

Auckland Healthcare Group Limited - Palms Home & 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:

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| Legal entity: | Auckland Healthcare Group Limited |
| Premises audited: | Palms Home & Hospital |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 9 March 2020 End date: 10 March 2020 |
| 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: | 36 |

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 |
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|  | 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 |
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| 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

Palms Home and Hospital provides rest home and hospital levels of care for up to 44 residents. On the day of the audit, there were 36 residents. The service is one of three aged care facilities owned by two directors. An operations manager/registered nurse oversees the daily operations and is supported by a full-time clinical manager/registered nurse.

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

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

Two of the two shortfalls identified as part of the previous audit have been addressed. These were around: care plan documentation and verbal orders for medication.

This audit has identified two areas requiring improvement around; implementation of care and signing for medications.

Consumer rights

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

Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. | | Standards applicable to this service fully attained. |
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Palms Home & Hospital has a fully implemented, robust, quality and risk system in place. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys. Incidents are appropriately managed. The service has policies and procedures that are reviewed by an external consultant.

The service has human resources procedures for staff recruitment and employment. There is an implemented orientation programme and an implemented annual training schedule in place. Human resources are managed in accordance with good employment practice.

Caregivers, residents and family members reported staffing levels are sufficient to meet residents' needs. There is a minimum of one registered nurse on-site 24 hours a day, seven days a week.

Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. | | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |
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The registered nurses are responsible for each stage of service provision. A registered nurse assesses and regularly reviews residents' health status.

Care plans are developed in consultation with the resident and/or family input. Care plans demonstrate allied health input into the care of the resident. Overall changes to health status and interventions required were updated on the care plans to reflect the residents' current health status. Care plans are reviewed six-monthly. The contracted medical practitioner completes three-monthly resident reviews or earlier due to health changes.

Medication policies reflect legislative medicine management and guidelines. All staff responsible for administration of medicines complete education and medicine competencies.

An activities programme is in place. The programme includes outings, entertainment, activities and cultural days that meet the recreational preferences of the rest home and hospital level residents at the service. Residents expressed satisfaction with the activities provided.

All food is prepared on site. Residents' nutritional needs were identified and documented. Ethnic food preferences are accommodated. Alternative choices are available for dislikes. Meals were well presented. Residents commented positively on the meals.

Safe and appropriate environment

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| 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 facility has a current building warrant of fitness. Hot water temperatures are monitored and recorded. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of equipment and mobility aids. There are sufficient communal areas within the facility including lounge and dining areas. External and deck areas are accessible with suitable pathways, seating and shade.

Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. | | Standards applicable to this service fully attained. |
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The definitions of restraints and enablers are congruent with the definition in the restraint minimisation standard. The service had five residents assessed as requiring bedrails as a restraint. No residents were using an enabler. Staff receive education and training in restraint minimisation and managing challenging behaviours that begins during their orientation.

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.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is a registered nurse. The infection control coordinator has completed external training. Staff attend annual infection control education. There is a suite of infection control policies and guidelines that meet infection control standards.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Standards | 0 | 15 | 0 | 0 | 2 | 0 | 0 |
| Criteria | 0 | 41 | 0 | 0 | 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 |
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| <p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p> | FA | <p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the operations manager using a complaints' register.</p> <p>There have been two complaints made in 2019 and none year to date for 2020. Both complaints for 2019 were through the Health & Disability Commission. Both complaints remain open and in progress with the Health & Disability Commission.</p> <p>Residents (three rest home and three hospital) and family members advised that they are aware of the complaint's procedure. Discussion around concerns, complaints and compliments was evident in facility meeting minutes.</p> |
| <p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p> | FA | <p>There is a policy to guide staff on the process around open disclosure. The operations manager and clinical manager confirmed family are kept informed. Two hospital relatives interviewed stated they are notified promptly of any incidents/accidents. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management. Resident meetings encourage open discussion around the services provided (meeting minutes sighted). Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Relatives interviewed stated they are notified promptly of any changes to residents' health status.</p> |

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| communication. | | Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required. |
| <p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p> | FA | <p>Palms Rest Home and Hospital provides care for up to 44 residents. Twenty-one of the beds are dual purpose beds (hospital and rest home). On the day of audit, there were 36 residents. This included 12 rest home level residents and 24 hospital level residents living at the facility. Four residents (one rest home and three hospital) were funded through the Long-Term Chronic Support contract and two hospital residents were on respite. All other residents are under the Age-Related Residential Care (ARRC).</p> <p>There is a two-year business plan and five-year strategic plan in place. There are regular reviews and follow-up of the business plan documented. The service has quality goals and a documented quality plan purchased from an external consultant. Palms Rest Home and Hospital is one of the three aged care facilities owned by two directors.</p> <p>The operations manager is a registered nurse who has been in the role since 2017. She is supported by an experienced clinical manager (registered nurse), with a background in aged care.</p> <p>The operations manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility.</p> |
| <p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p> | FA | <p>Palms Home and Hospital has a well-established and comprehensive quality and risk programme purchased from an external consultant. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Staff (four caregivers, one registered nurse, the clinical manager, one cook, one activities person and the maintenance person) confirmed they are made aware of any new/reviewed policies.</p> <p>The operations manager described supportive directors who visit or phone most days.</p> <p>Monthly quality meeting/staff minutes sighted evidenced staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. The service collates accident/incident and infection control data. Monthly comparisons include trend analysis and graphs. The staff interviewed were aware of quality data results, trends and corrective actions.</p> <p>There is a robust internal audit programme that covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. A summary of internal audit outcomes is provided to the quality meetings for discussion. Corrective actions are developed, implemented and signed off.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide</p> |

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| | | <p>practice. The operations manager is responsible for health and safety. There is a current hazard register which was last reviewed April 2019. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>The service has detailed emergency plans covering all types of emergency situations and staff receive ongoing training around this.</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The service has lifting belts, hip protectors and sensor mats in place.</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> | FA | <p>The service collects incident and accident data on forms and enters them into a register. A monthly 'moving on audits' action plan is developed and discussed at the monthly staff meetings/quality and health and safety meetings.</p> <p>Ten incident forms were reviewed. All incident forms identified a timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for unwitnessed falls and any known head injury. The next of kin had been notified for all required incidents/accidents. The caregivers interviewed could discuss the incident reporting process. The operations manager collects incident forms, investigates and reviews and implements corrective actions as required. The service has an action plan in place to minimise falls and falls document a continued downward trend along with a reduction in skin tears.</p> <p>The facility manager interviewed could describe situations that would require reporting to relevant authorities. The service has reported one pressure injury to the Ministry of Health.</p> |
| <p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p> | FA | <p>There are human resources policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Five staff files were reviewed (two RNs, and three caregivers). All files contained relevant employment documentation including current performance appraisals and completed orientations. Current practising certificates were sighted for the registered nurses. All required staff have been employed and appropriate employment practices followed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice in the provision of rest home and hospital level care.</p> <p>Staff interviewed believed new staff are adequately orientated to the service on employment.</p> <p>There is a comprehensive annual education planner in place that covers compulsory education requirements. The planner and individual attendance records are updated after each session. The programme has been updated to include caring for residents with a higher level of care including (but not limited to) manual handling</p> |

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| | | and turning residents, pressure injury prevention, end of life, continence and care of catheters. Three of the eight RNs have completed interRAI training. Clinical staff complete competencies relevant to their role. The RNs and clinical manager have completed syringe driver training and have access to external training. The manager is also a link nurse for the palliative care service. |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | FA | <p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery, meeting contractual requirements.</p> <p>The operations manager and clinical manager (both registered nurses) are on site Monday to Friday and on call after hours.</p> <p>One staff RN is rostered on for each of the AM, PM and night shifts. The operations manager and clinical manager share the on-call roster.</p> <p>There are three wings. Each wing (Nikau [occupancy: four rest home, nine hospital], Phoenix [occupancy: seven rest home, nine hospital], and Silkfan [occupancy: one rest home, six hospital]) is staffed with two caregivers on the AM shift; one full shift and one short shift that can be extended depending on acuity.</p> <p>The PM shift is staffed with two caregivers from 3 pm – 11 pm and one caregiver from 3 pm – 9 pm and one from 4.30pm to 6.30pm.</p> <p>The night staff is covered by two caregivers (in addition to one RN).</p> <p>There are separate cleaning/laundry staff providing cover seven days a week. An activities coordinator is rostered Monday – Sunday.</p> <p>Staff reported that staffing levels and the skill mix were appropriate and safe. Residents and family interviewed advised that they felt there is sufficient staffing.</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> | PA Moderate | <p>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All residents have individual medication orders with photo identification and allergy status documented. The service uses a roll pack system for tablets and other medicines are pharmacy packaged. All medicines are stored securely when not in use. A verification check is completed by the RN against the resident's medicine order when new medicines are supplied from the pharmacy. There were no verbal orders documented since the introduction of an electronic medication system. Staff were able to explain the process for verbal orders. This is an improvement from the previous audit. Short-life medications (i.e., eye drops and ointments) are dated once opened.</p> <p>All long-term residents have their medication recording on an electronic system, respite residents use a paper-</p> |

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| | | <p>based medication system. Administration sheets sampled were not all appropriately signed for the respite resident. Seven electronic medication charts (long term residents) reviewed identified 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 were no residents who self-administer medicines.</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 at Palms Rest Home and Hospital are prepared and cooked on site.</p> <p>The menu has been approved by a dietitian. A food services manual is available to ensure that all stages of food delivery to residents comply with standards, legislation and guidelines. All fridges and freezer temperatures are recorded daily on the recording sheet sighted. Food temperatures are recorded daily. The food control plan has been approved until June 2020. All food is served directly from the kitchen to residents in the dining room or to their rooms as required. A tray service is available if required by residents. All residents have a nutritional profile developed on admission, which identifies their dietary requirements, likes and dislikes. This profile is reviewed six monthly as part of their care plan review. Changes to residents' dietary needs are communicated to the kitchen staff. Residents' weights are recorded.</p> <p>Dietary needs are known with individual likes and dislikes accommodated. The service has a number of residents of other ethnicities. This has been recognised in the menu plan, which includes a daily vegetarian menu and a daily Pacific Island menu. Residents may also choose from the usual menu. The vegetarian menu meets cultural needs around no meats (for example no pork or chicken). Pureed, gluten free and diabetic desserts are also available.</p> <p>Staff were observed assisting residents with their meals and drinks. Supplements are provided to residents with identified weight loss issues.</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 files reviewed included an initial assessment and (initial) short-term care plan. Long-term care plans were in place for the long-term resident files reviewed and an interim care plan for the respite resident. Short-term care plans were available for use to document any changes in health needs. Short-term care plans were evidenced for skin tears, short course antibiotics, bruising and weight loss. The four long term resident files reviewed were all up to date and documented evidence of updating with changes to resident care needs, this is an improvement from the previous audit.</p> |
| <p>Standard 1.3.6: Service Delivery/Interventions</p> | PA Moderate | <p>Four long-term care plans and the respite care plan reviewed included interventions that reflected the resident's current needs. When a residents' condition changes the RN initiates a GP visit or specialist referral.</p> |

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| <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p> | | <p>Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status. Registered nurses were regularly involved in resident daily care and ongoing assessments as identified in the progress notes.</p> <p>Continence products are available and resident files included bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>The service had four wounds documented including one grade two pressure injury. Wound documentation was reviewed for all four wounds. Wound assessment and management plans were documented, but a complete evaluation of the wound was not always documented.</p> <p>Caregivers reported that a range of equipment was readily available as needed, including hoists and manual handling equipment. Caregivers reported that equipment was made available as needed. On the day of audit two residents were noted to be nursed on pressure relieving mattresses that had deflated.</p> <p>Monitoring charts were well utilised and examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required.</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 operations manager and an activities staff member provide organised activities for seven hours per day, seven days per week.</p> <p>Group activities are provided in the large communal dining room, in seating areas and outdoors in the gardens when weather permits. Group activities are varied to meet the needs of both higher functioning residents and those that require more assistance.</p> <p>Individual activities are provided in residents' rooms or wherever applicable.</p> <p>On the days of the audit, residents were observed being actively involved with a variety of activities. The group activities programme is developed monthly, and a copy of the programme is available in the lounge, on noticeboards and in each resident room. The group programme includes residents being involved within the community with social clubs, churches and schools.</p> <p>The activity person or operations manager interviews each newly admitted resident on or soon after admission and takes a social history. This information is then used to develop a diversional therapy plan, which is then reviewed six-monthly as part of the interRAI and care plan review/evaluation process. Residents and relatives interviewed were overall happy with the activities provided.</p> |

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| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | <p>FA</p> | <p>In the residents' files reviewed, all initial care plans have been documented and evaluated by the RN within three weeks of admission. Long-term care plans have been reviewed at least six-monthly or earlier for any health changes and document progress towards goals. The GP reviews the residents at least three-monthly or earlier if required. Evidence of three-monthly GP reviews are documented in all residents' files sampled. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem was ongoing.</p> |
| <p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p> | <p>FA</p> | <p>The building has a current building warrant of fitness which expires September 2020. There is a maintenance person employed to address the reactive and planned maintenance programme. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. External areas are well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p> <p>The corridors are wide enough to promote safe mobility. Residents were observed moving freely around the areas with mobility aids where required. There are external areas and gardens, which are easily accessible.</p> <p>Care staff stated that they have all the equipment referred to in care plans, to provide safe and timely care such as hoists, wheel-on scale, electric beds, ultra-low beds, hospital recliners, wheelchairs, mobility aids, transfer belts, pressure relieving mattresses (link 1.3.6.1).</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>Policies and procedures document infection prevention and control surveillance methods. The surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Infection control internal audits have been completed. Infection rates have been low. Trends are identified and quality initiatives are discussed at staff meetings. There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided.</p> <p>There have been no outbreaks since the previous audit. Systems are in place that are appropriate to the size and complexity of the facility.</p> |
| <p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that</p> | <p>FA</p> | <p>Restraint minimisation and safe practice policies and procedures are in place. Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. The restraint register has documented five residents using a restraint (bedrails only) and no residents using an enabler. Two resident files reviewed for residents with a restraint confirmed that an assessment, consent, six</p> |

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| <p>the use of restraint is actively minimised.</p> | | <p>monthly review and care plan interventions were all documented. Restraint training is included in the induction programme and in-service education programme.</p> <p>The restraint policy includes the definition of restraint and enablers and comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirmed their understanding of restraints and enablers.</p> |
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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) |
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| <p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p> | PA Moderate | Three respite residents' paper-based medication charts reviewed all documented that the GP has prescribed and signed for medications. Not all medications had been signed for on administration. | One paper-based medication signing sheet did not record all regular medication had been administered as per chart. | <p>Ensure that the medication signing sheet is signed when medications are administered.</p> <p>30 days</p> |
| <p>Criterion 1.3.6.1</p> <p>The provision of services and/or</p> | PA Moderate | There are policies, procedures, documentation templates, equipment and appropriate staff to ensure that residents | (i). Wound care evaluations did not include the size of the wound for one hospital level resident with a | (i). Ensure that wound evaluations |

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| <p>interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p> | | <p>are provided with a high standard of care. Wound care evaluation templates were not fully completed and two air mattresses were not functioning during the audit.</p> | <p>pressure injury, one hospital level resident with a chronic ulcer and one rest home resident with a skin tear.</p> <p>(ii). On day one of the audit one resident was found to be nursed on a deflated air mattress and on day two, another resident was found to be nursed on a deflated mattress. The mattresses were replaced immediately on both occasions.</p> | <p>include documenting the size of the wound.</p> <p>(ii). Ensure that all air mattresses are monitored and remain inflated.</p> <p>60 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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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| No data to display |
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End of the report.