

Claud Switzer Memorial Trust Board

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Claud Switzer Memorial Trust Board
Premises audited:	Switzer Residential Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 10 March 2016 End date: 10 March 2016
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	84

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

Switzer residential care provides rest home, hospital and dementia level of care for up to 91 residents. On the day of the audit there were 84 residents. The trust board employs a general manager (registered nurse), a facility manager, a human resources/administration manager and a nurse manager to implement the strategic plan and oversee the day to day operations of all services.

The residents and relatives spoke positively about the care and supports provided at Switzer residential care home.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the District Health Board. The audit process included the review of policies and procedures, the review of residents' and staff files, observations and interviews with residents, relatives, general practitioner, management and staff.

Two of three previous findings from the certification audit regarding aligning policy with practice for challenging behaviour, restraints and accident/incidents and restraint assessments have been addressed.

An improvement remains around progress notes.

One of two findings from the partial provisional audit has been addressed around an approved fire evacuation plan.

An improvement remains around wound care documentation.

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.		Some standards applicable to this service partially attained and of low risk.
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There is an open disclosure and interpreter's policy. There is a complaints policy supporting practice and an up-to-date register. Staff interviews confirmed an understanding of the complaints process.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Switzer Residential Care has implemented a quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including monthly quality meetings. An annual resident satisfaction survey is completed and there are regular monthly resident meetings. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care and support and external training is supported. The staffing policy aligns with contractual requirements and includes skill mixes.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family. The use of interRAI assessment tool is embedded in the assessment process. Resident files included medical notes and notes of other visiting allied health professionals.

Two diversional therapists provide an interesting and varied activities programme for the residents', which includes outings and community involvement. The activities in the dementia care unit are flexible and meet the individual needs of the residents over a 24 hour period.

Medication policies and practice reflect legislative requirements and guidelines. Staff responsible for administration of medicines complete annual education and medication competencies.

All meals are prepared on site. Individual and special dietary needs are catered and alternative options are available for residents with dislikes. The menu has been reviewed by a dietitian. There are nutritious snacks available 24 hours in the dementia care unit.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building holds a current warrant of fitness.

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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There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that align with the definition in the standards. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were seventeen residents with restraint and two residents with an enabler.

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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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for collating infection events and providing a monthly report to management and staff. Infection control policies and guidelines include definitions for surveillance. The infection control coordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility.

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	16	0	2	1	0	0
Criteria	0	39	0	2	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>There is a complaints policy to guide practice. The general manager leads the investigation and management of complaints (verbal and written). There is a complaints (and compliments) log/register that records each individual complaint process including response times. Complaints are discussed at the monthly quality meeting. Complaints forms are visible around the facility. There have been nine complaints made during 2015. The complaints were reviewed and all have been investigated, resolved and closed out. Discussion with six residents (three rest home and three hospital) confirm they are aware of how to make a complaint. A complaints procedure is provided to residents within the information pack at entry.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	PA Low	<p>There is an incident reporting policy. Accident/incident forms with the exception of pressure injury incident forms have a section to indicate if family have been informed (or not) of an accident/incident. Fifteen accident/incident forms and four separate incident forms for pressure injuries were reviewed for February 2016. There was documented evidence of family notification for incidents and accidents except for pressure injuries. Interview with five health care assistants (HCA) and two registered nurses (RN), who work across rest home level, hospital level and dementia care confirmed that family members are kept informed. The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement. One relative interviewed (of dementia care resident) stated that they are informed when their family members health status changes.</p>

<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Switzer Residential Care provides care for up to 91 residents across three service levels (rest home, hospital and dementia care). The 91 beds comprise of 25 rest home, 30 hospital, and 21 dual-purpose and 15 dementia beds. On the day of audit there were 32 rest home level residents, 40 hospital level residents and 12 dementia care residents. At the time of the audit there were three younger person residents; two were hospital level and one rest home level. There were two dementia care residents on long term chronic health conditions contract. There were no residents on respite.</p> <p>Switzer Residential Care is a charitable trust with a board of three trustees. There is an advisory group (that includes a Kaumatua) who meet with the board of trustees quarterly. The general manager meets monthly with the board of trustees. There is a strategic plan (2015-2020) that includes long term goals, vision, mission and philosophy. Goals include critical success factors and outcomes. There is an annual business, quality improvement and risk management plan (April 2015) that details all aspects of the quality programme.</p> <p>Benchmarking is undertaken as part of the Far North Quality & Benchmarking Group. The group meet three monthly.</p> <p>The service is managed by an experienced registered nurse (RN) who has been the general manager at Switzer Residential Care for 18 years. The general manager is supported by a nurse manager who has been with Switzer Residential Care for 16 years as an RN and has been in the current role for seven years. There is a team of RNs who have experience within the aged residential care environment.</p> <p>The manager has maintained at least eight hours annually of professional development activities related to managing a rest home and hospital.</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>Switzer Residential Care is implementing a quality and risk management system. Policies are reviewed on a regular basis and review dates are recorded in the footer on policy documents. The previous certification audit finding relating to polices and documentation requirements for restraint, challenging behaviours and accident/incidents (link 1.1.9.1) has been addressed. Quality data is reported to the monthly quality meetings that comprise of a core group of staff. Quality meeting minutes demonstrate key components of the quality management system and are discussed including internal audits, infection control and incidents (and trends). The quality coordinator is the general manager. Monthly accident/incident reports, infections and results of internal audits are completed. Monthly meeting minutes are included in the board 'packs' to keep them appraised of any clinical, risk and operational matters. The service has linked the complaints/compliments process with its quality management system and communicates relevant information to staff.</p> <p>Switzer Residential Care infection control and health & safety matters are included as part of the monthly</p>

		<p>quality meetings and include discussion around the number and type of infections and health and safety matters. Information is fed back to staff. Meeting minutes reviewed indicate issues raised and are followed through and closed out; including resident meetings (monthly). Switzer Residential Care is implementing an internal audit programme that includes aspects of clinical care, such as documentation review. Issues arising from internal audits are recorded as having been resolved with implementation reviewed at the next scheduled audit.</p> <p>The service strives to maintain effective communication through the facility which has seen the establishment of a 'team communicators' meeting structure. This involves a representative from each wing and each department. The group meet monthly (minutes sighted) and it is the responsibility of the representative to feed information back to the respective teams. The service is currently training to become an Eden principles facility. An annual residents/relatives survey completed (August 2015) reports overall 96% feedback of experience being very good or good.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Incident/accident data has been collected and analysed. Incident forms are completed by staff and the resident is reviewed by the RN at the time of event. The form is forwarded to the nurse manager for final sign off. Interview with staff inform incidents/accidents are reported appropriately.</p> <p>The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Discussions with service management, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications. HealthCERT and public health notifications were sighted for a recent suspected outbreak.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies to support recruitment practices. A list of practising certificates is maintained. Six staff files were reviewed (one nurse manager, one RN, one enrolled nurse, one HCA, one chef and one diversional therapist) and all files had relevant documentation relating to employment. Performance appraisals were current in all files reviewed. The service has an education coordinator who is responsible for ensuring the orientation programme is completed for new staff. Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>There is a two yearly education plan that includes all required education as part of these standards. The plan is coordinated by the education coordinator and has been implemented according to the planner. Compulsory study days are offered every second month and staff are required to attend one day annually. Training attendance is recorded on a database (sighted) and the education coordinator undertakes a reconciliation of</p>

		<p>attendance annually.</p> <p>A competency programme is in place with different requirements according to role (e.g. HCA, RN, and kitchen). Competencies are completed and a record of completion is maintained in the database. Staff interviewed are aware of the requirement to complete competency training. There is a staff member with a current first aid certificate on duty 24 hours. There were 10 HCA's that work in the dementia unit; eight had completed the required dementia standards and two were in progress of completing. The two yet to complete the qualifications have been employed within the past 12 months.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The general manager/RN and nurse manager alternate on-call. The activities staff (two) work Monday through Friday. The HCAs, residents and relatives interviewed inform there is sufficient staff on duty. There is at least one RN and one first aid qualified person on each shift. There is at least one HCA on duty in the dementia unit at all times. One of two registered nurses on duty in the morning provides cover to the residents in the dementia unit.</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>	PA Low	<p>Resident files are integrated and contain nursing progress notes. Progress notes have been written on each shift as per the company policy. This aspect of the previous certification audit finding has been addressed. A new finding has been identified around the time of entry of progress notes.</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</p>	FA	<p>Medication policies and practice align with accepted guidelines. The RNs and enrolled nurses responsible for the administration of medications have completed annual medication questionnaires, practical competency and medication education. The RNs and EN administer medications in all areas including the rest home and dementia unit. Medications are checked on arrival by the registered nurse and any pharmacy errors are recorded and fed back to the supplying pharmacy. There was one self-medicating resident with completed self-medication competencies in place that were reviewed three monthly. Standing orders were not in use. All eye drops were dated on opening. The medication fridge temperature is maintained within acceptable limits.</p> <p>Twelve medication charts and administration signing sheets were viewed. Medication charts are pharmacy generated. All charts had photo identification and allergy status noted. Prescribing met legislative</p>

guidelines.		requirements for regular and 'as required' medications. Signing sheets reviewed corresponded with the medication charts. As required medications were signed, dated and timed.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All food is prepared and cooked onsite at Switzer residential care. The qualified chef (interviewed) is supported by a team of cooks and kitchen hands. All staff have completed food safety training. A four weekly seasonal menu is in place that has been reviewed by a dietitian.</p> <p>The meals are prepared in the main kitchen, plated and transported in hot boxes to the dementia unit and facility dining rooms. Meals are served from the bain marie to the dining room located adjacent to the kitchen. The chef is notified of resident dietary requirements, dietary changes and resident dislikes. Dislikes are accommodated. A variety of nutritious snacks are delivered to the dementia care unit. RNs have access to the kitchen after hours if required.</p> <p>Fridge and freezer temperatures were recorded daily. End cooked food temperatures had been taken and recorded daily. All foods were date labelled and stored correctly. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective wear.</p> <p>Residents have the opportunity to provide feedback on the meals through resident meetings, catering survey comments book, direct contact with the chef and food satisfaction surveys.</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>	PA Moderate	<p>When a resident's condition alters, the registered nurse initiates a review and if required, arranges a GP visit or nurse specialist referral. There is evidence of three monthly medical reviews or earlier for health status changes. Residents and relative interviewed confirm care delivery and support by staff is consistent with their expectations. Family confirmed they were kept informed of any changes to resident's health status. Progress notes record communication with family.</p> <p>Staff report there are adequate continence supplies and dressing supplies. On the day of the audit supplies of these products were sighted. There were seventeen skin tears, two leg ulcers and six pressure injuries being treated on the day of audit. The nurse manager and RN interviewed could describe the referral process to a wound specialist/district nursing service or continence nurse. The previous partial provisional audit finding around wound care planning remains an improvement.</p> <p>Monitoring forms and charts are available for use and these are being implemented.</p>
Standard 1.3.7: Planned Activities	FA	The service employs two diversional therapists (DT) Monday to Friday for 32 hours each. Both DTs attend regional DT workshops, onsite in-service sessions and have completed dementia units. They have current first

<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>aid certificates.</p> <p>The rest home and hospital activity programme is integrated with a variety of activities that are meaningful to the residents. Activities are held in either the rest home or hospital main lounge. There are a variety of activities provided which are appropriate to the residents' abilities and needs. Volunteers are involved in the programme with a volunteer coordinator appointed to oversee the volunteer group.</p> <p>Residents are encouraged to maintain links with community groups. Residents attend church services on site and are supported to attend church in the community.</p> <p>The activity programme for residents in the dementia care unit is provided in the afternoons. The programme includes meaningful activities. One on one and small group activities are initiated by care staff at other times. There are activity resources readily available for staff to utilise.</p> <p>Residents have a life history profile completed on admission. Activity plans were sighted in the resident files reviewed. Activity plans had been reviewed at the same time as care plans. Residents have the opportunity to feedback on the activity programme through monthly resident association meetings.</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>Initial nursing assessment/short-term nursing care plans reviewed have been evaluated by the RN within three weeks of admission. InterRAI assessments are completed six monthly or earlier due to changes in health status. Long-term care plans are evaluated at least six monthly by the RN, care staff, DT, physiotherapist and any other allied health professionals involved in the resident care. The resident/relative involved in the care plan development/review is identified on the care plan. Evaluations indicate if resident goals have been met or unmet.</p> <p>Short-term care plans in use have been reviewed regularly by the RN and documents if the problem has been resolved or added to the long-term care plan if the problem is ongoing (link 1.3.6.1)</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The service displays a current building warrant of fitness which expires on 30 June 2016.</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>A partial provisional audit was completed in July 2015 for the addition of a new service for dementia care residents. The audit identified a requirement for the service to obtain an amended and approved New Zealand Fire Service fire evacuation plan. An approved fire evacuation plan dated 27 July 2015 was sighted. The previous finding has been addressed.</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>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator (RN) collates information obtained through surveillance to determine infection control activities and education needs in the facility. Definitions of infections are in place appropriate to the complexity of service provided. Individual infection report forms are completed for all infections and collated monthly. Data is analysed for trends which is discussed and reported to the monthly quality assurance meetings. Monthly and annual comparisons are displayed in graphs for staff information. Internal audits for infection control are included in the annual audit schedule.</p> <p>There is close liaison with the GP's that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. The service participates in a regional benchmarking programme.</p> <p>There have been no confirmed outbreaks since the last audit. On the day of audit, there were three residents in precautionary isolation with no new cases within the last 24 hours. The public health had been notified and advised they were satisfied with the action taken.</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>There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. There is a restraint minimisation and safe practice policy that is applicable to the service. The aim of the policy and protocol is to minimise the use of restraint and any associated risks. There were 17 residents with restraint in the hospital and two with enablers.</p> <p>Review of restraint usage is completed in the facility and is benchmarked against the organisation. Residents' files reviewed for residents with enabler's demonstrate that enabler use is voluntary. Restraint/enabler and challenging behaviour training has been provided.</p>
<p>Standard 2.2.1: Restraint</p>	<p>FA</p>	<p>The restraint coordinator is a registered nurse with a job description that defines the responsibility of the role. The restraint approval and review process has a multidisciplinary (MDT) approach that includes RNs, care</p>

<p>approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>		<p>staff, resident (if appropriate)/ family and the GP. The consent form has been reviewed to evidence MDT involvement in the restraint approval process. The MDT reviews include the review of the clinical care plan, risk assessments and restraint use. A restraint care plan is incorporated into the resident's long-term care plan. Both plans are reviewed six monthly or earlier due to health changes. The previous certification audit finding around the approval and review process has been addressed.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.9.1</p> <p>Consumers have a right to full and frank information and open disclosure from service providers.</p>	PA Low	Pressure injury incidents are reported on a separate adverse event form for pressure injury. The form does not identify if the family have been notified of the pressure injury.	There was no documented evidence of family notification for four incidents of pressure injury.	<p>Ensure there is open disclosure around the incidence of pressure injuries.</p> <p>60 days</p>
<p>Criterion 1.2.9.1</p> <p>Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type</p>	PA Low	Resident records identified progress notes entries were legible, dated and identified the writer however not all entries were timed.	The time of entry has not been recorded on the progress notes in six of six files reviewed.	Ensure that the time of entry into progress notes is recorded.

and setting.				90 days
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA</p> <p>Moderate</p>	<p>Wound assessments, a wound map and wound treatment plans had been completed for all wounds. There were ongoing evaluations of wounds recorded at the required frequency. The presence of a pressure injury or wound is not linked to the resident care plan.</p>	<p>Wound care and pressure injury management documentation in short-term care plans or long-term care plans continues to be incompletely documented to guide care to residents.</p>	<p>Ensure wound management is fully documented on either short or long-term care plans.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.