility aids. Staff interviewed stated that there is equipment available to meet all resident needs including wheelchairs and walking frames.</p> <p>Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. All outdoor areas have some seating and shade. There is safe access to all communal areas. Mobility scooters are parked under cover in an outside porch.</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>	FA	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. The orientation programme and annual education and training programme includes fire and security training. Fire evacuations have been held six monthly (24 April 2019 and 2 October 2019) this is an improvement since the previous audit.</p> <p>A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, water and blankets. A gas cooker is available.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. Call bells are checked regularly by maintenance. All showers have an accessible call bell; this is an improvement from the previous audit.</p> <p>There is a minimum of one staff member available 24 hours a day, seven days a week with a current first aid/CPR certificate.</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. Definitions of infections are in place, appropriate to the complexity of service provided. The infection control coordinator collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility including training needs. Care staff interviewed were aware of infection rates. Systems are in place that are appropriate to the size and complexity of the facility. 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>	FA	<p>The service has policies and procedures to ensure that restraint is a last resort and safely used when required, and that enabler use is voluntary. There were no residents using restraints or enablers at the time of the audit.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Moderate</p>	<p>The service uses a paper-based medication system. There are policies in place to support this medication system and all staff who administer medications have an up to date medication competency. Medication prescribing did not always include a stop date for short course medication.</p>	<p>Four medication charts included short course medication with no stop date documented.</p>	<p>Ensure that all medications are prescribed according to policy.</p> <p>30 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.