

Logan Samuel Limited - Anne Maree Court

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 The DAA Group 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:	Logan Samuel Limited
Premises audited:	Anne Maree Court
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 1 April 2015 End date: 2 April 2015
Proposed changes to current services (if any):	The service as added one additional dual purpose (rest home or hospital bed) since the last audit. This takes the maximum capacity to 57 residents.
Total beds occupied across all premises included in the audit on the first day of the audit:	52

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

Anne Maree Court is a family owned and operated service. The service provides rest home and hospital level of care for up to 57 residents. There were 52 residents at the time of audit; 22 receiving rest home level of care and 30 hospital level of care.

A full certification audit was conducted against the Health and Disability Services Standards and the services' contract with the district health board. The audit process included the onsite audit included the review of documentation, observations and interviews. The documentation review included a selected number of rest home and hospital residents' files. Interviews were conducted with the owner, management, staff, residents, family/whanau and general practitioners to verify the documented evidence. The audit report is an evaluation of the combined evidence on how the service meets each of the standards.

There were no required improvements identified at this audit.

The strengths of the service include how the service provides flexible and individualised care, the activities programme and the implementation of the quality and risk systems, including a project on the food services.

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.

Staff demonstrated good knowledge and practice of respecting residents' rights in their day to day interactions. Staff receive ongoing education on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code).

Residents who identify as Maori have their cultural needs respected. The service provider reports there are no known barriers to Maori residents accessing the service. Services are planned to respect the resident's individual culture, values and beliefs.

Written consents are obtained from the residents' enduring power of attorney (EPOA) or appointed guardians. Processes are in place for advance care planning and, as medically indicated, resuscitation directives are recorded.

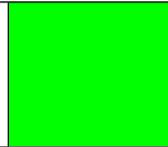
The organisation provides services that reflect current accepted good practice. This was evidenced in the guidelines for general care and the care of residents who are living with dementia. Evidence-based practice was observed, promoting and encouraging good practices.

Linkages with family and the community are encouraged and maintained.

The complaints process was robust and all complaints in the register were effectively closed out.

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.

Organisational structures and processes are monitored at organisational level. Service performance is aligned with the organisation`s philosophy and goals identified in the quality and risk plan.

Anne Marie Court has a documented quality and risk management system that supports the provision of clinical care and support. Policies are reviewed by the management team annually and quality and risk performance is reported through meetings at the facility and monitored by the management team. Review of service delivery includes incidents/accidents, infections, complaints and reports from the internal audit programme.

The service gained three ratings beyond the required full attainment for the continuous extensive quality improvements and promotion of quality and staff involvement in the quality and risk programme.

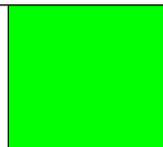
The adverse event reporting system is planned and coordinated with staff documenting and reporting adverse, unplanned or untoward events.

Policies and procedures are documented to guide staff on all aspects of service delivery. The manager is suitably qualified and is supported by a clinical manager. Resident and staff records reviewed were well documented and maintained by the clinical nurse manager and the manager.

Systems for human resources management are established. The education programme for all staff is available and planned for the year. Staff education is encouraged.

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.



Standards applicable to this service fully attained.

The entry criteria for the rest home and hospital level of care is clearly documented and communicated to the potential resident, family/whanau and referring agencies. If entry to the service is declined, a record is maintained and the potential resident and/or their family/whānau referred to a more appropriate service.

Residents receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals. Each stage of service provision is undertaken by suitably qualified and/or experienced staff who are competent to perform the function. The processes for assessment, planning, provision, evaluation, review, and exit are provided within time frames that safely meet the needs of the resident and contractual requirements. The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach to care delivery.

The needs, outcomes, and/or goals of residents are identified through the assessment process and documented to serve as the basis for care planning. The care plans reviewed described the required support and/or intervention to achieve the desired outcomes. The provision of services and interventions is consistent with, and contributes to, meeting the residents' needs. The care is evaluated at least six monthly, or sooner if there is a change in the residents' needs. Where progress is different from expected, the service responds by initiating changes to the care plan or with the use of short term care plans.

Referral to other health and/or disability service providers is appropriately facilitated with staff identifying, documenting and minimising any associated risks at any transition point, and at discharge or transfer.

The service provides a planned activities programme. The activities are planned to develop and maintain skills and interests that are meaningful to the resident.

There are processes in place for a safe medicine management system. The service had introduced a 'cloud' based medicine management system. Staff responsible for medicine management have been assessed as competent to perform the function for each stage they manage.

The residents expressed high praise for the meal services. The menu has been reviewed by a dietitian as suitable for the older person living in long term care. The service has conducted a project on the foods services, which has demonstrated improvements and outcomes for residents.

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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All building and plant comply with legislation with a current building warrant of fitness displayed. Ongoing maintenance ensures the building is maintained to a high standard. Fixtures, fittings, floor and wall surfaces are made of accepted materials for this environment.

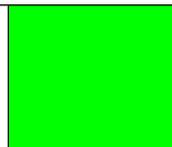
Resident rooms are of an appropriate size to allow for care to be provided and for the safe use and manoeuvring of mobility aids.

Routine safety checks and internal audits are performed by maintenance personal and management. A quality and risk finding during a routine internal health and safety audit process led to a continuous improvement being attained in relation to quality and risk and improvement of resident safety.

Emergency preparedness was evident with adequate resources being available in the event of an emergency. All staff were trained appropriately in all aspects of health and safety in the work place.

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.

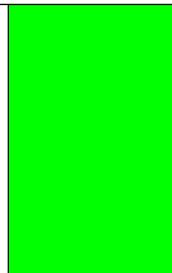


Standards applicable to this service fully attained.

The service had a commitment to a policy of `non-restraint` and appropriate use of restraint/enablers, should these be required. Clear definitions in the policies reviewed ensured staff understood the implication of restraint and enabler use. Restraint and enablers are only used as a last resort. There were no enablers or restraint in use at the time of audit. A restraint coordinator has very recently been appointed and the manager was overseeing the programme, in the interim. Both people are responsible for any restraint and understood that the safety of residents was paramount.

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.

There is a managed environment, which minimises the risk of infection to residents, service providers, and visitors. The service has a clearly defined and documented infection control programme that is reviewed at least annually. There were adequate human, physical, and information resources to implement the infection control programme and meet the needs of the service. The documented policies and procedures for the prevention and control of infections reflects current accepted good practice and relevant legislative requirements. These policies and procedures are practical, safe, and suitable for rest home and hospital level of care.

Surveillance for infection is conducted monthly with agreed objectives, priorities, and methods that have been specified in the infection control programme. Results of surveillance, conclusions, and specific recommendations to assist in preventing infections were acted upon, evaluated, and reported to staff and management in a timely manner.

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	45	0	0	0	0	0
Criteria	3	90	0	0	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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) was displayed throughout the facility. New residents and families were provided with copies of the Code as part of the admission process.</p> <p>The clinical staff interviewed (one registered nurse (RN) and seven caregivers) demonstrated knowledge on the Code and its implementation in their day to day practice. Staff were observed to be respecting the residents' rights.</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 informed choices and give informed consent.</p>	FA	<p>The residents' files reviewed had consent forms signed by the resident or by the enduring power of attorney (EPOA). The caregivers interviewed demonstrated their ability to provide information that residents require in order for the residents to be actively involved in their care and decision-making. The files reviewed contained copies of advance care planning and the resident's wishes for end of life care. Staff acknowledged the resident's right to make choices based on information presented to them. The service does have a number of cognitively impaired residents and staff demonstrate good knowledge</p>

		on management of challenging behaviours.
<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>	FA	<p>The family/whanau interviewed report that they were provided with information regarding access to advocacy services. Family/whānau were encouraged to involve themselves as advocates. Contact details for the Nationwide Health and Disability Advocacy Service was listed in the client information booklet, with the brochure available at the entrances to the service. Education is conducted as part of the in-service education programme.</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>	FA	<p>There are no set visiting hours and family/whānau were encouraged to visit at any time. The family/whanau report there are no restrictions to visiting hours. Residents were supported and encouraged to access community services with visitors or as part of the planned activities programme.</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>	FA	<p>The complaints process sighted identified the required procedure. Complaints are dealt with in a professional manner with consideration to any cultural or other values. Complaints are actively managed in a timely manner and in accordance with the complaints policy, and any other statutory requirements relevant to the specific situation.</p> <p>Complaints management information is included in resident information packs given on admission and as confirmed by the nurse manager the process was discussed with family/whanau and residents as part of the admission process. Complaints forms are accessible to staff, residents and family as required.</p> <p>Staff interviewed confirmed their understanding of the complaints process.</p> <p>The complaints register identified all complaints were of a minor nature and no complaints are outstanding. Any service improvements from a complaint are shown as a corrective action. Any outcomes are monitored at facility and organisational level.</p> <p>The nurse manger confirmed there have been no external complaints received or issues based audits, Coroner`s inquests or police investigations since the previous audit.</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 family/whanau and residents report that the Code was explained to them on admission and was part of the admission pack. Nationwide Health and Disability Advocacy service information was part of the admission pack with brochures available at the entrance.</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>The service has two shared rooms, with these room shared by residents related to each other. The family/whanau interviewed reported that their relative is treated in a manner that shows regard to the resident's dignity, privacy and independence. The residents' files reviewed indicate that residents received services that are responsive to their needs, values and beliefs. The family/whanau and residents reported high satisfaction with the way that the service meets the needs of their relatives.</p> <p>The family/whanau and the one general practitioner (GP) interviewed express no concerns with abuse or neglect.</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, values and beliefs.</p>	<p>FA</p>	<p>There are residents who identify as Maori at the time of audit. These residents are related and share a room at their request. The nurse manager and RN reported that there are no barriers to Maori accessing the service. The caregivers interviewed demonstrated good understanding of services that are commensurate with the needs of the Maori residents and importance of whanau.</p>
<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>	<p>FA</p>	<p>Residents' files demonstrated consultation with families on the resident's individual values and beliefs. The family/whanau reported they were consulted with assessment and care plan development. The caregivers interviewed demonstrated good knowledge on respecting resident's culture, values and beliefs. The cultural needs of a resident who is from a different culture, had their specific needs recorded.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The staff files reviewed had job descriptions and employment agreements that had clear guidelines regarding professional boundaries. The family/whanau of residents interviewed reported they are happy with the care provided. The families expressed no concerns with breaches in professional boundaries and all reported high</p>

		satisfaction with the caring, calming and patient manner of the staff.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice was observed, promoting and encouraging good practice. Examples included policies and procedures that are linked to evidence-based practice, regular visits by the GP, links with the local mental health services and palliative care services. The DHB care guidelines for aged care are utilised. The gerontological nurse specialist visits residents as required to consult regarding residents who are referred for additional care advice. The service has implemented an electronic 'cloud' based medication managed system.</p> <p>There is regular in-service education and staff accessed external education that is focused on aged care and best practice. The caregivers interviewed reported that they were 'very satisfied' with the relevance of the education provided, especially around the management of challenging behaviours and this has resulted in improved service delivery. The family/whanau and residents expressed high satisfaction with the care delivered.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The service promotes an environment that optimises communication through the use of interpreter services as required and staff education related to appropriate communication methods. The service has not required access to interpreting services for the residents. Policies and procedures are in place if the interpreter services are needed to be accessed.</p> <p>The family/whanau interviews confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Evidence of open disclosure was documented in the family communication sheets, on the accident/incident form and in the residents' progress notes reviewed.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The Business Plan for 2014-2015 was reviewed. There is a documented mission, values and goals. These were communicated to residents, staff and family through information in booklets and in staff training provided annually.</p> <p>Interviews with family/whanau and residents confirmed they were satisfied with the services provided and that their needs were met. This was supported by the results of the 2014 resident satisfaction</p>

		<p>survey.</p> <p>The manager of the facility was appointed one year ago. The manager is a registered nurse with extensive, nursing and management and leadership experience with the District Health Board, aged care sector and the community. The manager has the authority, accountability and responsibility for the provision of services as documented in the job description for this role. The manager is directly responsible to the owner/director.</p> <p>The manager is well supported by a registered nurse who is the clinical nurse manager for the service (CNM). The CNM is very experienced in gerontology nursing and has been in the role for many years. The manager and CNM have maintained extensive education and training relevant to their positions.</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>	<p>FA</p>	<p>During a temporary absence of the manager the role is undertaken by the clinical nurse manager. The clinical nurse manager interviewed was well informed and experienced about all aspects of service delivery. The owner/director is also available for additional management advice when the manager is absent.</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>	<p>FA</p>	<p>The quality improvement plans documented in the Business Plan for 2014-2015 are appropriate for a residential care facility for the elderly. The document had been developed to provide the framework for monitoring and evaluation of quality improvement.</p> <p>The service implements organisational policies and procedures to support service delivery. All policies are subject to reviews as required with all policies current. Policies are linked to the Health and Disability Sector Standard, current and applicable legislation, and evidenced-based best practice guidelines. Policies are readily available in hard copy and electronically.</p> <p>Service delivery is monitored through complaints, review of incidents and accidents, surveillance of infections, and implementation of an internal audit programme with corrective action plans documented and evidence of resolution of issues completed. There is documentation that included collection, collation and analysis of data.</p> <p>Meeting minutes evidenced communication with all staff around the</p>

		<p>aspects of quality improvement and risk management. Meetings included registered nurse meetings, monthly management, staff and resident meetings and quality meetings. Staff, residents and family reported that they were kept informed of quality improvements.</p> <p>There was an annual family and resident satisfaction survey with a high level of satisfaction documented.</p> <p>The organisation has a quality and risk management programme in place. Health and safety policies and procedures are documented along with a hazard management programme. There was evidence of hazard identification forms completed when a hazard is identified. Hazards were addressed or risks minimised or isolated.</p> <p>The hazard register was available. All information was able to be easily reviewed. The maintenance person was unavailable to be interviewed but all records evidenced a high standard of documentation and knowledge related to risk management, communication and reporting systems 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>	<p>FA</p>	<p>The open disclosure policy identified that residents and their family/whanau have the right to know what has happened to them and to be kept well informed. As confirmed at interview with the manager, policy is followed to ensure the correct authority was notified in the event of serious harm, infectious disease outbreaks or sudden death.</p> <p>The accident and incident policy reviewed defines the meaning of incident and accident. This included personal injury, such as, skin tears, infections, falls and fractures and any incidents of abuse and/or neglect. Staff interviewed understood their responsibilities in relation to reporting incidents and accidents to management. The number of incidents are collated on a monthly basis. Any trends identified are notified and information fed back to the staff meetings, as confirmed in the meeting minutes sighted. The service identified strategies put in place in response to incidents and accidents and these were documented on the actual individual incident forms and on the resident's care plan as required.</p> <p>Interviews with staff, residents and family/whanau confirm adverse</p>

		events were discussed in an open and honest manner.
<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>The service providers support and facilitate training and education that is appropriate to the needs of the service and maintain records of the training provided. Training needs are identified in the annual performance appraisal process. Mandatory training to meet contractual obligations is two yearly, or more frequently for such topics as infection control and restraint minimisation and safe practice. The Aged Care Education (ACE) programme is facilitated. There are two trained assessors on site, the manager and the clinical nurse manager. Both on-site and off-site education is available for staff to attend. The education schedule was reviewed for 2015. Content had variety and meets all obligations of the provider's residential care contract with the district health board.</p> <p>The validation of professional qualifications is maintained by the manager and current annual practising certificates were sighted for all health professional employed and/or contracted to the service.</p> <p>Interviews with residents, family and the general practitioner confirmed the services provided are delivered to meet resident's needs.</p> <p>The recruitment process is robust and the manager employed the best possible and most appropriate person for each vacancy without discrimination. Job descriptions were available for each position and these were sighted in the staff records reviewed. Each staff member had their own personal record which was maintained by the manager. All new staff are supported to integrate into their new work environment and role. There was a checklist in place that was completed to identify that orientation had been completed and reviewed within three months of commencement of employment. Annual performance reviews are performed by the manager.</p> <p>Staff interviewed confirmed orientation allowed staff to undertake the role they are employed to do with confidence. Staff competencies are monitored by the clinical nurse manager, for example, medication competencies.</p> <p>Human resources management processes implemented meet legislative requirements and are reflective of current good practice.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a process to determine safe staffing levels at the facility. Service rosters for the last two months were reviewed and the manager explained the staff coverage for the twenty four hour period for seven days a week to ensure safe service delivery was maintained. There is a registered nurse on all shifts. There is always a staff member on duty who has a first aide certificate. The manager has discretion to extend hours and staff numbers to respond in certain circumstances, for example, for special events, resident acuity, issues, infection outbreaks and/or emergency situations if required.</p> <p>Information is available for bureau staff, to guide those appointed to the service, when needed. This included the telephone numbers of the staff on call, nurse call system, on call policy and security arrangements, emergency safety policy, discharge transfer checklist, civil defence communications and absconding residents` policy.</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>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission, with the involvement of the family. There is sufficient detail in resident files to identify residents` ongoing care history and activities.</p> <p>There are policies and procedures in place for privacy and confidentiality. Staff could describe the procedures for maintaining confidentiality of resident records. Files and relevant resident care and support information could be accessed in a timely manner.</p> <p>Entries are legible, dated and signed by the relevant care staff, registered nurse or other staff member including designation.</p> <p>Resident files are protected from unauthorised access by being locked away in the nurses` office.</p> <p>Information containing sensitive resident information was not displayed in a way that could be viewed by other members of the public. Individual resident files demonstrated service integration. This included medical care interventions. Medication charts were in a separate folder for medication.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent,</p>	<p>FA</p>	<p>The care facility provides rest home and hospital level care. The service does have a contract to provide long term care to younger</p>

<p>equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>(under 65) people who are living with a disability. There were no younger residents at the time of audit. The service has an enquiries list and potential residents are required to have an assessment for the appropriate level of care. The entry criteria, assessment and entry process was clearly documented and communicated to the potential resident and family/whanau.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>When admission was required to the acute care hospital, the service utilised the DHB's transfer form/envelope. The referral process documented any risks associated with each resident's transition, exit, discharge, or transfer. This included expressed concerns of the resident and family/whānau and a copy of any advance directives. With the transfer form/envelope, the RN reported that the service also provided a copy of any other relevant information, such as the medication chart. A file of a resident reviewed with a recent admission to the acute care hospital evidenced that the transfer to and from the hospital was effectively managed.</p>
<p>Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The service introduced a cloud based medication recording and administration system in March 2015. Most of the medicines are supplied by the pharmacy in a pre-packed administration system. The medicines that are not pre-packed, such as liquid medicines, are individually supplied for each resident. The medicines and pre-packed medicine sheets are checked for accuracy by the RN when delivered. The pre-packed medicines and the signing sheets are compared against the medicine prescription. The GP conducts a medicine reconciliation on admission to the service and when the resident has any changes made by other specialists, with the resident prescription updated in 'real time' and reflected immediately in the 'cloud' based medication management system. Safe medicine administration was observed at the time of audit.</p> <p>The medicines, controlled drugs and medicine trolley were securely stored. The medicine fridge was monitored for temperature daily, with the sighted temperatures within medicine storage guidelines. The management of the controlled drugs met legislation and best practice guidelines.</p> <p>All the medication files sampled in the electronic record had</p>

		<p>prescriptions that complied with legislation and aged care best practice guidelines. The medicine review date was recorded in the electronic records, with all residents having their medicines reviewed within the last three months.</p> <p>Medication competencies were sighted for all staff who assist with medicine management, this included the RNs and some senior caregivers. Only staff who have medicine competency can log into the medicine management system. Training for the 'Medi-Map' cloud based system was conducted in March 2015.</p> <p>The RN reported that there were no residents who self-administer medicines. The service has policies, procedures and self-administration guidelines to assess if a resident was competent to administer their own medicines.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management 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 menu was reviewed by a dietitian as suitable for the older person living in long term care. The service has a four week rotational menu with seasonal variations. Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets have these needs met. The residents reported satisfaction with the meals and fluids provided. An improvement project has resulted in increased resident satisfaction of the food service and improved patient resident outcomes.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal complied with current legislation and guidelines. Fridge and freezer recordings were undertaken daily and met requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. Evidence was seen of all kitchen staff having completed safe food handling certificates and ongoing in house education.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services 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>	<p>FA</p>	<p>The nurse manager reported that they have not declined entry to any potential residents who have an appropriate needs assessment. If entry to the service was to be declined, the referrer, potential resident, and where appropriate their family/whānau, would be informed of the reason for this and of other options or alternative services. The services enquiry form has a section for recording the declining of entry.</p>

		The admission agreement contains information on the termination of the agreement. The admission agreement documented if the resident's needs changed and the service can no longer provide a safe level of care to meet the needs of the resident they would be reassessed for the appropriate level of care. The nurse manager reported residents requiring secure dementia care or psychogeriatric care are reassessed and transferred to an appropriate care facility.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The service uses the interRAI and other electronic assessment tools. Initial and ongoing assessments include skin integrity/pressure area risk, falls risk, continence assessment and nutritional assessment. The plan of care is based on the assessed needs of the residents. The assessment processes sighted in the resident's files reviewed covered the resident's physical, psycho-social, cultural and spiritual needs. The residents and families reported satisfaction with the care provided.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The service uses both interRAI assessment and another electronic format for care planning. The care evaluation section in the electronic format records the goals, intentions and outcomes of the care. All the documented plans of care reviewed evidenced the individualised needs of the resident. The residents' records reviewed at the time of audit demonstrated service integration. The residents' records contained the medical information, nursing assessment, routine observations, activities, therapies, and family correspondence and specialist consultations. It was noted that in one of the eight residents' records sighted, the format for documenting care (for example, clearly identifying the goals) was not consistent with the other residents' records that were reviewed. This is not a systemic issue and a corrective action request is not indicated. At the time of audit the service had developed a process for ensuring there is a consistent approach to recording the resident's goals. The residents and family/whanau interviewed reported that the staff have excellent knowledge and care skills. The GP interviewed expressed high satisfaction with the care provided, reporting that they felt an 'exceptional' level of care is provided.

<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>The provision of services and interventions are consistent with, and contribute to, meeting the residents' assessed needs, and desired outcomes. The residents' records reviewed were individualised and personalised to meet the assessed needs of the resident. The care was flexible and focused on promoting quality of life for the residents. All residents and family/whanau interviewed reported satisfaction with the care and service delivery.</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 residents are included in meaningful activities at the care facility and as part of the wider rural community. Feedback was sought from residents at the residents meeting and during activities. The diversional therapist reported that they gauge the response of residents during activities and modified the programme related to resident's response and interests. The diversional therapist reported the activities were modified according to the capability and cognitive abilities of the residents. The activities programme covered physical, social, recreational and emotional needs of the residents.</p> <p>There were diversional therapy, activities, social and cultural assessments sighted in the residents' records. The diversional therapist used the assessments to develop an activities programme that was meaningful to the residents. The residents reported satisfaction with the level and variety of activities provided. There is anecdotal evidence that the activities programme is a particular strength of the facility, with the range and variety of activities, and how this is impacting on resident satisfaction. However, at the time of audit, there was limited documented evidence to support a continuous improvement rating.</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>Evaluations are documented, resident-focused, indicate the degree of achievement or response to the support and/or interventions, and progress towards meeting the desired outcomes. The residents' files reviewed recorded at least three monthly (hospital level of care) or six monthly (rest home level of care) evaluations.</p> <p>Where progress was different from expected, the service responded by initiating changes to the care plan or by use of short term/acute care plans for temporary changes. These acute care plans were sighted in the files reviewed. Where there was an acute care plan, this was printed and discussed at handover. When wound care plans were</p>

		<p>used, these also had a photographic record of the wound. Acute care plans were also sighted for management of falls, infections and management of challenging behaviours.</p> <p>The residents and family/whanau interviewed reported high satisfaction with the care provided at the service.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>The service has one main GP, though residents were able to maintain their own GP if available and desired. The RN or the GP arranged for any referral to specialist medical services when it was necessary. The residents' files reviewed had appropriate referrals to other health and diagnostic services. Referrals were sighted for consultations with general medicine, dermatology, neurology, surgery, mental health, and radiology and cardiologist services. The GP interviewed reported that appropriate referrals to other health and disability services were well managed at the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>The infection control policies and the health and safety policies detail how hazardous substances are stored. The disposal processed for various categories of waste including waste sharps, used incontinence products, general waste, and unwanted/expired medication are also detailed. The Auckland Super City Council rubbish collection is weekly. Re-cycling occurs.</p> <p>Hazardous waste is placed in covered skips and a private company collects the rubbish on a regular basis. Sharps are placed in a yellow sharps container and they are collected when full. There is key pad access to the cleaning cupboard for chemicals. The cleaners' trolley when not in use, is placed in the cleaners' cupboard and the door locked securely for safety purposes.</p> <p>Material safety data sheets are available throughout the facility and are accessible to staff.</p> <p>A commercial cleaner had been cleaning the carpet in the main lounge prior to the audit. The carpet was still drying effectively.</p> <p>Interviews with staff confirmed implemented policies and procedures relating to storage and waste management disposal.</p> <p>Emergency planning includes actions to be taken should an incident</p>

		<p>occur involving infectious waste or chemicals. Staff confirmed they have access to appropriate (PPE) equipment such as gloves, goggles, gowns and eye protectors. Staff were observed using disposable gloves and aprons as required.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>All health and safety policies and procedures have been reviewed and are next due for renewal in 2016. The maintenance manager reports to the facility manager on a regular basis.</p> <p>The maintenance programme/schedule is well maintained and up-to-date. The maintenance plan reviewed evidenced that all audits and checks of equipment work is well planned over the year. Day to day maintenance reported by staff was adhered to immediately. The records are well documented and receipts and evidence of all maintenance undertaken was readily available. All processes are undertaken to maintain a safe environment.</p> <p>The building warrant of fitness was clearly displayed in the entrance to the facility and the expiry date was valid. All equipment was tagged and a record was maintained. Two hoists were checked and dated 17 March 2015. All laundry equipment was checked by the contractor. Any equipment removed from service, or that failed testing was recorded and disposed of appropriately or was repaired if able and re-tested.</p> <p>Staff interviewed confirmed the experience and expertise of the maintenance manager and that there was never any equipment or resources that were not functional.</p> <p>The outside areas were safe for residents to access. Seating and shaded areas in the large central courtyard were available. Sun umbrellas are available in the summer months. External areas are located in front of the building and centre of the building. Exits are located around the facility. The fire exit lights are on as required.</p> <p>Handrails are evident in the hallways and there was ample room for residents with walking aides in the lounges and hallways. All walking frames were parked in a designated area when not in use.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing</p>	FA	<p>In two wings there are adequate showers and toilet facilities in close proximity to the residents` rooms. Flowing soap, paper handtowels and waste bins are in all the individual rooms. In one wing all rooms have a</p>

<p>facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>shared ensuite. The ensuite bathrooms were spacious and disability designed. The showers are 'walk in' variety and shower chairs can be utilised safely. The toilet and shower areas were large enough to allow residents (with or without mobility aids) to move around safely in all areas. There are privacy locks and signage available on the shower/toilet doors throughout the facility.</p> <p>Hot water monitoring occurred and the records were reviewed. Facilities were available for staff and visitors. The toilet door was locked when not in use.</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>	<p>FA</p>	<p>Residents are encouraged to personalise their rooms with photographs, soft furnishings of their choice and photographs if they wish.</p> <p>The maintenance manager interviewed assisted the residents to hang pictures, family photographs onto the wall and to make the rooms homely. Safety is promoted at all times. Information provided prior to admission identified that residents were welcome to personalise their bedrooms. The rooms are small but mobility aides can be used if required.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, 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>FA</p>	<p>The lounge and dining area provided is adequate, safe and accessible for residents. There is one main lounge with comfortable seating. This lounge is used for activities mostly and for residents who wish to relax or watch television. The home has a dining room next to the lounge area. Areas sighted were furnished to meet residents' safety and comfort needs. Resident interviews confirmed they may use all areas if they wish. This was observed during the audit.</p> <p>There was one smaller lounge where residents and families can meet. A separate dining room was available near the kitchen. This worked well. Homely comfortable environment. This room was available for meetings, family events and/or special birthdays.</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>The cleaning policy states what cleaning is required, the frequency and what products are to be used. The laundry is done off site, inclusive of all personal clothing for residents. All personal clothing is required to be labelled. A register is maintained of all individual resident's clothing from admission to discharge. The register detailed the name, wing,</p>

		<p>room number and the name of the facility.</p> <p>Cleaning materials are stored in a safe place. Cleaning tasks lists were followed by staff to ensure all cleaning requirements were completed. Daily cleaning audits were performed by the manager and five randomly selected rooms which had been cleaned were checked and any findings and/or maintenance issues were dealt with appropriately. Records are maintained by the manager and filed monthly. The cleaning register for 2014-2015 was reviewed. T</p> <p>Training was provided for staff. Chemical training was provided on the 11 December 2014 and 28 July 2014 with a good number of staff in attendance. The facility looks and smells clean. The chemicals are supplied by a preferred provider and safety data sheets were available in all service areas and on the cleaners' trolley.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There are policies and procedures that relate to essential, emergency and security systems. The organisation has an emergency disaster plan in place. The manger explained the contingency measures that are planned in readiness for any emergency situation, such as the asset register which ensured physical resources could be quickly determined. The building was well maintained so that provision of heating and lighting was not compromised. Staff are trained about their roles in the event of an emergency and hazardous substances were safe from damage in the event of a fire and/or earthquake. Emergency flip charts are located and visible around the facility to guide staff.</p> <p>Civil defence equipment and resources are available to access in the event of an emergency, such as water supplies, gas bottles, barbecue for cooking, torches, emergency lighting and power supplies. Food supplies are arranged and stored appropriately.</p> <p>Inspections of the emergency lighting and equipment, fire alarms and sprinklers are carried out on a regular basis to meet legislative requirements. The facility had smoke detectors and sprinklers. The approved evacuation plan scheme was signed off by the New Zealand Fire Service in April 2004 and again 6 June 2006 when the number of beds were increased. The fire box contained warden`s jacket, evacuation checklists, zones and map of facility and safety data sheet, brochures, staff training pack and signing sheets. Emergency training</p>

		<p>and fire drills are held six monthly, the last being the 11 November 2014.</p> <p>A new nurse call system was operating; the system had only been in full operation for one week at the time of the audit. Call bell checks are performed by the maintenance person regularly as per the schedule sighted.</p> <p>Staff perform security checks of the facility in the evening and night shifts. There are security cameras at the entrance and at other sites located around the facility. The front door has key pad access for safety purposes. All residents/family consented to this process and the access code was displayed appropriately. During the day the receptionist was visible as the office was situated close to the entrance/exit.</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 comfortable temperature.</p>	FA	<p>Heat pumps are utilised in three areas including the main lounge, dining room and a small visitors' lounge. Electrical convection heaters are available throughout the facility in each resident's room and in the hallways. Temperature levels are maintained and recorded by the maintenance person regularly and in particular in the winter months. The home was maintained at a comfortable temperature.</p> <p>Each individual resident's room has a window and adequate natural light available. A door opens into a central external courtyard which was accessible for residents and families. The offices are located upstairs and external windows are available. Safety is promoted by staff at all times.</p>
<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>The RN has the role of infection prevention and control coordinator. The job description clearly defines the role. There are clear lines of accountability for infection control matters in the service through the quality meetings and relevant information is provided to the board. The quality meeting incorporates the infection control committee, which has representatives from management, care staff, education, kitchen, activities, household, health and safety and maintenance.</p> <p>The annual review of the infection control programme was conducted in April 2015. The review included the analysis of how the programme objectives had been met, ensuring satisfactory surveillance, education and internal audits related to infection prevention and control.</p>

		The service has clear policies about staff, residents and visitors suffering from, or exposed to and susceptible to, infectious diseases. Staff reported that they did not come to work if they were unwell. There was a notice in the staff room about different infections, signs and symptoms and exclusion periods from the workplace. Notices were placed at entrances at times of the year when there was an increased risk of infections to ask visitors not to visit if they are unwell, or had been exposed to others who are unwell. The infection control coordinator reported that residents were asked to stay in their room if they have an infection risk. There was sanitising hand gel throughout the service for residents, visits and staff.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	The infection control coordinator attends ongoing education and demonstrated current knowledge of infection prevention and control best practice. The infection control coordinator reported they can access external advice from the previous infection control coordinator, the GP, product supplier, DHB and Ministry of Health services as required. There is a monthly infection control meeting.
Standard 3.3: Policies and procedures 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.	FA	The service used policies and procedures that were developed by a specialist infection prevention and control advisory service. The sighted policies and procedures are referenced to current accepted good practice. The infection control coordinator demonstrated sound knowledge on infection prevention and control. As observed at the time of audit staff demonstrated good infection prevention and control practices.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	Infection control education has been provided by the previous infection control coordinator and external specialists. This infection control coordinator maintained their knowledge of current practice. The in-service programme contains education and attendance sheets for infection prevention and control education sessions. These sessions are referenced to current accepted good practice. Informal education is provided as required.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed	FA	The service conducts monthly surveillance for infections. The service uses standardised definitions of infections that are appropriate to the

<p>objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>long term care setting.</p> <p>The infection and surveillance data for February 2015 recorded an increase in infections. The infections analysis records that interventions to minimise cross contamination included additional staff transmission based precautions, staff and resident education. The analysis records that the increased infections were associated with residents in the main dining room with additional infection preventative actions related to this implemented. The staff reported that they were fully informed of the additional precautions that were required at the time of increased infections. There were no further infections recorded in March 2015.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>At the time of the audit a registered nurse restraint coordinator had been recently appointed and was being orientated to the role. This area of service was being overseen by the manager and clinical nurse manager in the interim. There are robust policies and procedures to guide staff in the safe use of restraint/enablers. The service has a commitment to achieving and maintaining a restraint free environment, with restraint used as a last resort. Staff interviewed had a good understanding of restraint and acknowledged that restraint was only used if absolutely necessary when all other options had been exhausted. It was considered a decision which was based on a process of initial assessment and authorisation. Should restraint be used, on-going assessment, monitoring and evaluation would be completed.</p> <p>The policy clearly differentiates between enablers and restraint, the classifications of restraint and specific information about approved restraint use. The restraint process was clearly linked to the challenging behaviour management policy, which provides good practical information about management of behaviour before restraint was considered.</p> <p>Enabler use is a voluntary decision for safety purposes and for maintaining the independence of the resident. The general practitioner approved enablers and restraints if needed to be implemented. Education was provided to all staff at orientation and was on-going. No residents were using enablers or restraints at the time of audit.</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.

No data to display

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 1.2.3.1</p> <p>The organisation has a quality and risk management system which is understood and implemented by service providers.</p>	CI	<p>The quality and risk management system for the organisation is clearly understood by service providers and led efficiently by the manager. The quality team meets weekly to discuss facility matters, including those related to quality and risk management.</p> <p>A full agenda was reviewed. Topics, such as general business, monthly audit results and quality improvement corrective actions, quality improvement activities, accident and incidents, complaints and compliments, activities programme, health and safety, infection control, changes to policy, procedures, legislation and standards, performance suppliers and contractors, staff training and other business is discussed.</p> <p>Staff interviewed felt respected and involved in the organisation and the quality improvement for all services. Those involved were hoping to make a</p>	<p>Having fully attained the criterion the service can in addition clearly demonstrate a review process and analysis of involving staff in the quality and risk management system for the service. Staff involvement was credited to the manager and the feedback from staff interviewed was very positive. Staff stated it was a team effort, increased their knowledge and all had a better understanding of quality and risk and the significance for the areas of service provided.</p>

		difference.	
<p>Criterion 1.2.3.5</p> <p>Key components of service delivery shall be explicitly linked to the quality management system.</p>	CI	<p>Monthly surveillance is collated and reviewed by the manager. Data is trended and results presented at staff and management meetings. The service has a specific committee meeting to discuss key components of service delivery and how they are linked to the quality management system. Corrective action request forms reviewed detailed the use of root cause analysis methodology. The date the corrective action was referred to the integrated meeting was recorded. Approval was signed off by the manager and dated accordingly.</p>	<p>Having fully attained this criterion the service can in addition clearly demonstrate a thorough review process that includes analysis and reporting of findings which have resulted in quality improvements to the service provision and residents` safety.</p> <p>One example related to a result of a routine environmental check by the manager. The service contracted this particular environmental safety check to a private company. When completed as part of the internal audit schedule deficits were found by the manager using root cause analysis for non-compliance fire separations. Information varied vastly in comparison to the contracted service provider findings. This resulted in a thorough investigation and the contracted company reviewed all of their policies and procedures and checking processes. In addition the contracted service provider updated their on-site register and staff performing these checks received additional training.</p>
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	CI	<p>The service has conducted a continuous quality improvement project on the kitchen services and staffing in the kitchen. The root cause analysis process looked at how the care staff had been assisting the kitchen staff at meals times. A review of how the care staff and kitchen staff were utilising their time at resident meal times was resulting in less staff available to assist with the feeding of residents. The residents and family had previously identified that meal times were rushed. The analysis resulted in additional kitchen staff being rostered, which allowed more care staff to assist with residents at meal times. This has resulted in providing greater one to one</p>	<p>Achievement beyond the expected full attainment was evidenced for the quality project of the kitchen services to ensure the needs of the residents are being meet. A review process has occurred for the care staffing, kitchen staffing and meal processes, which has included analysis and reporting of findings. There was evidence of action taken based on findings and improvements to service provision. As part of the review processes satisfaction surveys from residents and relatives showed positive outcomes in resident satisfaction with the dining experience. Increased nutritional intake and increased weight of residents has also been measured as part of the root cause</p>

		assistance with residents and a 'calmer and more relaxed' environment in the dining rooms. The more relaxed dining experience is resulting in residents eating more and finding the dining experience more enjoyable. The project also recorded positive increases in resident safety by increasing resident food intake and weights.	analysis process.
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End of the report.