

Bainswood House Rest Home Limited - Bainswood House Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bainswood House Rest Home Limited
Premises audited:	Bainswood House Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 September 2020 End date: 15 September 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:	35



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

Bainswood House Rest Home is part of the Arvida group. The service provides rest home level of care for up to 40 residents. On the day of the audit there were 35 residents including 9 residents receiving rest home care in the studio apartments. The residents commented positively on the care and services provided at Bainswood rest home.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Services 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, relatives, and staff.

The general manager (non-clinical) and manager (enrolled nurse) both have experience in aged care management. They are supported by a clinical manager (registered nurse), registered nurses, and an external quality coordinator and Arvida support office. There is a team of long-standing staff.

This surveillance audit identified areas for improvement around medicine 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.		Standards applicable to this service fully attained.
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Policies are implemented to support residents' rights, communication, and complaints management. Regular resident meetings are held. Resident/relative surveys provide an opportunity for feedback on the services. Open communication is encouraged, and management operate an open-door policy. 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.		Standards applicable to this service fully attained.
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Bainswood House has a current business plan and a quality and risk management programme that outlines goals for the year. Meetings are held to discuss quality and risk management processes. An internal audit programme identifies corrective actions and areas for improvement which have been implemented. Residents and relatives are provided the opportunity to feedback on service delivery issues at resident meetings and via annual resident/relative satisfaction surveys. Health and safety policies, systems and processes are implemented to manage risk. Incidents are collated monthly and reported at facility meetings. There is an annual education and training programme in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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The registered nurse assesses, plans, and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

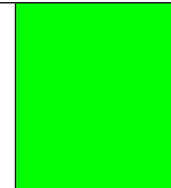
Medication policies to include legislative requirements and guidelines are documented. The registered nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies. The medicine charts reviewed met legislative prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist and diversional therapy assistant coordinate/implement an interesting and varied activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and preferences of each resident group.

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.

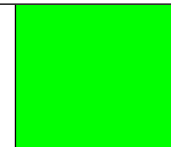


Standards applicable to this service fully attained.

The building has a current warrant of fitness. A preventative and reactive maintenance schedule is maintained. The facility is all on one level. Residents have safe access to all communal areas when using mobility aids. The gardens and outdoor areas are well maintained and provide seating and shade.

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.

Bainswood House has restraint minimisation and safe practice policies and procedures in place. During the audit, there were no residents using restraints or requiring enablers. Staff receive training around restraint minimisation.

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 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. There have been no outbreaks in 2020, the three outbreaks in 2019 were well managed and documented.

Covid-19 policies and procedures have been developed and implemented. Wellness declarations and contact tracing measures remain in place, in line with current regulations. There were plenty supplies of personal protective equipment and hand sanitiser sighted.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	1	0	0	0
Criteria	0	40	0	1	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission via the information pack. Complaint forms are available at each entrance of the services. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is available. Five complaints have been received at Bainswood House since the last audit; three made in 2018, two received in 2019 and no complaints have been made in 2020 (year to date). The complaints reviewed have been managed appropriately with acknowledgement, investigations and responses recorded. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Ten incident/accidents forms reviewed for August and September 2020 had documented evidence of family notification or noted if family did not wish to be informed. Two relatives interviewed confirmed that they are notified of any changes in their family member's health status. Five residents interviewed stated that they were welcomed on entry and were given time and explanation about the services and procedures. Interpreter services are available as required.</p>

conducive to effective communication.		
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Bainswood House rest home is owned and operated by the Arvida Group. Bainswood House provides rest home level of care for up to 40 residents including 26 rest home beds and up to 14 serviced apartments certified for rest home level of care. On the day of the audit there were 35 residents in total, 26 residents in the rest home and 9 residents in the serviced apartments. All residents were admitted under the age-related residential care (ARRC) contract. There are three local Arvida Bainswood facilities (Bainswood House, Bainswood on Victoria and Bainslea House) owned by the Arvida group which share resources such as maintenance and education sessions.</p> <p>The village manager (non-clinical) is experienced in village management. He has been in the village manager role at Bainswood House for 14 years. He is supported by a nurse manager, who has been in the position for ten years and two registered nurses (RN). There is also a quality coordinator/EN (present on the day of the audit) who works two days per month at each of the three Bainswood facilities and has been in the role for four years. The management team are also supported by the general manager operations, general manager wellness and care and a national quality manager.</p> <p>The village manager provides a monthly report on a variety of operational issues. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement. Bainswood House has a business plan for 2020/2021. The business plan is regularly reviewed.</p> <p>The village manager and nurse manager has attended at least eight hours of professional development that relates to managing a rest home.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>There is a business plan that includes quality goals and risk management programme for Bainswood House. Interviews with staff confirmed that there is discussion about quality data at various staff meetings, including the quality improvement/infection control, health and safety committee, staff and RN meetings. The village manager, nurse manager and quality coordinator are responsible for providing oversight of the quality programme on-site, which is also monitored at organisational level. The quality and risk management programme is designed to monitor contractual and standards compliance. Staff interviewed could describe the quality programme corrective action process. The site-specific service's policies are reviewed at least every two years across the group. New/updated policies are uploaded to the intranet by support office. Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. Restraint and enabler use are reviewed at the monthly quality improvement/infection control meeting.</p> <p>The service has a health and safety management system (Mango) that is regularly reviewed. Health and safety goals are established and regularly reviewed at the village manager's monthly teleconference meeting. Risk management, hazard control and emergency policies and procedures are being implemented and are monitored at</p>

		<p>the monthly health and safety committee meeting. Hazard identification forms and an up-to-date hazard register (last reviewed in June 2020) are in place. Resident/family meetings occur every two months. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff, and families. There were no improvement areas identified from the resident/relative satisfaction survey completed in January 2020. 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.</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>There is an accidents and incidents reporting policy. The quality coordinator investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff meetings including actions to minimise recurrence. An RN conducts clinical follow-up of residents. Incident forms reviewed demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Neurological observation forms were documented and completed for five unwitnessed falls with potential head injury. Discussions with the nurse manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There had been no section 31 incident notifications required since the last audit. Three outbreaks in 2019 were all notified to public health authorities.</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 resource management policies in place. This includes that the recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and veracity. Five staff files were reviewed (one nurse manager, one RN, two caregivers and one diversional therapist). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. A copy of practising certificates is kept. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>Completed orientation is on files, and staff described the orientation programme. The in-service education programme for 2019 has been completed and the plan for 2020 is being implemented. Discussions with the caregivers and RNs confirmed that in-house training through Altura (online) is available. The nurse manager and RNs are able to attend external training, including sessions provided by the local district health board (DHB). Discussions with the caregivers and the RNs confirmed that ongoing training is encouraged and supported by the service. Eight hours of staff development or in-service education has been provided annually. There are two RNs,</p>

		and both have completed interRAI training.
<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>Bainswood House policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 32 staff in various roles. The village manager and nurse manager each work 40 hours per week from Monday to Friday. The nurse manager is available on call after-hours for any clinical issues, during her absence the RN is on call. The village manager is on call for any non-clinical related issues. There are dedicated activities, housekeeping, and laundry staff. Interviews with staff, residents and family member confirmed there are sufficient staff to meet the needs of residents.</p> <p>At the time of the audit of the service, there were 35 residents in total, 26 residents in the rest home and 9 rest home residents in the certified serviced apartments. There is one RN on duty on the morning shift.</p> <p>The RNs are supported by three caregivers on the morning shift: 1x 7 am to 3.30 pm and 2x 7 am to 1 pm.</p> <p>The afternoon shift has two caregivers: 1x 3 pm to 11 pm and 1x 1 pm to 9 pm. There are two caregivers (one senior caregiver) on the nightshift from 10.45 pm to 7.15 am.</p> <p>In the serviced apartments, there is one caregiver on duty from 8.45 am to 12 midday and one caregiver on duty for the afternoon from 4.30 pm to 11 pm.</p> <p>One of the senior caregivers in the rest home supervise the rest home level care residents in the serviced apartments on the night shift. There is always a minimum of one care staff trained in first aid on duty.</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 Low	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Clinical staff who administer medications (registered nurses and senior caregivers) have been assessed for competency on an annual basis. Annual education around safe medication administration has been provided. Registered nurses complete syringe driver training. Four-weekly delivery of blister packs are checked against the medication charts by the RNs. The medication fridge and medication room temperatures are checked daily and maintained within the acceptable temperature range. All eye drops, and ointments sighted were dated on opening. Three residents who are self-medicating are managed according to policy, and three-monthly competencies were sighted. Ten electronic medication charts were reviewed. All had photo identification and had been reviewed by the GP at least three-monthly. 'As required' medication had indications for use. There were documentation gaps identified in the controlled drug register.</p>
<p>Standard 1.3.13: Nutrition, Safe Food,</p>	FA	<p>All meals and baking are prepared and cooked on site. There are dedicated kitchen staff (two cooks and two kitchenhands). Staff who perform kitchen duties have completed food safety training. The food control plan expires</p>

<p>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>14 June 2021. The four-weekly seasonal menu has been reviewed by a dietitian. Fridge temperatures are taken daily and freezer temperatures weekly. Cleaning schedules are maintained. End-cooked food temperatures are taken on all foods daily and recorded. Perishable foods sighted in the fridge were covered and dated. Dried goods in the pantry are dated and goods are rotated when orders are delivered.</p> <p>Food is served directly through the serving hatch from the bain maries' in the main kitchen to the large dining room. Resident dislikes are known and accommodated. Resident meetings along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and relatives interviewed were very satisfied with the food and confirmed alternative food choices were offered for any dislikes.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition alters, the RN initiates a review and if required, GP, nurse specialist consultation. There is documented evidence in the electronic file that evidences family were notified of any changes to their relative's health including (but not limited to): accident/incidents, behaviours, infections, health professional visits, referrals and changes in medications. Pain charts were in use for residents on PRN pain control medication. The long-term care plan is updated to reflect acute/short-term changes such as infections. The appropriate care plan remains 'under review' until the short-term need has been resolved.</p> <p>Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. There were six residents with current wounds on the day of the audit (three skin tears, one abrasion and two chronic ulcers). All wounds had assessments, wound management plans and evaluations with corresponding photographs scanned onto the electronic system for evaluation. Evaluations reflect progression or deterioration of the wound. The wound care specialist has had involvement with the chronic wounds.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. There is dietitian involvement where required.</p> <p>Monitoring occurs for weight, blood pressure, blood sugar levels, pain, neurological observations, food, and fluid charts. These were sighted across the files reviewed. The RN monitors and reviews the monitoring forms daily on the electronic system. Caregivers report any changes to the RN.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a</p>	<p>FA</p>	<p>The service employs a qualified diversional therapist (DT) and one diversional therapy assistant. The diversional therapist assistant was interviewed, (the DT was not available for interview). The diversional therapist works 35 hours a week, and the DT assistant works 22.5 hours a week. Working hours are flexible around resident activities such as outings and current Covid-19 restrictions.</p> <p>A resident social profile is completed on admission. Individual activity plans were seen in the resident files and have</p>

<p>consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>been developed by the DT in partnership with the resident. The DT is involved in the six-monthly review with the clinical manager/RN. Attendance records are maintained, and the DT assistant completes a monthly overview of activities each resident has attended, in the resident files.</p> <p>Activities are run from Monday to Friday. The monthly programme included activities such as van outings, quizzes, floor games, word builders, exercises, walks, gardening, music, happy hours and newspaper reading. The planner is subject to change if the residents choose to participate in other activities, weather permitting. Themes are celebrated for each month, recently, six staff and three residents shaved their heads to raise money for cancer research. Celebrations are celebrated. Currently the residents are exhibiting crafts around the facility including (but not limited to) painting displays, knitting, and crochet.</p> <p>Residents are supported to attend community events and groups such as the Totara club, and visits to the library. Monthly church services are held, and communion are held on site. One-on-one time is spent with residents who choose not to participate in group activities.</p> <p>Household (unit) resident meetings are held monthly and are facilitated by the DT. Meeting minutes evidenced residents discuss issues and concerns and provide suggestions and feedback.</p>
<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>InterRAI re-assessments have been completed six-monthly in support of reviewing the care plan. Each section of the care plan is evaluated as care needs change and six-monthly. Residents and relatives interviewed confirmed they are invited to attend the six-monthly MDT review and informed of any changes if unable to attend. Case Conference (multi-disciplinary meeting) checklist on the electronic system includes a holistic evaluation of care and support including input from allied health and medical staff. The GP 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 and long-term care plans. Changes to the electronic long-term care plan identify name and date to reflect the update.</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 that expires 1 June 2021. A maintenance book is used for repairs and maintenance on request. Essential contractors are available 24 hours. There is a monthly planned maintenance schedule that includes environmental maintenance and resident related equipment. Hot water temperatures in resident areas are monitored monthly and have been maintained below 45 degrees Celsius. Electrical equipment has been tested and tagged and resident-related equipment has been calibrated annually.</p> <p>The facility has wide corridors and sufficient space for residents to safely mobilise using mobility aids. There is safe access to the outdoor areas and well-maintained gardens. Seating and shade are provided.</p> <p>The caregivers stated they have sufficient equipment to safely deliver the cares as outlined in the resident care</p>

		plans.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Arvida group infection control manual. Monthly infection data is collected for all infections based on signs, symptoms and definition of infection. Interventions around infections is included in the long-term care plan which is 'under review' until the infection has resolved. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and analysed for trends monthly and annually against organisational key performance indicators. Committee meeting minutes and monthly infection analysis is displayed on the staff noticeboard.</p> <p>There were three outbreaks in 2019, two norovirus, and one gastroenteritis. There have been no outbreaks in 2020. There is documented evidence of relevant authorities notified. Case logs were sighted and maintained in the 'outbreak' folder. There has been an evaluation, staff debrief and education around outbreak management.</p> <p>Covid-19 was well managed in the facility. A separate resource folder has been maintained with all new information available to staff. Covid-19 policies and procedures have been developed and implemented. Meetings with the Arvida team were held via Zoom. Arvida Bainswood continue to implement wellness logs, and restricted visiting and masks are provided for visitors. There are plenty supplies of personal protective equipment available, and hand sanitiser is available at the front entrance and throughout the facility.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. At the time of the audit there were no residents with restraints or using an enabler. The service continues to remain a restraint-free environment. Restraint minimisation is overseen by a restraint coordinator. Staff education on restraint minimisation has been provided.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	The controlled drugs were stored appropriately and correctly signed as administered in the drug chart and in the register by two medicine competent staff, however the weekly checks have not always been completed according to policy.	The weekly checks of the controlled drug register have not consistently been completed, gaps of up to three weeks were identified.	<p>Ensure the weekly checks of the controlled drugs are completed weekly as per policy.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.