

Presbyterian Support Southland - Walmsley House

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Presbyterian Support Southland

Premises audited: Walmsley House

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 12 August 2019 End date: 13 August 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: 27

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Walmsley House provides care for up to 31 rest home residents. The facility is part of Presbyterian Support Southland. On the day of the audit there were 27 residents.

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

Walmsley House is managed by a nurse manager who has been at the service for four months and has a background in aged care. She is supported by the organisational team, a fulltime enrolled nurse, and long-standing staff. Residents and relatives interviewed spoke positively about the care and support provided.

Presbyterian Support Southland (PSS) group have developed a charter that sets out its vision and values. Walmsley House have identified vision, values and goals for 2019. Each goal has a critical success indicator, strategies to achieve and initiatives to be implemented.

This audit identified improvements required around interRAI timeframes and incident reporting.

Continuous improvement ratings have been awarded related for good practice, the education programme, and waste management.

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.		All standards applicable to this service fully attained with some standards exceeded.
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The staff at Walmsley House strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Cultural needs of residents are met. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Informed consent and advanced care directives are recorded. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints 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 nurse manager is supported by an organisational team, an enrolled nurse and care staff. The quality and risk management programme for Walmsley House includes service philosophy, goals and a quality planner. Quality activities are conducted and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes.

Residents' meetings have been held and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. 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.

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 low risk.
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There is an admission package available prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Care plans demonstrate service integration and were evaluated at least six monthly. Resident files were electronic and included medical notes by the general practitioner, nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurse, the enrolled nurse and medication competent carers are responsible for administration of medicines. All staff responsible for medication administration complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three monthly by the general practitioner.

The activity team provide and implement an interesting and varied integrated activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and resident preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

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 warrant of fitness. There is a planned and reactive maintenance programme in place. Staff have planned and implemented strategies for emergency management. Emergency systems are in place in the event of a fire or external disaster.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. There is a mix of bedrooms with ensuites, and communal toilets/showers. Rooms are personalised. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. There is always a staff member on duty with a current first aid certificate.

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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Walmsley House has restraint minimisation and safe practice policies and procedures in place. The definitions of restraints and enablers are congruent with the definitions in the restraint minimisation standard. Staff receive education and training in restraint minimisation and challenging behaviour management. There have been no restraints for five years.

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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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. The recent outbreak was well managed.

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	1	42	0	2	0	0	0
Criteria	3	88	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Presbyterian Support Southland - Walmsley House has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Training on the Code is included as part of the orientation process for all staff employed and in ongoing training. Residents and relatives have been provided with information on admission which includes the Code.</p> <p>Interviews with seven residents and four relatives demonstrated an understanding of the Code.</p> <p>Eleven staff including; three care workers, one nurse practitioner, one registered nurse (who had recently transferred to another PSS facility), one enrolled nurse (EN), one diversional therapists (DT) and one activities coordinator, one cleaner, one maintenance and one cook were interviewed and confirmed staff respect privacy, and support residents in making choices where able.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. Written general consents for photographs, release of medical information, and medical cares were signed as part of the admission agreement. Discussions with the care workers, registered nurse and enrolled nurse confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms.</p> <p>Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated</p>

<p>informed choices and give informed consent.</p>		<p>where required.</p> <p>Advance directives for health care including resuscitation status had been completed where residents were deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the family. Resident files show evidence that where appropriate the service actively involve family/whānau in decisions that affect their relative's lives.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>An advocacy policy and procedure includes how staff can assist residents and families to access advocacy services. Contact numbers for advocacy services are included in the resident information folder and in advocacy pamphlets that are available at reception. Residents' meetings include discussing previous meeting minutes and actions taken (if any) before addressing new items. Discussions with relatives identified that the service provides opportunities for the family/EPOA to be involved in decisions. All staff interviewed could describe the advocacy service and when would be appropriate to contact them and know where the leaflets are kept.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Staff at Walmsley House support ongoing access to community, with one resident still driving and residents attending their church services in the community. Discussions with residents and relatives verified that they are supported and encouraged to remain involved in the community. Interviews with residents and relatives confirmed that visiting can occur at any time. Family members were seen visiting on the days of the audit. Key people involved in the resident's life are documented in the care plans. Entertainers are invited to perform at the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The organisational complaints policy states that the nurse manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. A complaints procedure is provided to residents within the information pack at entry. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings, and complaint forms. Information on the complaint's forms includes the contact details for the Health and Disability Advocacy Service. There is an electronic complaint register that includes relevant information regarding the complaint. The number of complaints received each month is reported monthly to staff via the various meetings. There have been seven complaints received since the previous audit, (two in 2019 and five in 2018). The complaints reviewed included follow-up meetings if required, letters and resolutions were completed within the required timeframes.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The information pack provided to residents on entry includes information on how to make a complaint, and information on advocacy services and the Code. This information has been discussed with residents and/or relatives on entry to the service. Large print posters of the Code and advocacy information are displayed in the facility. The admission agreement includes information around the scope of services, and any liability for payment for items not included in the scope and the Code.</p> <p>Resident meetings provide the opportunity to raise issues/concerns. The nurse manager, the enrolled nurse and the registered nurse described discussing the information pack with residents and family members on admission.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>Walmsley House has policies, which align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were able to describe the password system for maintaining confidentiality of the electronic resident records. The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. The care workers interviewed reported that they knock on bedroom doors prior to entering and ensure doors are shut when cares are being given and do not hold personal discussions in public areas. All the residents interviewed confirmed that their privacy is being respected. Residents with shared bathrooms have a privacy lock.</p> <p>All six resident files reviewed identified that cultural and/or spiritual values and individual preferences were identified on admission with family involvement and these were documented in the residents' care plan. This includes cultural, religious, social and ethnic needs. Church services are held and contact details of spiritual/religious advisors are available to staff. Residents and relatives interviewed confirmed the service is respectful and that they are given the right to make choices. Care plans reviewed identify specific individual likes and dislikes. Staff education and training on abuse and neglect has been provided.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural,</p>	<p>FA</p>	<p>There is a Presbyterian Support Southland (PSS) Māori health plan and an individual's values and beliefs policy, which includes cultural safety and awareness. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. There were no residents who identified as Māori at the time of the audit. There is information and websites provided within the Māori health plan to provide quick reference and links with local Māori. A staff member from the sister site acts as cultural adviser who is associated to Te Rau Aroha Marae and Ngāi Tahu tribe. Interviews with staff confirmed they are aware of the need to respond appropriately to maintain cultural safety.</p>

values and beliefs.		Cultural safety training has been provided.
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	Residents interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed. Relatives involvement is encouraged, (eg, invitations to residents' meetings and facility functions). Care plans reviewed included the residents' social, spiritual, cultural and recreational needs.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	The staff employment process includes the signing of a code of conduct. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme and compulsory study day for employees, includes an emphasis on dignity and privacy and boundaries. Interviews with staff confirmed their understanding of professional boundaries. Registered nursing staff have completed training around code of conduct and professional boundaries.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<p>There are comprehensive policies and procedures, and a staff training programme which covers all aspects of service delivery. Internal auditing programmes are implemented.</p> <p>External specialists such as the geriatrician, wound care specialist, nurse practitioner, and continence nurse were used where appropriate. Two weekly multidisciplinary clinical meetings held with the nurse practitioner show improvements in clinical care.</p> <p>The PSS quality programme is designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Presbyterian Support Southland (PSS) were between electronic systems, so were not externally benchmarking on the day of the audit but continued to analyse data for trends and improvements.</p> <p>Staffing policies include pre-employment, and the requirement to attend orientation and ongoing in-service training. PSS has implemented the GOSH on-line health and safety management system, which has enabled improved reporting of staff and residents' incidents and providing staff training, hazard and risk registers, and records of staff training, equipment and environmental compliance. Staff meetings and residents' meetings have been conducted. Residents and relatives interviewed spoke very positively about the care and support provided. Staff had a sound understanding of principles of aged care and stated that they feel supported by the nurse manager, enrolled nurse and the quality manager. There are implemented competencies for care workers and the registered nurse. There are clear ethical and</p>

		<p>professional standards and boundaries within job descriptions. There is an active culture of ongoing staff development with the Careerforce programme being implemented.</p> <p>PSS has been part of a wound project with one other aged care facility (non PSS) and the SDHB have noted an improvement on skin condition and reduction in skin tears, and pressure injuries (PIs) as a result of improvements put into place. PSS have PI strategy in place which includes pressure relief equipment assessed on admission, turning schedules, and skin regimes.</p> <p>Walmsley House staff have been monitoring the residents' weights closely and are proactive in addressing unintentional weight loss issues promptly. The weight spreadsheet demonstrates all residents have maintained their weights this year and have, within one to two kilograms.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Full information is provided at entry to residents and family/whānau. Relatives are encouraged to visit at any time. The nurse manager, registered nurse and enrolled nurse were able to identify the processes that are in place to support family being kept informed. A sample of 10 incident forms from July and August reviewed evidenced relatives were notified following incidents and change in health status. Seven residents and four relatives stated that they were welcomed on entry and were given time and explanation about the services and procedures.</p> <p>The facility has an interpreter policy to guide staff in accessing interpreter services. Residents (and their family/whānau) are provided with this information at the point of entry.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. 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.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>PSS Walmsley provides care for up to 31 rest home residents. On the day of audit, there were 27 residents including two respite residents, one resident under 65 on a long-term chronic support - chronic health contract (LTS-CHC)</p> <p>Presbyterian Support Southland (PSS) group have developed a charter that sets out its vision and values. The quality plan for 2018 to 2020 documents each goal with initiatives and key performance targets to be implemented. The organisational quality programme is managed by the nurse manager and quality manager. The nurse manager is responsible for the implementation of the quality programme at Walmsley House. The service has an annual planner/schedule, which includes audits, meetings and education. The strategic plan, business plan and quality plan all include the philosophy of support for PSS. The management group of Enliven provide governance and support to the chief executive of PSS</p>

		<p>who in turn supports the nurse manager.</p> <p>The nurse manager has been in the role for four months and has four years' experience in aged care and has a postgraduate certificate in assessment and health of the older person.</p> <p>She is supported by a quality manager with five years in the role, an administration assistant (new role), an enrolled nurse (who works full time, and has a background in aged care within the PSS company and other facilities and has completed more than eight hours professional development including interRAI training), and long serving care workers. The registered nurse has recently transferred to another PSS facility (and was available for interview on the day of the audit). Walmsley House are currently recruiting for a registered nurse. PSS have employed a nurse practitioner who has direct and regular access to general practitioners.</p> <p>Both the nurse manager and the enrolled nurse have had training in emergency planning.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>During a temporary absence of the nurse manager, the PSS Quality Manager (RN) will perform the manager role.</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 manager supports Walmsley House in implementing the quality programme. Policies and procedures are current and updated regularly by the PSS office. Internal audits are completed as per the internal audit schedule. Any area of non-compliance includes the implementation of a corrective action plan with sign-off by the nurse manager when it is completed. Discussions with the nurse manager, ENs and three caregivers confirmed that the quality programme is implemented, and results are communicated to staff and relevant people.</p> <p>There is a trained health and safety officer (nurse manager) and the quality manager has a diploma in health and safety. The PSS health and safety committee includes representatives from all facilities, (two from Peacehaven and one from every site) and includes senior management quality manager and procurement and property manager and they meet quarterly.</p> <p>At a governance level, the health and safety committee meet quarterly, and at Walmsley House there is a combined health and safety/infection control and staff meeting monthly. Walmsley House collects</p>

		<p>information on resident incidents and accidents as well as staff incidents/accidents and provides follow-up where required. Hazards are identified on hazard identification forms. The hazard register is relevant to the service and has been regularly reviewed and updated by the quality manager on the GOSH electronic system. Contractor management as part of the health and safety programme, has been implemented.</p> <p>PSS was until recently participating in an external benchmarking programme, however, due to the implementation of a new electronic system, benchmarking is available through the new system and is due to be implemented. Data collated monthly, is compared with previous months.</p> <p>There are monthly clinical meetings with clinical staff, and nurse practitioner. Review of the meeting minutes showed individual review of resident medical condition, medication reviews, referrals to other health services and current treatment plans including reduction of polypharmacy.</p> <p>Resident meetings are held six weekly. PSS is proactive in providing consultation with residents/relatives and staff through regular newsletters 'people matters'.</p> <p>Annual resident and relative surveys are completed. The resident survey had a 92% participation rate. Overall the survey identified the residents were satisfied with the service and would recommend the service to other people. There was a decrease in satisfaction around food services and activities. There are corrective actions in place and were being implemented as described in the minutes of the staff and resident meetings and sighted in the dining room. The initiatives in place as a result of the surveys have been added to the quality plan. The service has been encouraging residents to be more active in the planning of activities and have a more resident led activity programme. The residents interviewed have noticed an increase in resident participation and confirmed activities and suggestions are discussed at resident meetings. The residents have noticed a difference in the dining rooms and let the cook know if there is anything they don't like to eat, but also pass compliments on the meals they do like.</p> <p>Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls (link 1.2.4.3). PSS quality manager and head office staff also monitor falls and falls prevention programme.</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</p>	<p>PA Low</p>	<p>There is an incident reporting policy that includes definitions and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Individual incident reports are completed electronically for incident/accidents. Ten resident related incident reports for July and August 2019 were reviewed. There was evidence of clinical follow-up, all relatives had been notified of the incidents, and all reports were fully completed, however opportunities to minimise future risk was not documented. Minutes of the combined staff and quality meetings reflect a discussion of adverse events</p>

<p>appropriate their family/whānau of choice in an open manner.</p>		<p>Discussions with the nurse manager and enrolled nurse confirmed their awareness of the requirement to notify relevant authorities in relation to essential notifications. A section 31 form was sent for the resident with a current pressure injury. There has been a recent outbreak, all relevant notifications were sent in a timely manner.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation, staff training and development to guide management to ensure that the most appropriate people are recruited to vacant positions.</p> <p>Five staff files reviewed (one EN, one DT, one cook and two care workers), all had relevant documentation relating to employment, and relevant checks were completed to validate individual qualifications and experience. Of the files reviewed there was one performance appraisal which was not due for review (new staff), and the rest all had current annual performance appraisals.</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 are adequately orientated to the service. The orientation process is an integrated programme, which care workers achieve level 3 Careerforce Health and Wellbeing NZQA on completion. There is a minimum of one care worker with a current first aid certificate on every shift. There are 13 care workers the cook, nurse manager and the enrolled nurse trained in first aid currently. A record of practising certificates is maintained.</p> <p>There is an education plan which covers all contractual requirements, that is now scheduled over two years at an organisation level and being fully implemented. There is a staff training register, which shows attendance records that exceeds eight hours annually. A competency programme is in place that includes annual medication competency for staff administering medications. Annual competencies are also required for staff around manual handling, hoists, restraint and infection control, records reflect this is occurring as planned. The training plan and PSS encouragement towards staff to further education exceeds expectations.</p> <p>The nurse manager, registered nurses and caregivers are encouraged to attend external training including conferences, seminars and sessions provided by PSS and the local DHB.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service</p>	<p>FA</p>	<p>There is a rationale for determining staffing levels and skill mixes in order to provide safe service delivery. PSS employs a nurse practitioner to support the clinical team.</p> <p>Walmsley House has staffing levels that reflect the needs of the residents. The nurse manager and the enrolled nurse work 40 hours per week and are available on-call for any emergency issues or clinical</p>

<p>from suitably qualified/skilled and/or experienced service providers.</p>		<p>support. There is always one senior care worker (team leader) on duty with a current first aid certificate, medication competency and fire warden training.</p> <p>In the East wing, there were 13 residents, and in the west wing there were 14 residents.</p> <p>Each morning there are; 1 x 0650–1520 (team leader), 1 x 0700–1430 and 1 x 0700-1330. Weekend the team leader works 0700-1530.</p> <p>Each afternoon there are; 1x 1440-2310 (team leader), and 1 x 1600-2300, and one tea shift 1700-1900. Weekend shift 1x 1510-2310, 1x 1530-2300.</p> <p>Night shift has 2x 2300-0700.</p> <p>Care workers interviewed reported that there is sufficient staff rostered to meet the resident needs, that they were able to complete the work allocated to them and that staff are replaced when sick, and they feel there is a good team culture amongst staff. Residents and relatives stated they felt call bells were answered within acceptable times.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>All relevant initial information was recorded within required timeframes into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident electronic files are protected from unauthorised access. Care plans and notes are all electronic. All resident records contain the name of the resident and the person completing. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the resident. Information in the electronic medication management system and interRAI data are password protected.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Admission information packs on rest home</p> <p>level of care and services available at Walmsley House are provided for families and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. Policies and procedures are in place to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. There was evidence that residents and their</p>

<p>planned and coordinated transition, exit, discharge, or transfer from services.</p>		<p>families were involved for all exits or discharges to and from the service.</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>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in the medication room. Clinical staff who administer medications (registered nurses, enrolled nurses and medication competent carers) have been assessed for competency on an annual basis and attend annual medication education. Registered nurses have completed syringe driver training. All medication sachets are checked on delivery against the electronic medication charts. There were no resident's self-administering medication on the day of the audit. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and safe storage of the medications. The medication fridge is checked as per policy, and temperatures are maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening.</p> <p>Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three monthly. 'As required' medications had prescribed indications for use.</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>	<p>FA</p>	<p>The food services are overseen by a cook. All meals and baking are prepared and cooked on-site by qualified cooks who are supported by caregivers who assist in the kitchen as caregiving duties permit. All food services staff have completed food safety training. There is a current Food Control Plan in place. The Presbyterian Support Services seasonal menu is reviewed by a dietitian.</p> <p>The cook receives resident dietary profiles and notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies and gluten free diets. The menu provides pureed/soft meals.</p> <p>The kitchen is adjacent to the rest home dining room. Residents from the rest home are served in this dining room. Food is probed for temperature and transferred to the bain marie and served hot. For those residents having meals in their rooms, meals are plated hot in the kitchen and transported to resident rooms.</p> <p>Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely.</p> <p>Residents provide feedback on the meals through resident meetings and resident survey. The cook receives feedback directly both verbally and through resident meetings. Residents and relatives</p>

		interviewed spoke positively about the choices and meals provided.
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry is declined.</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>The registered nurse completes an admission assessment including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. Outcomes of assessments are reflected in the needs and supports documented in the care plans on the electronic system. Other available information such as discharge summaries, medical and allied health notes and consultation with resident/relative or significant others are included in the long-term care plans.</p> <p>The respite resident had all risk assessments completed.</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>Resident care plans on the electronic resident file system for all files reviewed were resident focused and individualised. Long-term care plans identify support needs, goals and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. The care plan integrates current infections, wounds or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved.</p> <p>Allied health care professionals involved in the care of the resident included, but were not limited to physiotherapist, wound care specialist nurse, district nurses, dietitian, and community mental health services.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in</p>	FA	<p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or nurse specialist consultant.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts</p>

<p>order to meet their assessed needs and desired outcomes.</p>		<p>are utilised. Family are notified of all changes to health as evidenced in the electronic progress notes.</p> <p>Short-term care plans were used and sighted for a respiratory infection. Wound care plans were integrated into the long-term plan.</p> <p>There were three wounds and one pressure injury being treated on the day of the audit. The wounds comprised of two lacerations and one skin graft. The unstageable pressure injury was present prior to the resident moving into the facility. The GP is involved with clinical input for wounds and pressure injuries and the wound care specialist nurse is accessed as required. Pressure injury prevention interventions were documented in the care plans for residents identified at risk of pressure injury.</p> <p>Care workers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts - weights, observations included vital signs and PO2.</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 activities programme is managed by an activity's coordinator and a qualified diversional therapist who works part time and has been in the role for eight years. The activities coordinator works Monday to Friday part-time hours and is also a music therapist. The diversional therapist works two days per week at three hours per day.</p> <p>The activities programme includes activities from Monday to Sunday. Residents receive a copy of the programme which has the daily activities displayed. The activity team provides individual and group activities.</p> <p>A resident lifestyle assessment is completed soon after admission. Lifestyle plans were seen in resident electronic files. The activity team are involved in the six-monthly review of resident's care plan with the RN. One-on-one activities includes foot spas, hand massage and nail manicure, playing music or singing, conversation and visits with canine friends. Group activities include daily exercise groups, music, newspaper reading, board games, quizzes and activities, music bingo, bowls, entertainers, outings, movies, and community visitors include volunteers, pet therapy visits, church services and entertainers. Residents are offered massages once a week.</p> <p>Volunteers and staff are involved in weekend activities. On Saturday's residents can take part in tai chi and on Sunday those residents who wish to, are taken to church.</p> <p>The service has a van for outings into the community, this includes to nearby towns and inter-home visits with another aged care service.</p> <p>The service receives feedback and suggestions for the programme through resident meetings, one-to-</p>

		one interactions and surveys. The residents and relatives interviewed were happy with the variety of activities provided. Music was very popular with residents interviewed.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Initial care plans for long-term residents were evaluated by the registered nurses within three weeks of admission. Long-term care plans have been evaluated by the RN six monthly or earlier for any health changes in the electronic resident files reviewed. Multidisciplinary review meetings are held with the nurse practitioner and case conference notes are kept on the electronic system. Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP and/or nurse practitioner reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the electronic progress notes. Relatives are invited to attend GP reviews, if they are unable to attend, a copy of the interRAI care plan is sent for them to review, and if they are happy this is what is used.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Policies and procedures are in place for exit, transfer or transition of residents. Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Discussion with the registered nurse identified that the service accesses support either through the GP, specialists and allied health services as required. There is evidence of referrals for re-assessment from rest home to hospital level of care.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons and masks are available for staff as required. There are sluice rooms with appropriate personal protective clothing. Staff have completed chemical safety training by the provider of chemical supplies. A resident led initiative was developed by the facility to reduce the amount of waste generated and promote recycling. Reductions in plastic waste have been achieved.

<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 28 January 2020. The maintenance man works six hours a week, three hours Tuesday and three hours on a Friday. The maintenance manager is a member of the health and safety committee. There is a maintenance request book for repair and maintenance requests, located at the reception. This is checked regularly and signed off when repairs have been completed. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment and testing and tagging of electrical equipment. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. Essential contractors/tradespeople are available 24 hours as required.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. Outdoor areas had seating and shaded areas available. There is safe access to all communal areas. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Two resident rooms have shared ensuites and one room has its own toilet and shower, and all rooms have hand basins. There are communal bathrooms/showers within the facility with privacy locks and privacy curtains. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs if appropriate.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>There is enough space in all areas to allow care to be provided and for the safe use of mobility equipment. All resident rooms had adequate space for mobility equipment. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment,</p>	FA	<p>There is one dining area adjacent to the kitchen. There is a large spacious lounge and an additional lounge/sunroom in the facility. There is safe access to gardens. All communal areas are easily</p>

<p>Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>accessible for residents with mobility aids.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>All laundry and cleaning is done on site at Walmsley House. There is a dedicated housekeeping staff person employed five days a week. On Saturday and Sunday, the care workers include housekeeping duties in their role.</p> <p>The laundry is divided into “dirty” and “clean” areas with an entry and exit door. Personal protective equipment is available.</p> <p>The cleaner’s trolley is locked away in the cleaner’s cupboard when not in use. All chemicals on the cleaner’s trolley were labelled. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. Staff have completed chemical safety training.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme. There is a first aid trained staff member on every shift. Walmsley House has an approved fire evacuation plan. Fire evacuation drills occur six monthly. Smoke alarms, sprinkler system and exit signs are in place. The service has alternative cooking facilities (BBQ) in the event of a power failure. Civil defence and first aid resources are available and checked regularly. There is sufficient stored water available for three litres for three days per resident and sufficient food resources. Call bells were evident in residents’ rooms, lounge/dining areas and toilets/bathrooms. The facility is secured at night.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and</p>	<p>FA</p>	<p>All bedrooms and communal areas have ample natural light and ventilation. Heat pumps/air conditioning units are in communal areas. On the days of the audit it was noted that the facility was maintained at a warm comfortable temperature.</p>

comfortable temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Walmsley House has an established infection control programme which is reviewed on an annual basis. The infection control programme, its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The nurse manager is the designated infection control nurse with support from the quality manager. The infection control programme is linked into the incident reporting system which is monitored and analysed. Monthly meetings are held by the PSS infection control committee. Feedback from the meetings are conveyed to staff via the quarterly combined quality and staff meeting, minutes are available to staff. Regular audits take place that include hand hygiene, infection control practices, laundry and cleaning. Annual education is provided for all staff. Signage is visible asking visitors not to visit if they are feeling unwell. Hand gel is available at the entrance.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The infection control nurse maintains practice by undertaking the MOH online training, utilising the Bug Control resource, and attending SDHB infection control study days. The IC nurse has good external support from the nurse practitioner and the Well South Community Based Nurses who are readily available. This support was utilised during the recent outbreak. Staff interviewed were knowledgeable regarding their responsibilities for standard and additional precautions.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are infection control policy and procedures for PSS Walmsley House appropriate to the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies are developed by the organisation and reviewed and updated annually by PSS and the quality manager, with input as needed from the nurse practitioner SDHB infection control nurse, and Well South Community Based Nurses.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control coordinator has completed external infection control training. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the PSS infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. All individual resident infection is entered into an online resident management system, which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Short-term care plans are used in the electronic system. Surveillance of all infections are extracted from the electronic system and provide a monthly infection summary. The data is discussed at staff/quality meetings and appropriate responses documented and implemented. Outcomes and actions are discussed at the combined quality meetings and staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the nurse manager and quality manager. There has been one outbreak since the last audit, which was well managed and documented, all appropriate notifications were made in a timely manner. Staff were well informed throughout the outbreak.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has documented systems in place to ensure that the use of restraint is actively minimised. There is a documented definition of restraint and enablers, which are congruent with the definition in NZS 8134.0. The policy includes restraint procedures. Walmsley house has been restraint free for five years, and there were no residents using enablers on the day of the audit.</p> <p>Staff are provided with training and/or competencies in restraint minimisation, challenging behaviour and de-escalation. Restraint use is included in orientation for clinical staff.</p> <p>The restraint coordinator (nurse manager) attends restraint approval committee meetings. The use of enablers/restraint is discussed at the quarterly meetings and the combined staff/quality meetings.</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 1.2.4.3</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	Ten incident reports were reviewed on the electronic system, all incidents were well documented, and neurological observations had been completed as appropriate. All incident reports had been followed up by the nurse manager (RN) and signed off once fully investigated. The NP was updated of residents who fall frequently. All staff interviewed were knowledgeable around falls prevention strategies and policies and procedures of reporting and management of resident accidents/incidents and near misses.	Eight of ten incident reports did not document opportunities to minimise the risk of future incidents.	<p>Ensure all opportunities to minimise risks are identified and documented on incident forms and in the care plans.</p> <p>90 days</p>
Criterion 1.3.3.3	PA Low	InterRAI assessment and long-term care plans were completed for long-term resident files reviewed. Six files were reviewed, three out of five	InterRAI assessments	Ensure all interRAI

<p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>		<p>initial interRAI assessments for permanent residents were not completed within the required timeframe; one resident was a respite resident and did not require an interRAI assessment.</p>	<p>for three of five permanent residents' files sampled were not completed within the required timeframe.</p>	<p>assessments are completed within the required timeframe. 180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>PSS have worked alongside the DHB to reduce resident admissions after hours. They have employed a nurse practitioner to work alongside GPs in all PSS</p>	<p>The increasing complexity of residents that were going to rest homes was identified and the SDHB wanted to ensure that admissions to Southland Hospital from rest homes and hospitals were necessary. It had been noted in the past years that on occasions admission occurred due to the unavailability of GPs and senior nursing staff. All parties involved understood the shortage of GPs and the difficulties for aged care facilities to access them during business hours with many doctors' visits occurring after 5 pm when there was no nursing staff on duty at Walmsley House. There have been many instances where the staff would have sent someone to hospital but with the availability of NP has meant that she has been able to make a diagnosis, discuss the treatment plan with the clinical team, family and resident with management of the person remaining at the facility, ensuring a better outcome for the resident and preventing unnecessary acute admissions and/or urgent GP call outs. With the NP attending Walmsley House at least weekly she is able to fully understand the history of the client's medical conditions, their social history, and the family dynamics, and this means that she can get really good insight into that person and be able to support the staff in managing them.</p> <p>An important part of the role is to review and de-prescribe unnecessary medications. Inappropriate transfers to hospital emergency departments have also fallen since the availability of the nurse practitioner role within PSS.</p>

		facilities.	An evaluation comparison between 2017/2018 with 2018/2019 identified increased timely access to primary healthcare services; a 27% reduction in doctors' costs/urgent call outs, a 28% reduction of transfers to the emergency department, and reduced hospital admissions. A reduction in polypharmacy, with a 56% decrease in residents with over 10 medications charted as well as 7.2% reduction in pharmacy costs.
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	CI	<p>The HR strategy states "the organisation will assist staff to meet their full potential. This will be achieved by having processes in place to demonstrate staff development and pathways".</p>	<p>Since 2017, PSS have been building on their orientation programme and now have an integrated programme with Careerforce, so all care workers complete Level 3 NZQA upon completion of orientation. There is an extensive competency programme which staff complete bi-annually and covers all aspects of care. These are split into annual requirements such as fire evacuation and drill, restraint, infection control and medications. Buddy (preceptor) updates are held for level 4 care workers and RNs every year. Nurses competent in interRAI are required to maintain annual competency.</p> <p>The PSS trainer, quality manager alongside managers, clinical leaders and RNs oversee the education programme. Enliven education framework policy outlines the pathways for all care and support staff. PSS have developed a mandatory training plan to cover the MOH certification topics in a three-year cycle. In 2016/17 there was less than 20% attendance, in 2017/18 this has increased to 72% uptake with Walmsley House achieving 100% of staff uptake of the education provided. If staff are unable to attend the sessions, then a worksheet is provided for them to read and complete the questionnaire.</p> <p>External education is available through the DHB and Southern Institute of Technology (SIT) with postgraduate opportunities, hospice training and other external training available for RNs/ENs.</p> <p>To date, Walmsley house have 13 out of 14 care workers who have completed Careerforce level 3 and a further care worker who is awaiting sign off, which will make 100% of the team qualified. There are four senior care workers who have level 4 qualification and a further two care workers who have commenced this training.</p> <p>Leadership skills have developed with the team achieving improved outcomes for the residents and relatives as demonstrated in the recent survey results (100% of the residents were happy with the care they receive); 100% rate politeness, respectfulness and courtesy of the staff as good/excellent; 100% of residents have stated that staying at Walmsley house has made a positive difference to their lives.</p>
<p>Criterion 1.4.1.1</p> <p>Service providers follow a documented</p>	CI	<p>In a resident meeting held mid 2019, residents</p>	<p>Findings of a recent survey indicated 62% of residents interviewed were committed to recycling and 55% of residents were committed to reducing the amount of waste they generate. The facility has achieved this through stopping the use of plastic pottles and plastic teaspoons for medications; plastic cups at the water cooler were replaced with bio-degradable paper cups. Single packages for jam/butter were</p>

<p>process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.</p>		<p>and staff at Walmsley House recognised that they had a high level of personal responsibility to make a difference to the environment.</p>	<p>replaced with butter and jams in jars on tables (just like home). In June the facility stopped using plastic bags in waste bins with the exception of foul/contaminated waste (staff are required to keep watch and empty bins as soon as possible into the sluice room rubbish receptacle). Reductions in plastic use have been achieved through these initiatives.</p>
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End of the report.