

Nelson Bays Primary Health Trust - Golden Bay Community Health

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 BSI Group New Zealand Ltd, 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: 4 February 2021	End date: 5 February 2021
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:	23	

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

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 nine hospital level residents, two patients in the acute GP beds and no maternity inpatients.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and the general practitioner.

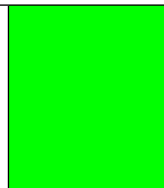
The overall community hospital service is managed by a general manager/registered nurse with clinical and managerial experience. She is supported by an experienced nurse manager and facilities services manager. Residents/patients and clients interviewed spoke highly of the integrated community service.

Three of five areas of improvement from the previous certification audit have been addressed around clinical documentation for maternity services, orientation for midwives and residential aged care plans. Further improvements continue to be required around surveys and aspects of medicine management including emergency equipment for maternity services.

Areas for improvement identified at this surveillance audit include orientations for aged care staff and medication competencies.

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.

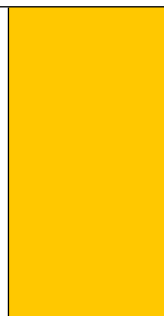


Standards applicable to this service fully attained.

Information about services provided is readily available to residents/patients and families. There are regular resident meetings with a resident advocate in attendance. Newsletters keep residents and family informed on the service and facility matters. There is an open disclosure policy. Interviews with residents/patients confirmed they are kept informed of their current health status. Complaints processes and policies are in place to ensure complaints and concerns are managed appropriately.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.



Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The service has a quality and risk management framework that includes management of incidents, complaints and infection control surveillance data. Health and safety and internal audits 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 nurse manager and facilities services manager and long-serving staff.

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

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. The registered nurse assesses and develops care plans and evaluates supports and goals in consultation with the resident/patient and/or family. Electronic resident files included medical notes and notes of other visiting allied health professionals.

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

There are policies and processes that describe medication management that align with accepted guidelines. The service uses an electronic medication system. Registered nurses and senior healthcare assistants administer medications.

The service prepares and cooks all meals on site and the menu has been approved by a dietitian. Individual dietary needs and 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 and vegetarian options. Clients also have access to healthy snacks and various fluids at all times.

Maternity service: The lead maternity carer (LMC) works in partnership with the client to facilitate woman-centred care and support clients during antenatal, labour & birth and the postnatal period. The centre offers full primary labour and birth facilities and postnatal care. Golden Bay Maternity Service employs three LMC midwives who provide full LMC care for their clients from antenatal to six weeks postpartum as well as postnatal inpatient care in Golden Bay Maternity service. The LMC identifies the needs of their clients, and these are communicated through a thorough facility booking form, which is submitted to the facility in a timely manner and meets eligibility requirements. The clients make informed decisions regarding place of birth and have the option for full labour and birth, and postnatal care at Golden Bay Maternity Service or may transfer back from a secondary/tertiary facility after delivery. Golden Bay Maternity Service have care provided within the facility by the LMC team and by registered nurses.

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 building has a current building warrant of fitness. The building is well maintained. There is a reactive and planned maintenance plan in place. External areas were safe, provided seating and shade and well maintained.

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 five residents using an enabler and two residents with restraint. A senior 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 coordinator uses the information obtained through surveillance and internal audits to determine infection control activities and education needs within the facility. Monthly and annual data is collated and analysed for trends. Benchmarking occurs. There have been no outbreaks. There has been additional education and zoom meetings during Covid-19 restrictions. There is plenty of personal protective equipment available.

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	15	0	0	3	0	0
Criteria	0	43	0	0	4	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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>There is a complaints policy that aligns with Right 10 of the Code. The code of rights is clearly displayed in the facility. 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 five internal written complaints received regarding rest home and hospital level care for 2020. Complaints have been managed appropriately and letters of acknowledgment and investigations sent within the required timeframes.</p> <p>Residents and relatives advised that they are aware of the complaint's procedure.</p> <p>Maternity: The LMCs interviewed on the day of the audit could confirm knowledge of the complaint's management process at Golden Bay Community Health. Clients who were interviewed on the day of the audit confirmed that feedback and complaints procedures were discussed with them during their care.</p>
Standard 1.1.9: Communication Service providers communicate	FA	<p>Management promotes 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 the monthly resident meetings. There is a resident advocate who attends meetings and visits residents for chats and discussions. Family/community newsletters are distributed, and the community newspaper features significant</p>

effectively with consumers and provide an environment conducive to effective communication.		<p>events happening at the Golden Bay Community Hospital.</p> <p>Eight accident/incident forms (six rest home, two hospital) reviewed for December 2020 identified relatives had been notified of incidents/accidents. Two rest home relatives interviewed confirmed they are notified of any changes to the resident's health.</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: The LMCs ensure women are orientated to the service at booking and are thoroughly orientated to the service on admission. Interviews with three women who have used the maternity services confirmed the staff are all extremely helpful and communicated plans and information well with both themselves and their whānau. Interpreter services are available as required for maternity clients.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>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 (including one resident under 65 years – younger person) and nine hospital level care residents (including one funded under ACC). There were no maternity clients in the birthing unit on the day of audit. There were two 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. The general manager is supported by a nurse manager (previously the nurse leader) and a facilities services manager (previously the project leader) who is responsible for non-clinical services. There are three employed midwives (LMCs) for the maternity service. The service appointed an RN clinical coach a year ago.</p> <p>The overall community hospital service is managed by a general manager who is a registered nurse with considerable experience in emergency nursing, aged care management and quality management. The general manager was on annual leave during the audit. The nurse manager is an experienced RN and has been with the Golden Bay Community Hospital for 15 years. She was appointed into the new role a week ago and is responsible for the day-to-day operations across all the services. HealthCERT notification of new manager was being processed at head office. The nurse manager has completed at least eight hours of education including attending aged residential care DHB forums and zoom meetings on updates and education. The nurse manager is supported by other nurse manager mentors in the Nelson region.</p> <p>A general practitioner (interviewed) is the clinical director for the community hospital and represents clinical governance on the board. The leadership team (general manager, clinical director and nurse manager) meet regularly. The general manager reports to the CEO. The Golden Bay Community Health Trust group remains</p>

		involved in matters relating to property. The general manager and nurse manager attend clinical governance meetings. There is a Nelson Bays PHO strategic business plan in place for 2021 that clearly identifies the business objectives, values and mission of the organisation. The business plan is reviewed at the end of each financial year. The organisation are members of an aged care association and contract the services of an aged care consultant.
<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 Moderate	<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. Staff interviewed stated they are informed and required to sign meetings minutes/reviewed policies when read. Quality data is discussed at facility meetings held that includes monthly quality meetings, HCA and RN meetings. The quality meetings include documented discussion around quality data, trends and analysis of infections, accidents and incidents, concerns/complaints, audits and health and safety. The service participates in an external benchmarking programme against industry standards.</p> <p>The internal audits have been completed as scheduled on the audit programme. Internal audits are allocated to the relevant person to complete. Any corrective actions are entered into an online corrective action register which is reviewed at least monthly at the quality meeting and corrective actions are signed off as completed. The previous finding around internal audits has been addressed.</p> <p>Resident satisfaction surveys are scheduled to be completed annually, however these have not been completed for 2019 and 2020. The previous finding around resident/relative surveys remains.</p> <p>The facilities services manager is the health and safety representative and has attended fire warden training and has level one and two of the health and safety courses. The health and safety representative provides health and safety induction for contractors and all new staff on orientation. There is ongoing health and safety training for all staff. The hazard register is available to all staff and last reviewed in January 2020.</p> <p>Falls prevention strategies are in place that identify interventions on a case-by-case basis to minimise future falls. There is an on-site physiotherapist who assesses, and reviews residents as required such as post falls and equipment assessments. The physiotherapist is supported by a senior HCA who is also a physiotherapy assistant.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are</p>	FA	<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. Eight incident forms (from December 2020) were reviewed on the online register. All incident forms identified timely RN assessment of the resident/patient and appropriate interventions to minimise resident risk. Neurological observations were not required for the incidents reviewed. Previous neurological observations were reviewed on the electronic resident management system. The next of kin had been notified for all incidents/accidents. The two healthcare assistants (HCAs) and two RNs interviewed could</p>

systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.		<p>describe the incident reporting process. All incident forms are reviewed by the nurse manager and analysed for time and location of falls.</p> <p>The 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>Maternity: The LMCs interviewed on the day of the audit could confirm knowledge of the systems in place for 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>	PA Moderate	<p>There are human resources policies to support recruitment practices. All recruitment processes are completed and held by staff at head office in Nelson. Five staff files were reviewed (two RNs and three HCAs). Practising certificates were sighted for the RNs and one enrolled nurse. There was a performance appraisal schedule in place for rest home/hospital staff and the three LMCs had current performance appraisals sighted. Staff interviewed were able to describe the orientation process and confirmed new staff were adequately orientated to the service. There is a comprehensive orientation package that is completed over a one-month period and includes competencies relevant to the role. The nurse manager confirmed orientations are completed, however there is no documented evidence on the staff file that records a staff member has completed orientation. The service has employed an RN new graduate (interviewed) who is supported by the DHB to attend education. The RN is currently completing the orientation package (sighted). All three employed midwives have attended mandatory facility education including intravenous certification and cardiopulmonary resuscitation (CPR).</p> <p>The service has employed and experienced RN clinical coach (one day per fortnight) to coordinate training and education. She holds an adult teaching, tertiary teaching and NZ resuscitation counsellor qualifications. All staff complete Ko Awatea iLearn packages relevant to their role and attend an annual education day that covers mandatory training. The physiotherapist provides safe manual handling sessions. External speakers provide on-site education such as district nurses, hospice, dietitian, heart failure nurse and mental health services for the older person. Staff complete competencies relevant to their role (link 1.3.12.3).</p> <p>Healthcare assistants have access to Careerforce aged care courses and are supported to achieve relevant qualifications. A senior HCA is a Careerforce assessor. Registered nurses are supported to attend external education. There are 13 RNs employed across the service. Six RNs and the nurse manager have completed their interRAI training. The administrator maintains an online register of training and staff attendance.</p> <p>Maternity: On interview with one of the LMC midwives, who has recently been employed at Golden Bay maternity facility, they confirmed that a thorough facility orientation package was completed. The previous finding around LMC orientations has been addressed. A copy of the LMCs current practising certificates and indemnity insurance is kept on file at the head office in Nelson, these files were not reviewed on the day of the audit as they were unavailable.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support across the service. The general manager/RN and nurse manager (clinical) are on during the day Monday to Friday and share on-call cover. There is a RN on duty 24 hours in the rest home/hospital. They are supported by an RN on duty (morning and afternoon) in the acute services who covers the acute 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 - 6.30 am-3 pm and one short shift – 8.30 am-12.30 pm), four HCAs on the afternoon shift (three full shift - 2.30 pm-11 pm and one short shift 4.30 pm-8.30 pm) and two HCAs on night shift.</p> <p>There are two activity coordinators who job share to cover Monday to Friday for four hours each day. On one week day they are both on duty. There are dedicated cleaning and laundry staff seven days a week. There is a morning and evening cook supported by two morning kitchenhands with one being on breakfast duties.</p> <p>Residents stated there is adequate staff on duty at all times. Staff stated they feel supported by the management team.</p> <p>Maternity: 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>	FA	<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. All resident data is kept in an electronic resident/patient management system which is password protected. 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: Golden Bay Maternity Service client documentation files meet all standards. Five mother and five baby files were reviewed on the day of the audit, all entries were timely, accurately recorded and legible. All relevant information such as assessments, care plans, interventions, referrals, lab and scan results and consultation letters were incorporated in the client notes. The clients are provided with a copy of their maternity notes on discharge from the facility. All client files are stored securely. Documentation is carried out in a confidential manner in the staff office which is not accessible to the general public. Documentation requirements for uniquely identifying each</p>

		client file was evident. The previous finding around clinical documentation has been addressed.
<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 and senior HCAs and enrolled nurse are responsible for the administration of medications in the rest home/hospital area and acute beds. Medication competencies for relevant staff are completed as part of the orientation package (sighted), however these have not been completed annually. Medication education is included in the annual education day including syringe driver competencies by hospice. All medications for the rest home and hospital are stored safely in the main medication room. Medications (regular and as required) are delivered in blister packs and checked on delivery against the medication chart. The date of reconciliation is entered into the electronic medication system. Any pharmacy errors are recorded and fed back to the local supplying pharmacy. There is hospital level stock available and this is checked weekly for stock levels and expiry dates. Eye drops had been dated on opening. The medication fridge is monitored daily and corrective actions recorded for temperatures outside of the acceptable range. An air conditioning unit in the medication room is monitored daily. There were no residents self-medicating on the day of audit.</p> <p>The service uses an electronic medication system for charting and administration of medications. Standing orders are not used. The previous finding around standing orders has been addressed. Ten medication charts on the electronic medication system were reviewed. All medication charts had photo identification and allergy status. Not all medication charts had been reviewed three-monthly by the GP. There were indications for use of 'as required' medications and outcomes were recorded on the medication system.</p> <p>Maternity Service: Ten medication charts were reviewed (five new-born and five maternal medication charts). All legislative requirements have been met in relation to medication management. The medication management policy and procedures reflect legislative guidelines and responsibilities are detailed within the policy and procedures. The LMC midwife is responsible for prescribing and charting medication required for normal labour and birth and routine postnatal cares. Most clients entering the service are considered competent to self-medicate and if a woman chooses to do so, this is recorded on the medication chart. Included in the medication management policy is the process for self-medication and this meets all legislative requirements. Three midwives are employed at Golden Bay Maternity Service, and none have completed annual medication competencies.</p> <p>The facility has a resuscitation area in the birthing room with a new neopuff, however not all other emergency equipment was available on site. The maternity unit stocks medications required for safe birthing and postnatal emergencies, however these are not stored in a temperature monitored fridge and temperatures are not recorded. The oxygen and Entonox cylinders are checked regularly and stored securely. There is no medical air and oxygen blender in place for use with the neopuff and the previous finding remains. There is a controlled drug safe in the hospital inpatient ward and a controlled drug register in place which has been filled out accurately and controlled drugs check completed weekly.</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 food is prepared and cooked on-site. The kitchen is located in the service area. The service provides meals on wheels to the community. The kitchen supervisor (qualified cook) is supported by a morning kitchenhand (6 am-2.30 pm) and evening cook (2.30 pm-8.30 pm). The facilities services manager oversees the food services. The kitchen staff have completed food safety and infection control education. There is a seasonal three weekly rotating menu that has been reviewed by a dietitian January 2021. The menu includes pureed meals, vegetarian option and diabetic requirements. Meat free Mondays have been introduced in line with the DHB menu plan. Special diets such as gluten free and food allergies are accommodated. The cook receives a resident profile for all residents and notified of any changes to resident dietary requirements including weight loss. Resident dislikes are known and accommodated. Meals are plated and covered with insulated lids and delivered on trolleys to the dining room and resident rooms.</p> <p>The food control plan expires 3 June 2021. The service uses food safety Pro for the recording of all chiller/freezer and end cooked food temperatures. All foods were date labelled and stored correctly. A daily/weekly cleaning schedule and closing checklist is maintained.</p> <p>Maternity Service: The clients are provided with all meals while staying at the maternity facility. Food handling and storage policies and procedures are appropriate to the service setting. There are always healthy snacks and a variety of drinks available. The clients are given a menu with different choices each day which include gluten free, vegan and vegetarian options. Any dietary requirements are identified on the booking form. On interview, all clients were extremely complimentary of the food service provided and reported that individual preferences were catered for.</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>All five long-term resident files reviewed included long-term electronic care plans and described the resident goals, supports and interventions required to meet desired goals as identified during the ongoing assessment process. Long-term care plans reviewed reflected all current needs for daily activities of living, mobility and falls prevention, pain management, nutritional requirements including swallowing difficulties, pressure injury prevention, continence management and activities. The previous findings around documented interventions in care plans has been addressed. Short-term care plans are used for short-term changes to health status, and these have been reviewed regularly.</p> <p>Residents and relatives 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>Standard 1.3.6: Service</p>	FA	<p>Maternity Services: The employed LMC midwives at Golden Bay Maternity Service work together to provide woman-centred continuity of care which is a fundamental basis underpinning midwifery in New Zealand. The daily</p>

Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.		assessments and interventions are documented clearly in the client progress notes and are updated regularly. Records include implementation of interventions, care provided, client goals, education received, and any referrals required. The goals are consistently developed to meet the women's needs and desired outcomes throughout the inpatient stay. On interview, on the day of the audit, one client stated that "the care exceeded her expectations, and the breastfeeding support was excellent."
Standard 1.3.7: Planned Activities 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.	FA	<p>The service employs two activity coordinators who job share four hours a day across Monday to Friday. Both activity coordinators are on duty on Wednesdays. They attend the regional diversional therapy (DT) group meetings. There are volunteers involved in shopping with residents, library books, appointments, one-on-one chats and bingo.</p> <p>The integrated rest home/hospital activity programme is flexible and provides a variety of activities that are meaningful to the residents including exercises (seated and upper body strength), arts and crafts, board games, quizzes, garden walks, sing-a-longs, reading and reminiscing. There are community musical entertainers, visiting pets and church services.</p> <p>The "wrinklies express" volunteer group provide transport within Golden Bay. The service has recently acquired access to a wheelchair hoist van for outings.</p> <p>Resident meetings with an advocate give residents an opportunity to feedback on the activity programme. Residents interviewed were happy with the activities provided.</p> <p>Residents have an activity profile completed on admission. Activity plans are reviewed six-monthly at the same time as the long-term care plan.</p> <p>Maternity Services: Golden Bay Maternity service is a family orientated facility that provides qualified staff to deliver antenatal, labour and birth and postnatal care to women in the area. The staff also offer mother craft orientated education, as well as health and wellbeing education to the woman and her whānau. This education is provided on an individual basis by the LMC. The service encourages whānau and children to visit and learn how best to support the woman and her new-born. The facility has good access for disabled and elderly and a lovely outdoor area for clients to enjoy along with a spacious whānau room.</p>
Standard 1.3.8: Evaluation Consumers' service delivery plans are	FA	Long-term care plans had been reviewed at least six-monthly for residents who had been at the service over six months. The resident/relative are involved in the evaluation of resident goals to ensure the interventions meet the resident needs/goals. The GP completes a three-monthly resident review. Relevant care staff and health professionals participate in the care plan review. Evaluations indicate if resident goals have been met or unmet. Where goals have been unmet changes are made to the long-term care plan. Short-term care plans for short-term

evaluated in a comprehensive and timely manner.		<p>needs are reviewed regularly and either resolved or added to the long-term care plan if an ongoing problem.</p> <p>Patients in the GP acute beds are reviewed on a shift-by-shift basis.</p> <p>Maternity Services: The LMC, in conjunction with the woman and her whānau, adapt daily plans and individual goals throughout the postnatal stay. The daily plans include mother craft, perineal care, safe sleeping, cord care, breastfeeding basics and infant bathing, along with general health and wellness. The LMC documents evaluations and daily care plans in the woman's notes and continues to provide midwifery care until six weeks postpartum when the woman is discharged from LMC care. The five mother and baby files reviewed, identified that service delivery plans are reviewed and evaluated daily by the LMC. Any variation to normal, such as abnormal observations, signs of infection or a jaundiced baby is immediately acted on and a plan put in place to support the mother and baby. This was verified in one file reviewed where there was a variation to the normal, a discussion had with the woman and her whānau, and a referral was made, and a plan put in place. This was all well documented in the client notes.</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 has a current building warrant of fitness which expires on 20 June 2021. The maintenance person is employed 19 hours per week Monday to Friday. There is a maintenance request book at reception that is checked daily for maintenance requests and signed when repairs are completed. The building is owned by the Golden Bays Community Trust and is responsible for any building repairs and maintenance. The facilities services manager oversees maintenance across the services (primary health care, aged care and maternity service). 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 monthly and are maintained below 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. Volunteer gardeners maintain the grounds and gardens.</p> <p>Interviews with care staff (two registered nurses (RN) and two healthcare assistants (HCAs) confirmed there was adequate equipment to provide safe and timely care including ceiling hoists and pressure relieving equipment.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator (RN from the PHO) collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infections are reported through the electronic system, collated monthly and analysed for trends and corrective actions. Monthly reports are provided to the quality meetings and relevant clinical meetings. Graphs and relevant information are available to staff. The service participates in benchmarking against industry key performance indicators. Definitions of infections are in place appropriate to the complexity of service</p>

objectives, priorities, and methods that have been specified in the infection control programme.		<p>provided. Short-term care plans are completed for individual infections. 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. There have been no outbreaks.</p> <p>There was additional training and daily verbal and zoom meetings during Covid-19 restrictions. Each service (PHO, aged care and maternity services) worked within their separate “bubbles”. There is a pandemic cupboard with sufficient personal protective equipment and resources available.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. Interviews with the restraint coordinator (RN) and HCAs confirmed their understanding of restraints and enablers. Care staff receive training on restraint minimisation on orientation and ongoing including 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 four hospital and one resident with enablers (all bedrails) and one hospital level resident with two restraints (lap belt and reclining chair). Enabler use is reviewed at the six-monthly care plan review.</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 Moderate	The 2021 business plan objectives document resident/relative feedback through surveys at regular timeframes and the internal audit schedule includes annual surveys, however these have not been completed for the last two years. The survey format has been reviewed for 2021 and the survey is ready to be sent out.	The resident/relative survey has not been completed for two years therefore feedback on the service has not been obtained or feedback to residents/relatives.	<p>Ensure surveys are conducted at the required timeframes. Ensure results from the 2021 survey (when completed) is fed back to participants.</p> <p>90 days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction</p>	PA Moderate	On interview with one of the LMC midwives, who has recently been employed at Golden Bay maternity facility, they confirmed that a thorough facility orientation package was completed. The previous	There is no record of completed orientations on staff files for aged care staff.	Ensure there is documented evidence of completed

programme that covers the essential components of the service provided.		<p>finding around LMC orientations has been addressed. A copy of the LMCs current practising certificates and indemnity insurance is kept on file at the head office in Nelson, these files were not reviewed on the day of the audit as they were unavailable.</p> <p>There is a comprehensive orientation package that is completed over a one-month period and includes competencies relevant to the role. The staff member retains their completed orientation pack, however there is no record on the five aged care staff files reviewed that the staff member has completed orientation.</p>		<p>orientations.</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, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Moderate	<p>Maternity Services: There is a fully equipped resuscitation trolley within the facility with neo-natal capabilities, however not all emergency equipment was available in the resuscitation area of the birthing room. The medication fridge which contains the labour and birth medications is not temperature checked and monitored daily and is not recorded anywhere at present.</p> <p>Rest home and hospital services: Ten medication charts reviewed on the electronic medication system met prescribing requirements, however not all medication charts had been reviewed three-monthly by the GP.</p>	<p>(i) The following emergency pieces of equipment are not available; CTG monitor, medical air and oxygen blender for neopuff. The LMC has informed that the NMDHB have committed to supplying a CTG machine and they are awaiting this.</p> <p>(ii) There was no documented record of the medication fridge temperatures in the maternity unit.</p> <p>(iii) Seven of ten medication charts had not been reviewed by the GP three monthly.</p>	<p>(i) Ensure all pieces of emergency equipment is made available.</p> <p>(ii) Ensure the maternity medication fridge is temperature checked and recorded daily.</p> <p>(iii) Ensure medication charts are reviewed three-monthly.</p> <p>30 days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible</p>	PA Moderate	All registered nurses complete a comprehensive medication competency on orientation to the service	There were no annual medication competencies	Ensure medication

for medicine management are competent to perform the function for each stage they manage.		including intravenous medications as RNs rotate through the acute services and cover the GP bed patients on night duty. Medication education is provided on-line and at the annual education day, however there was no evidence of annual medication competencies for RNs and the three LMCs employed.	for RNs and the LMCs.	competencies are completed annually for all RNs and LMCs. 30 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these 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.