

Winchcombe Healthcare Limited

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 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:	Winchcombe Healthcare Limited
Premises audited:	Cook Street Nursing Care Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 April 2015 End date: 17 April 2015
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:	29

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Cook Street Nursing Care Centre provides rest home level and hospital level care for up to 30 residents and on the day of this audit there were 29 residents. The facility is operated by Winchcombe Health Care Limited. Residents and family interviewed spoke positively about the care provided.

This unannounced surveillance audit has been undertaken to establish compliance with specified parts of the Health and Disability Services Standard and the District Health Board contract. The audit process included review of policies and procedures, review of resident and staff files, observations and interviews with residents, family, management and staff.

The service has addressed the two shortfalls from the previous audit relating to police vetting for new staff and multidisciplinary reviews of resident care.

This surveillance audit identified improvements are required relating to the completion and updating of residents' care plans.

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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Staff demonstrated an understanding of residents' rights and obligations. This knowledge was incorporated into their daily work and caring for residents. Information regarding resident rights, access to interpreter services and how to lodge a complaint was available to residents and their family and complaints are investigated. Staff communicated with residents and family members following any incidents/accidents as appropriate.

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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Winchcombe Health Care Limited is the governing body and is responsible for the service provided at Cook Street Nursing Care Centre. A business plan and a quality and risk management plan were reviewed that included a mission statement, values, quality objectives, and quality indicators.

Systems are in place for monitoring the service provided. The facility manager has been in their current position for two years. The facility manager is supported by a nurse manager and a team leader/registered nurse. The nurse manager is responsible for oversight of clinical care provided to residents.

Quality and risk management systems are in place. There is an internal audit programme, risks are identified and there is a hazard register. Adverse events are documented on accident/incident forms. Internal audits, accident/incident forms, and meeting

minutes evidenced corrective action plans were being developed, implemented, monitored and signed off as being completed to address the issue/s that required improvement. Various meetings are held and there was reporting on numbers of various clinical indicators, quality and risk issues and discussion of any trends identified in these meetings. Graphs of clinical indicators were available for staff to view along with meeting minutes.

There are policies and procedures on human resource management and current annual practising certificates for health professionals who require them. An inservice education programme is provided for staff and sessions are held at least once a month. Staff are also supported to complete the New Zealand Qualifications Authority Unit Standards. Review of staff records evidenced individual education records were maintained. Human resource processes were followed including police vetting.

There is a documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery that is based on best practice. The facility manager and the nurse manager are on call after hours. Care staff reported there were adequate staff available and that they were able to get through their work. Residents and family reported there were enough staff on duty to provide adequate care.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Assessment, planning and delivery of care

Residents at Cook Street Nursing Centre receive competent and appropriate services which meet their identified needs and support the achievement of individualised goals. Assessments, care planning and the evaluation of progress towards identified objectives is detailed. The timeliness of care plan development and/or updating nursing care plans when residents' needs change are areas for improvement. Regular multidisciplinary reviews are undertaken for residents, addressing a previously identified area

of concern. Residents are medically admitted in a timely manner, reviewed regularly by their general practitioner and referred in a timely manner if clinical needs change.

Coordination of care

Registered nurses are on duty 24 hours a day. They and the nurse manager, who is on site five days a week, provide support and guidance to the caregiving staff. Continuity of care is promoted by the use of a range of communication strategies, including detailed updating of the resident progress notes each shift.

Food services

Residents reported their enjoyment of the food services. Individual likes and dislikes and specific dietary needs are accommodated. The menu is varied and reviewed regularly by a qualified dietitian. The kitchen was noted to be clean and tidy, and kitchen staff have completed food safety training. All aspects of food service delivery and management complied with legislation and guidelines.

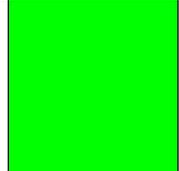
Activities

The experienced qualified diversional therapist facilitates a full and varied and activities programme. Both group and individual activities are available for residents and there are regular outings in the facility van.

Medication management

All aspects of medication management comply with legislative requirements and best practice guidelines. Registered nurses administer all medications and have completed medication competency assessments.

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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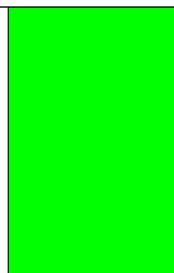
A current building warrant of fitness was displayed. Residents and family described the environment as meeting their needs.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Documentation of policies and procedures and staff training demonstrated residents are experiencing services that are the least restrictive. There were residents observed using restraint and enablers on the day of the audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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A well-developed process is in place for infection surveillance and for responding to surveillance results. Surveillance data is graphed, and benchmarked both internally and with an external benchmarking organisation. Surveillance results are reported monthly to the owner and at staff meetings.

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>	<p>FA</p>	<p>The nurse manager is responsible for the management of complaints and there are appropriate systems in place to manage the complaints processes. The complaints register reviewed evidenced four internal complaints since the previous audit.</p> <p>There have been no investigations by the Ministry of Health, District Health Board, Health and Disability Commissioner, Accident Compensation Corporation (ACC), Police or Coroner since the previous audit.</p> <p>Complaints policies and procedures are compliant with Right 10 of the Code. Systems were in place that ensured residents and their family were advised on entry to the facility of the complaint processes. Residents and family interviewed demonstrated an understanding and awareness of these processes. Resident meetings were held monthly and residents are able to raise any issues during these meetings. Residents and family interviewed and review of resident meeting minutes confirmed this. Review of the collated resident and family survey for May 2014 evidenced residents and family knew the process for making a complaint.</p> <p>The complaint process and forms were observed to be readily accessible and displayed. Review of quality / staff meeting minutes evidenced reporting of complaints to staff. Care staff interviewed confirmed information was reported to them via their</p>

		staff meetings.
<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>Interpreter services are available to residents via the local community and the District Health Board and offered to residents if needed. The facility manager advised they have not required interpreter services.</p> <p>Residents and family interviewed confirmed communication with staff was open and effective. Care staff were observed communicating effectively with residents during the audit. Residents' files evidenced residents were consulted and informed of any untoward event or change in care provision and this was included in care reviews. Residents and family responded positively concerning effective communication from the resident and family survey conducted in May 2014.</p> <p>The service has an open disclosure policy which guides staff around the principles and practice of open disclosure. Education on open disclosure is provided at orientation and as part of the education programme. Staff interviewed confirmed their understanding of open disclosure. Communication with family was documented in the residents' communication records and progress notes. Incident/accident forms evidenced families were informed when incidents/accidents occurred.</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>Winchcombe Health Care Limited, a family owned business, is the governing body. There are established systems in place which define the scope, direction and goals of the organisation, as well as the monitoring and reporting processes against these systems.</p> <p>A business plan 2015-2016 with goals, mission statement, and philosophy of care and a quality and risk management plan identifying the organization's quality goals, objectives, and scope of service delivery were reviewed. An organisational chart was also sighted.</p> <p>The service philosophy is in an understandable form and is available to residents and their family / representative and other services involved in referring people to the service. The facility manager provides a monthly report to the owner. Meeting minutes were reviewed including quality/staff/restraint/infection control, registered nurse and residents' meetings. Meeting minutes were available for review by staff along with clinical indicator reports and graphs.</p> <p>Cook Street is managed by a family member, who has been in this position for two</p>

		<p>years. The facility manager is supported by a nurse manager who is an experienced registered nurse who was appointed to their current position in November 2014. Prior to this role the nurse manager was employed as a registered nurse (RN) at Cook Street.</p> <p>Review of the two managers' personal files and interview of the facility manager and nurse manager evidenced the managers have undertaken education in relevant areas.</p> <p>Cook Street is certified to provide hospital level and rest home level care. On the day of this audit there were 18 hospital residents and 11 rest home residents.</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>A quality and risk management plan 2015-2016, including quality goals was reviewed. There is an internal audit programme in place and completed internal audits for 2014 and 2015 were reviewed, along with processes for identification of risks. Risks are identified, and there is a hazard register that identifies health and safety risks as well as risks associated with human resources management, legislative compliance, contractual risks and clinical risk. A health and safety manual includes relevant policies and procedures.</p> <p>An external auditor is responsible for managing the internal audit programme and a quality co-ordinator is employed who collates the results, analyses them and reports these monthly to the facility manager as well as benchmarking data with an external agency.</p> <p>Clinical indicators and quality improvement data is recorded on various registers and forms and these were reviewed. There was documented evidence that quality improvement data was collected, collated, and analysed to identify trends and corrective actions were developed, implemented and evaluated. Clinical indicators and quality and risk issues were reported to the owner monthly by the facility manager and to staff. Meeting minutes and reports reviewed also evidenced discussion of any trends identified, as well as reporting on infection control and health and safety. Staff reported they are kept well informed of quality and risk management issues that included clinical indicators. Copies of meeting minutes and graphs of clinical indicators were available for staff to view.</p> <p>Adverse events are documented on accident/incident forms and copies of these were retained in the residents' files.</p> <p>Policies and procedures reviewed are relevant to the scope and complexity of the service, reflect current accepted good practice, and reference legislative requirements.</p>

		<p>Policies / procedures were available with systems in place for reviewing and updating the policies and procedures regularly. Care staff confirmed the policies and procedures provided appropriate guidance for the service delivery and they were advised of new policies / revised policies at meetings and handovers.</p>
<p>Standard 1.2.4: Adverse Event Reporting 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>Staff document adverse, unplanned or untoward events on an incident/accident form which are then reviewed by the nurse manager and the quality coordinator and corrective action plans are developed. Documentation is then filed in residents' files and entries made in residents' progress notes. Data is collated and separated into three levels – major, moderate or minor events. Data is reviewed monthly and results reported to the owner and staff.</p> <p>Family confirmed they are kept well informed following any adverse event experienced by their relative. Staff confirmed during interview they were made aware of their essential notification responsibilities through job descriptions, policies and procedures, and professional codes of conduct, which was confirmed through review of staff files and other documentation. Policy and procedures comply with essential notification reporting including health and safety, human resources and infection control. The facility manager advised there has not been any essential notification made since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are policies and procedures on human resources management and copies of current annual practising certificates for all health professionals who require them are held on file. The skills and knowledge required for each position within the service was documented in job descriptions which outline accountability, responsibilities and authority. These were reviewed along with employment agreements, confidentiality statements and house rules. Individual records of education were maintained for each staff member and were reviewed. Staff files confirmed reference checking and police vetting had been undertaken prior to employment addressing the requirement from the previous audit.</p> <p>The nurse manager is responsible for oversight of the in-service education programme. The education programmes for 2014 and 2015 were reviewed and evidenced education was provided at least once a month. All care staff responsible for medication management have current medication competencies.</p> <p>All staff have either completed or commenced a New Zealand Qualification Authority</p>

		<p>education programme. The nurse manager is an assessor for the programme.</p> <p>An orientation/induction programme is available and all new staff are required to complete this prior to their commencement of care to residents. Staff performance is reviewed at the end of the orientation and annually thereafter. Orientation for staff covered the essential components of the service provided. Staff confirmed they have completed an orientation. Care staff also confirmed their attendance at on-going in-service education and that their performance appraisals are current.</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>	FA	<p>There is a documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery that is based on best practice. The minimum number of staff is provided during the night shift and consisted of one registered nurse and one caregiver. The facility manager and the nurse manager are on-call after hours. Care staff interviewed reported there were adequate staff available and that they were able to get through the work allocated to them. Residents and family interviewed reported there was enough staff on duty that provided them or their relative with adequate care. Observations during this audit confirmed adequate staff cover was provided.</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>	FA	<p>All aspects of medication management comply with legislative requirements and safe practice guidelines. .</p> <p>Registered nurses administer all medication in the facility. These staff have been assessed as competent in medication administration (records sighted). An observation of a medication round confirmed that medications were administered in a safe and appropriate manner. All of the ten medication charts contained a current photograph of the resident, the medication was checked against the prescription prior to verbally confirming the residents' identity, the resident was observed taking the medication and then the administration documented. All medication administration records sighted were complete. The facility is planning to implement the MediMap system later this year.</p> <p>Medications are supplied to the facility using the blister pack system. These packs are checked against the medication chart by a RN (evidence sighted) on arrival. Surplus and expired medication is returned to the pharmacy. All medications in the medication trolleys and stock cupboards were within current use date. The date of first use of eye drops was recorded on those products currently in use. A stocktake of all controlled medication is undertaken weekly. Records of the daily check of the medication fridge</p>

		<p>temperature were sighted.</p> <p>Medications were charted in an appropriate manner, discontinued medications initialled and dated, medications were reviewed at least three-monthly and medication administration records were complete. The service does not use medication standing orders. Processes are in place for residents to self-medicate, should this be required</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>Experienced and appropriately qualified staff are responsible for food services within the facility. Records were sighted that confirmed both cooks have completed NZQA Unit Standard 167 food safety. On inspection, the kitchen was well maintained, clean and tidy. Food storage complied with all current legislation. Food in the fridge and freezers was dated and covered. Cleaning schedules were sighted. Records were sighted that fridge and freezer temperatures were monitored daily and remained within recommended ranges.</p> <p>The kitchen catered for a range of nutritional requirements, including diabetic, vegetarian, gluten-free and soft diets. A four weekly menu, with summer and winter options, was last reviewed by a qualified nutritionist in July 2013. A dietary profile is completed when residents are admitted and details of their likes/dislikes and special nutritional needs recorded on the kitchen whiteboard. Residents are weighed monthly and nutritional supplements administered as prescribed. Specialised crockery, such as lip plate and feeding cups, are available. Two dining rooms are available for residents or they may have meals in their own room if they wish. The size of the facility is such that kitchen staff are able to meet the individual requirements of residents as required, with the cook reporting that one resident is consulted on a daily basis about what she wants to eat that day.</p> <p>Residents and family members spoke of their enjoyment of meals, and appreciated how meals were tailored to meet their individual preferences.</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>	FA	<p>There was evidence in residents' records of regular, timely and comprehensive ongoing assessment of needs which then informed the provision of care services. Detailed entries were sighted in the residents' progress notes, especially when there were any changes to residents' needs. Registered nurses are on duty 24 hours a day and they provide support and guidance for care delivery staff. Refer also to criterion 1.3.3.3.</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>An experienced registered diversional therapist (DT) coordinates a full and varied activity programme for residents which also includes regular input from volunteers. Residents' previous and current interests are assessed on admission and individual activity plans completed within three weeks and reviewed six monthly. This was confirmed in resident records. These plans help inform the development of the monthly activity programme. Activities planned for April included entertainment, group discussions, quizzes, reminiscence, housie, craft, church services, outings in the facility van, Easter and Anzac Day celebrations and regular visits to and from the nearby kindergarten. Activities are provided both in a group and one-on-one basis. The DT is a member of the local DT group, and actively engages in maintaining her practice competencies.</p> <p>Residents have been assisted to obtain personal vouchers for mobility taxis/vans, so that they can also continue with community interests on an individual basis. All residents and families interviewed commented on the variety of activities available, and their enjoyment of the programme.</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>Care plans are evaluated at least six monthly and more frequently if clinically indicated, as sighted in the care plans reviewed. Detailed evaluations are undertaken by registered nurses and record the resident's progress towards achieving their identified goals. Clinical reassessments were also undertaken as part of the evaluation process. Short term care plans were generally reviewed in a timely manner. Refer also to criterion 1.3.3.3.</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>A current building warrant of fitness was displayed at the entrance to the facility that expires 23 February 2016. There have been no building alterations since the previous audit.</p> <p>The internal and external areas are maintained, safe and appropriate to the resident group and setting. Residents interviewed confirmed they are able to move freely around the facility and that the accommodation meets their needs.</p> <p>Current calibration/performance verified stickers were observed to be on medical equipment. Current electrical safety tags were on electrical items.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance of an appropriate range of infections is undertaken on a monthly basis. This includes data related to wounds, urinary tract infections, respiratory, eye, gastrointestinal and other infections. The Infection Control Coordinator develops the monthly surveillance record. The Quality Coordinator enters this data into an extensive database. Graphs are produced that demonstrate trends for rest home and hospital residents across the facility since 2011. Results are also benchmarked with an external benchmarking organisation.</p> <p>The monthly surveillance results are reported to the Facility Manager, who advised that this information is then discussed with the facility owner. Surveillance results are also reported to the qualified nurses meeting and the caregivers meetings. This was confirmed in the meeting minutes.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Documented systems are in place to ensure the use of restraint is actively minimized. There were residents using restraint and enablers on the day of audit. The GP and registered nurses review restraint usage three monthly. Inservice education relating to restraint and challenging behaviour has been provided to all staff. Audits of restraint are completed as per the audit programme. Care staff interviewed demonstrated good knowledge of restraint processes. Residents' files reviewed evidenced completed documentation relating to restraint and enabler use. The restraint coordinator is a registered nurse, and has good knowledge of the processes relating to restraint minimisation and safe practise.</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 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	<p>In the care plans reviewed all residents had initial assessments and care plans developed within twenty four hours, but in two instances long term care plans were not developed within the required three weeks' timeframe.</p> <p>Behaviour charts were in use for two residents but neither had care plans related to minimising/managing those behaviours.</p> <p>Two residents who experienced acute clinical events did not have current care plans related to these.</p>	<p>Nursing care plans are not developed within three weeks of the resident being admitted to the service.</p> <p>Nursing care plans are not developed and/or updated to reflect clinical changes.</p>	<p>Nursing care plans are developed within three weeks of resident admission to the service.</p> <p>Care plans are developed and/or updated to reflect any change in resident needs.</p> <p>180 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.