

CHT Healthcare Trust - Carnarvon Private Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust
Premises audited:	Carnarvon Private Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 March 2019 End date: 27 March 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:	26

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

Carnarvon Private Hospital is owned and operated by CHT Healthcare Trust and cares for up to 38 residents requiring rest home or hospital level care. On the day of the audit, there were 26 residents. The service is currently located on an adjoining site to a new build and all current residents are relocating to the new building over the next two weeks.

The service is overseen by an experienced unit manager, who is a registered nurse and is supported by the area manager and a team of registered nurses. Residents, relative and the GP interviewed spoke positively about the service provided.

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 resident, family, management, staff and the general practitioner.

Five of seven previous findings from the certification and partial provisional audits around trending of quality data, essential notifications, staff training, interRAI assessments and restraint assessments have been addressed. Further improvements continue to require addressing around documentation of care plan interventions and aspects of adverse event management.

This audit has identified an area for improvement around medications.

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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Policies are implemented to support residents' rights, communication and complaints management. Management operate an open-door policy. Residents and relatives are kept informed on all aspects of their health including accidents/incidents. Complaints and concerns have been managed appropriately and an up to date complaint register is maintained.

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 unit manager is a registered nurse, he is supported by an area manager, registered nurses and care staff. The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities are conducted, and this generates improvements in practice and service delivery. Facility meeting minutes' evidenced discussion around quality and risk management data. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through.

A comprehensive education and training programme has been implemented with a current plan in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. There is a roster that provides sufficient

and appropriate coverage for the effective delivery of care and support. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital, (medical and geriatric) level care.

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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The registered nurses are responsible for the assessments, development and review of care plans within the required timeframes. Care plans are written in a way that enables all staff to clearly follow their instructions. Residents and a relative interviewed confirmed they were involved in the care planning and review process. The general practitioner reviews most residents monthly but at least three monthly or more frequently if needed.

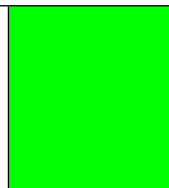
The activities programme is varied, interesting and meets the recreational preferences of rest home and hospital residents.

The service uses an electronic medication management system. Staff have had education around medication management and all staff who administer medications have completed a competency assessment.

Meals are prepared on site in a temporary kitchen by a contracted service. The menu is varied and appropriate. Individual and special dietary needs are catered for. Residents and relative interviewed were satisfied with recent changes to 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.

Carnarvon Private Hospital has a current building warrant of fitness. The service has a robust preventative maintenance system implemented. Reactive maintenance occurs as required. Hot water temperatures are checked and meet requirements.

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.

Carnarvon Private Hospital has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were three hospital residents with restraint and four residents using an enabler.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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Infection prevention and control is currently the responsibility of a designated registered nurse. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues.

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	1	2	0	0
Criteria	0	40	0	2	2	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	The service has a complaints policy that describes the management of the complaints process. Complaints forms are available. Information about complaints is provided on admission. Interviews with all residents and a relative confirmed their understanding of the complaints process. Staff interviewed (five healthcare assistants, two registered nurses and a diversional therapist) were able to describe the process around reporting complaints. The complaints register includes documented complaints, dates and actions taken. Complaints are being managed in a timely manner, meeting requirements determined by the Health and Disability Commissioner (HDC). There is evidence of lodged complaints being discussed in manager and staff meetings. Three complaints for 2018 and one complaint from 2019 year to date have been documented as resolved with appropriate corrective actions implemented.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment	FA	Six hospital residents interviewed (including one on a younger person with a disability contract) and one relative stated they were kept informed on the new facility progress and upcoming events. The family member interviewed was very happy with the level of communication. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. The accident/incident form includes a section to record family notification. All eight forms reviewed evidenced family had been notified. Access to interpreters is available.

conducive to effective communication.		
<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>CHT Carnarvon is owned and operated by CHT Healthcare Trust. The service provides rest home and hospital level care for up to 38 residents. All beds are dual purpose beds. On the day of the audit there were 26 hospital level care residents including four on younger persons with a disability contract. There were no respite care residents or residents on the day of audit.</p> <p>The service is in the process of packing to move residents across into a purpose-built new facility. The new building is adjacent to the existing building with this connected via a temporary corridor.</p> <p>The unit manager is a registered nurse and maintains an annual practicing certificate. He has been in the role sixteen months and has extensive previous experience in a senior role in aged care. The service is currently advertising for a clinical manager. The unit manager is supported by experienced registered nurses and a very experienced area manager. The unit manager reports to the CHT area manager on a variety of operational issues. The area manager is a RN with a current practicing certificate.</p> <p>CHT has an overarching five-year business/strategic plan reviewed monthly by the chief executive officer and managers. The organisation has a philosophy of care, which includes a mission statement. Carnarvon Private Hospital has a unit quality and risk management programme in place for the current year.</p> <p>The unit manager has completed in excess of eight hours of professional development in the past 12 months as sighted through training records reviewed.</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>There are unit quality goals and a risk management plan for Carnarvon Private Hospital. There is evidence that the quality system continues to be implemented at the service. Data is collected in relation to a variety of quality activities including accidents and incidents, infections, complaints and restraint. A six-monthly comprehensive internal audit against the health and disability standards has been completed by the area manager. Other audits including infection control and restraint are also completed as per the internal audit schedule. The data is analysed, and trends are identified. Areas of non-compliance identified through quality activities are actioned for improvement. Interviews with staff and review of meeting minutes confirmed that quality data including trends are discussed at monthly staff/quality meetings to which all staff are invited. The previous partial attainment has been addressed.</p> <p>Resident/relative satisfaction survey results are collated on an ongoing basis and trends identified. Ongoing concerns related to food services have been addressed.</p> <p>The service's policies are reviewed at national level every two years, with input from facility staff. New/updated policies are sent from head office and staff are advised of changes at meetings. Staff have access to policy</p>

		<p>manuals.</p> <p>The service has a health and safety management system. The health and safety representatives interviewed (the unit manager and an RN) confirmed their understanding of health and safety processes. The unit manager has completed the external health and safety training and the RN is booked to attend training. Risk management, hazard control and emergency policies and procedures are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The facility hazard register is reviewed three monthly and readily available to all staff. The service has the tertiary level ACC workplace safer management practice.</p> <p>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention.</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>	PA Low	<p>There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the unit manager and analysis of incident trends occurs however not all incidents are reported. There is a discussion of incidents/accidents at monthly quality meetings including actions to minimise recurrence. Clinical follow up of residents is conducted by a registered nurse as evidenced in the eight incident forms sampled. Neurological observations have been completed as required for all resident with potential head injuries. Discussions with the unit manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no notifications required since the previous audit. The previous partial attainment in relation to neurological observations and HealthCERT notifications have been addressed.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice</p>	FA	<p>There are human resource management policies in place. This includes that the recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Five staff files were reviewed (one-unit manager, two registered nurses, two healthcare assistants) and files evidenced that reference checks are completed before employment is offered. Annual staff appraisals were evident in all staff files reviewed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and reported new staff were adequately orientated to the service. There is an annual education plan being implemented. The in-service education</p>

<p>and meet the requirements of legislation.</p>		<p>programme for 2019 is being implemented with staff also involved in the roll out of a comprehensive electronic training programme. Training reports sighted confirmed all staff are actively engaged and demonstrated all staff have completed compulsory education. The previous partial attainment has been addressed. The unit manager and registered nurses are able to attend external training, including sessions provided by the local DHB. All of the registered nurses (including the unit manager) have completed interRAI training. The service has a qualified assessor assisting care staff to attain NZQA qualifications.</p> <p>All staff who had been employed have continued to provide support and care for residents.</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>CHT policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. Staff interviewed stated there were adequate staff numbers on each duty to meet the resident needs as per the care plans. There is a minimum of one registered nurse on duty 24 hours. The unit manager is on duty Monday to Friday and on-call. Advised that extra staff can be called on for increased resident requirements. Bureau staff are used as a last resort.</p> <p>Activities staff cover week days and a number of volunteers provide weekend activities such as pet therapy and church services. Contractors are responsible for the kitchen, housekeeping and laundry services. Maintenance staff attend the site weekly and as needed and are based at head office.</p> <p>Staffing is rostered for the 26 current hospital residents as one unit as follows: Morning shift – two RNs (one short and one long) and seven healthcare assistants (four long and three short). On afternoon shift there is one RN and four healthcare assistants (three long and one short). There is one RN and two healthcare assistants on night shift.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</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 policies and procedures comply with medication legislation and guidelines for residential care facilities. Only registered nurses who complete annual competencies are permitted to administer medicines to residents. Education on medication management has occurred with competencies conducted for registered nurses who administer medication and healthcare assistants who act as second checkers. A review of two staff files confirmed that relevant staff (registered nurses) designated as being able to administer medication have a competency in place.</p> <p>Expiry dates of imprest stock is monitored. This is an improvement on previous audit.</p> <p>All residents have individual electronic medication orders with photo identification and allergy status documented. All medicines are stored securely when not in use. The medication fridge temperature is monitored daily. Robotic</p>

		<p>medication rolls are checked on delivery by the registered nurse against the resident's medicine order. All imprest stock and 'as required' medications are checked regularly for expiry dates. Short-life medications (i.e., eye drops and ointments) are not always dated once opened. There are no standing orders. All charts reviewed met prescribing requirements including the indication for use of 'as required' medications. Weekly medication audits evidence that medication administration practice complies with the medication chart.</p> <p>Ten medication charts reviewed confirmed that the GP had seen the resident three-monthly and the medication chart was signed each time a medicine was administered by staff. A registered nurse was observed administering medications and followed correct procedures. There is one resident who self-administers eye drops and a current competency is in place.</p> <p>Any controlled drug is currently recorded as being given on MediMap with two staff (including at least one registered nurse) signing on the medication administration sheet. Balances checked during the audit confirmed accuracy as per the controlled drug register. Six-monthly medication audits completed by the pharmacy also confirmed that processes are checked. Weekly stocktakes of controlled drugs have not always occurred as scheduled.</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 and baking is done on-site by a contracted service. The Monday to Friday cook is supported by a weekend cook. There is a catering assistant on duty seven days a week. There is an implemented food control plan for the contracting company verified in November 2018. The four-weekly seasonal menu has been reviewed by a dietitian. The cook receives resident dietary profiles for all residents and notified of any changes such as weight loss. Resident dislikes are known and accommodated. Modified diets including pureed meals and fortified foods are provided. The service has recently relocated kitchen services to a temporary kitchen adjacent to the existing building. Meals are plated, covered and delivered in hot boxes to the dining area. Serving temperatures of meals are monitored twice daily.</p> <p>The kitchen staff have completed food safety training. The temperatures of refrigerators, freezers and end cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Residents interviewed stated the food service had improved in recent weeks and they were now satisfied with the quality of the meals.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused,</p>	PA Moderate	<p>Long-term care plans for permanent residents have been completed within three weeks. The interRAI assessment process informs the development of the resident's care plan. Overall long-term care plans reflected the resident's current needs/supports however the files of three residents using either a restraint or enable did not include all interventions to manage the associated risks. Short-term care plans are in use for short-term needs including infections however not all residents with a change in care plan needs had a STCP documented or changes reflected in the LTCP. Short-term care plans are evaluated regularly, and all had documentation that the</p>

integrated, and promote continuity of service delivery.		issue had resolved in a timely manner. Care plans identified allied health input into the resident's care including the dietitian and physiotherapist. The previous finding continues to require addressing.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Registered nurses (RNs) and healthcare assistants follow the detailed and regularly updated care plans and report progress against the care plan each shift. When a resident's condition changes, the RN initiates a GP or nurse specialist consultation or referral, for example to the district nurse. If external medical advice is required, this will be actioned by the GP.</p> <p>Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessment, monitoring and wound management plans are in place for six residents with minor wounds, which are being appropriately managed. There was one pressure injury (community acquired) on the day of audit. The service is proactive about wound management and all wounds include photographic evidence. Registered nurses advised the district nurse has been involved in the previous management of chronic wounds and pressure injuries.</p> <p>Monitoring charts including (but not limited to) turning charts, food and fluid charts and restraint monitoring demonstrate interventions to meet resident's needs. Interviews with registered nurses and healthcare assistants demonstrated an understanding of the individualised needs of residents.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>A registered diversional therapist with the support of a training activities therapist coordinate and implement the activities programme for all residents. There is a Monday to Friday programme from 9.30 am to 3:30 pm with organised activities in the weekends such as church services, pet therapy visits and movies. Group activities reflect ordinary patterns of life and include planned visits to other CHT facilities, Waitakere sports for the older person events, cafés and local beaches and visits to farmers market. A taxi van is hired for outings. Community visitors include school children and pet owners. Each resident is free to choose whether they wish to participate in the group activities programme. There is allocated one-on-one time for residents who choose not to or are unable to participate in group activities.</p> <p>A lifestyle questionnaire is completed soon after a resident's admission. An individual activities plan is developed as part of the care plan by the registered nurses with input from the activity coordinator. Participation is monitored. Residents have the opportunity to feedback on the activity programme through resident meetings and surveys.</p> <p>The DT spends one-on-one time with the younger persons to ensure their interests and hobbies are maintained, including internet use, and music. Younger residents are supported to attend neurological support groups and</p>

		<p>other community groups.</p> <p>Residents interviewed were positive about the programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The registered nurses evaluate all initial care plans within three weeks of admission. In files reviewed the long-term care plan was evaluated at least six monthly or earlier if there is a change in health status. There is at least a three-monthly review by the GP or NP. All changes in health status are documented and followed up. An RN signs care plan reviews. Short-term care plans are evaluated and resolved or added to the long-term care plan if the problem is ongoing as sighted in resident files reviewed. Where progress is different from expected, the service responds by initiating changes to the care plan (link 1.3.5.2).</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 existing building has a current building warrant of fitness with an expiry date of 15 December 2019.</p> <p>The maintenance person covers four sites and is on-site one day a week. The on-call is shared with the building manager. Staff log any items for maintenance and repair into a maintenance book at reception. The maintenance book viewed demonstrated maintenance and repairs are addressed within a timely manner. Any urgent concerns can be emailed or phoned to the maintenance person. There are contractors available 24 hours for essential services.</p> <p>All medical and electrical equipment was recently serviced and or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius.</p> <p>The facility has sufficient space for residents to mobilise using mobility aids. The external area is well maintained. Residents have access to safely designed external areas that have shade.</p> <p>Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</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</p>	FA	<p>The infection control coordinator oversees infection surveillance for the service. Surveillance is an integral part of the infection control programme and is described in CHTs infection control manual. Monthly infection data is collected for all infections based on standard definitions as described in the surveillance policy. Infection control data is monitored and evaluated monthly and annually. Trends and analysis of infection events, outcomes and actions are discussed at quality meetings. The GP reviews the monthly data and antibiotic use. There have been no outbreaks since the previous audit.</p>

infection control programme.		
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The service has documented systems in place to ensure the use of restraint is actively minimised. There were three residents with restraint (all three using both bed rails and lap belts). There were four residents using enablers (one resident with bedrails and lap belt, one lap belt only and two with bedrails only). Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and challenging behaviours.
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	The service has comprehensive assessment forms for residents who require restraint or enabler interventions. These were being used effectively and included detailed assessments in the three files reviewed. The previous partial attainment has been met. Decisions around restraint use are made in partnership with the family/whānau in the two files sampled. The restraint coordinator, the resident and/or their representative and a medical practitioner were involved in the assessment (completed verbally) and consent process.

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 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	PA Low	Incidents are documented in the electronic resident management system and reviewed by the unit manager on a daily basis. Staff are aware of the need to document all incidents, however not all incidents have been documented.	A hospital resident with a stage two pressure injury present on readmission from a hospital stay did not have a documented incident form.	<p>Ensure all incidents are documented for inclusion in the incident management system.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines</p>	PA Moderate	Medications are appropriately stored in locked trolleys and in a secure medication room. Eye drops are stored according to manufacturer's	Four of eight eye drops in current use did not have a recorded opening date.	Ensure all eye drops document

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.		directions, however not all eye drops have been dated on opening.		the date the eyedrops were first opened, so expired eye drops can be discarded. 30 days
Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.	PA Low	Medication charts reviewed identified that controlled drugs were appropriately prescribed. Signing charts and the controlled medication register documented two staff always sign for medication. Weekly checks of the controlled drug register have not been actioned consistently.	Weekly controlled drug stocktakes evidenced two occasions in the last seven weeks where weekly stocktakes have not occurred.	Ensure that the controlled medication register has a documented weekly stock check. 60 days
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.	PA Moderate	The registered nurse is responsible for completing all necessary assessments and then using this information to document the care plan. The long-term care plan was not always updated following a change in care level and a care plan was not always documented for any acute changes in health condition. Three records were reviewed for residents using restraint. Restraints included the use of bedrails and/or lap belts. Risks related to use of the equipment were documented in one of the three records.	i) Two of three records where restraint was used and one record where a resident used an enabler did not include documentation of risks related to the use of the equipment. ii) One resident did not have care planning documented for management of a pressure injury which developed during a recent hospital admission. The same resident did not have the regular requirement for subcutaneous fluids documented in the care plan.	i) Ensure risks related to the use of restraints and enablers are documented. ii) Ensure care planning reflects all assessed needs.

				60 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, 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.