

# Sylvia Park Rest Home Limited

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## 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:

<b>Legal entity:</b>	Sylvia Park Rest Home Limited
<b>Premises audited:</b>	Sylvia Park Rest Home & Hospital
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 12 December 2016    End date: 12 December 2016
<b>Proposed changes to current services (if any):</b>	This audit included verifying the service to provide medical level care under their current hospital certification.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	80

# Executive summary of the audit

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## 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

Sylvia Park rest home and hospital is privately owned and operated. The service is certified to provide rest home and hospital level of care for up to 81 residents. On the day of the audit there were 80 residents. This audit also included verifying the service as suitable to provide medical level care under their current hospital certification. The service is managed by the owner/facility manager who is supported by a general manager and a clinical manager. The residents and relatives interviewed spoke positively about the care and support provided.

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, family, management and staff.

The service has fully addressed five of the six shortfalls from their previous certification audit around essential notifications, job descriptions, training, care plan evaluations and medication documentation. Improvements continue to be required in relation to medication management. This surveillance audit also identified further improvements required in relation to incidents, assessment timeframes, and care plan interventions.

## 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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Communication with residents and families is appropriately managed and recorded. Complaints are managed and residents and families are aware 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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Sylvia Park rest home and hospital has a strategic plan which includes goals. There are policies and procedures to provide appropriate support and care to residents with rest home and hospital level needs. There is a documented quality and risk management programme that is implemented. Incidents documented demonstrated immediate follow-up from a registered nurse. The service has in place an orientation programme that provides new staff with relevant information for safe work practice.

Staff receive ongoing training and there is a training plan being implemented for 2016. Rosters and interviews indicate that there are sufficient staff who are appropriately skilled.

## 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 nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration. Resident files included medical notes by the contracted GP and visiting allied health professionals.

The activities team provide an activities programme for the residents that is varied, interesting and involves the families/whānau and community.

Medication policies comply with legislative requirements and guidelines. Registered nurses responsible for administration of medicines complete education and medication competencies.

All meals are prepared on site. Food, fridge and freezer temperatures are recorded. Individual and special dietary needs are catered for. Residents, family/whānau interviewed responded favourably to the food that was provided.

## 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 is posted in a visible location (9 June 2017).

## 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 are currently 11 residents requiring the use of restraint and one resident with an enabler. Staff receive training around restraint minimisation and the management of challenging behaviour.

## 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 surveillance programme is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

## Summary of attainment

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

<b>Attainment Rating</b>	<b>Continuous Improvement (CI)</b>	<b>Fully Attained (FA)</b>	<b>Partially Attained Negligible Risk (PA Negligible)</b>	<b>Partially Attained Low Risk (PA Low)</b>	<b>Partially Attained Moderate Risk (PA Moderate)</b>	<b>Partially Attained High Risk (PA High)</b>	<b>Partially Attained Critical Risk (PA Critical)</b>
<b>Standards</b>	0	12	0	2	2	0	0
<b>Criteria</b>	0	34	0	2	2	0	0

<b>Attainment Rating</b>	<b>Unattained Negligible Risk (UA Negligible)</b>	<b>Unattained Low Risk (UA Low)</b>	<b>Unattained Moderate Risk (UA Moderate)</b>	<b>Unattained High Risk (UA High)</b>	<b>Unattained Critical Risk (UA Critical)</b>
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and procedures have been updated in June 2016 and implemented. Residents and their family/whānau are provided with information on admission.</p> <p>The complaints policy is posted in a visible area with complaints forms and advocacy information nearby. The residents and families interviewed were aware of the complaints process and to whom they should direct complaints.</p> <p>The service has received seven complaints since the last audit. All concerns/complaints have been managed promptly and to the satisfaction of the complainant.</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>Four relatives interviewed (two rest home and two hospital) stated they are informed of changes in health status and incidents/accidents. This was confirmed on incident forms reviewed. Six residents interviewed (three rest home and three hospital) also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident meetings occur. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or</p>

		<p>family/whānau have difficulty with written or spoken English, then interpreter services are made available. Translation of the admission agreement and other admission/ information documentation has been completed and is available to those residents who speak Putonghua, a form of Mandarin.</p>
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Sylvia Park Rest Home and Hospital provides rest home and hospital level of care for up to 81 residents. There are 79 dual-purpose beds and two rest home beds. On the day of audit there were 18 rest home residents - including one resident admitted under a young person with disability contract (YPD), and 62 hospital residents - including two residents admitted under a young person with disability contract.</p> <p>This audit included verifying the service to provide medical level care under their current hospital certification. The service has a contracted physiotherapist for 12 hours a week. A dietitian and podiatrist are available by referral. The GP, physiotherapist, dietitian and podiatrist document visits in the allied health section of the integrated file.</p> <p>The owner/facility manager holds a bachelor of sciences. The general manager has been in the role for six years and has a qualification in accounting and commerce. He is responsible for the daily operations of the service, accounts, human resource management, maintenance and health and safety.</p> <p>The owner/facility manager is supported by a full-time clinical manager/RN with over 20 year's gerontology experience. She oversees the clinical services, RNs and caregiving team.</p> <p>The current strategic plan and quality and risk management plans have been implemented. The clinical manager receives support from registered nurses and care staff.</p> <p>The owner/facility manager and clinical manager have completed eight hours of professional development related to managing a rest home and hospital facility.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The quality manual and the business, quality, risk and management planning procedure describe Sylvia Park's quality improvement processes. The risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management programme has been monitored through the quality/management meeting, and the various facility meetings. Monthly and annual reviews have been completed for all areas of service. Meeting minutes have been maintained and staff are expected to read the</p>

		<p>minutes and sign off when read. Minutes for all meetings have included actions to achieve compliance where relevant. Discussions with registered nurses and caregivers confirmed their involvement in the quality programme. Resident/relative meetings have been held. Data is collected on complaints, accidents, pressure injuries, incidents, infection control and restraint use. The internal audit schedule for 2016 is being completed. Areas of non-compliance identified at audits have been actioned for improvement. Specific quality improvements have been identified. The service is implementing a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. Policies and procedures align with the client care plans and a number have been updated since previous audit. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. All policies were evidenced to have been reviewed in June 2016. Falls prevention strategies are implemented for individual residents. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.</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>	PA Low	<p>The accident/incident process includes documentation of the incident and analysis and separation of resident and staff incidents and accidents.</p> <p>A sample of 21 resident incident and accident reports for November 2016 were reviewed. Not all reports were complete. Reports reviewed evidenced timely clinical review of the resident with further investigations and analysis conducted as required. Pressure injuries have been reported. Accidents and incidents are analysed monthly with results discussed at quality/management and combined staff/health and safety/infection control meetings.</p> <p>The owner/facility manager is aware of situations that require statutory reporting. This finding from the previous audit has been addressed. There have been no outbreaks at the village since the previous audit.</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>Nine staff files were sampled (the clinical manager, two registered nurse (RNs), one cook, one cleaner, one physiotherapy assistant, two caregivers and one activities coordinator). All files contained appropriate documentation including annual appraisals and current job descriptions. All job descriptions were evidenced to be signed by the employee. This finding from the previous audit has been addressed. Current annual practicing certificates are kept on file.</p> <p>There is a fully implemented and comprehensive training plan in place. Attendance at education sessions has improved during 2016 with an average attendance of 35-</p>

		<p>37 staff. Education on cultural safety, which included the Treaty of Waitangi, was completed in July 2016. This finding from the previous audit has been addressed. There are implemented competencies for registered nurses related to specialised procedure or treatment including (but not limited to); medication management and syringe driver training and competencies. There are 6 of 11 RNs currently InterRAI trained. Senior caregivers also complete medication training and competencies. Residents and families state that staff are knowledgeable and skilled.</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 staffing the service. Staffing rosters were sighted and staff are on duty to match needs of different shifts and needs of different individual residents. There is a registered nurse on duty on level one and on level two 24hrs, seven days per week. Sufficient numbers of caregiver's support RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Moderate	<p>Twelve medication charts were reviewed (six rest home - including one YPD, and six hospital). There are policies and procedures available for safe medicine management that meet legislative requirements. All medication charts sampled met legislative prescribing requirements. The medication charts reviewed identified that the GP had seen and reviewed the resident three monthly.</p> <p>All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses interviewed could describe their role regarding medication administration. The service currently uses a robotic roll system for medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Standing orders are in use and contraindications for each medication are documented. The previous audit findings related to standing orders has been met. There were no residents self-medicating on the day of audit. Staff could describe the assessment, consent, storage and review process required for any resident that chooses to self-administer medication. Resident topical creams were kept secularly in the resident's rooms, however not all medication were being stored securely. The previous finding related to the storage of medication has not been met.</p> <p>The medication fridge temperatures are recorded regularly and these are within acceptable ranges.</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>	<p>FA</p>	<p>All meals at Sylvia Park Rest home and Hospital are prepared and cooked on site. There is a four-weekly seasonal menu which had been reviewed by a dietitian in February 2015. A 'dumb waiter' is used to transport food between the floor levels. The temperature of the food is checked before leaving the kitchen. There are food covers available. Dietary needs are known with individual likes and dislikes accommodated. Pureed, gluten free, diabetic desserts are provided. Cultural and religious food preferences are met. There is an English and a Chinese menu.</p> <p>Staff were observed assisting residents with their meals and drinks. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed were very complimentary about the food and confirmed alternative food choices were offered for dislikes. Food satisfaction is discussed at resident's two monthly meetings.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are recorded daily. The dishwasher is checked regularly by the chemical supplier.</p> <p>All food services staff have completed training in food safety and hygiene and chemical safety.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Moderate</p>	<p>A written record of each resident's progress is documented. Resident changes in condition are followed up by a registered nurse as evidenced in residents' progress notes. When a resident's condition alters, the registered nurse initiates a review and if required, GP or nurse specialist consultation. The family members confirmed on interview they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications.</p> <p>In the files reviewed, short-term care plans were evidenced following a change in health condition and then linked to the long-term care plan. Long-term care plans were reviewed six monthly. Interventions were not documented for all assessed care needs and not all interventions in use were documented.</p> <p>Dressing supplies are available and treatment rooms were well stocked for use. Wound initial assessment plans and wound evaluations were completed for ten of ten wound care plans reviewed. There were four hospital residents with pressure injuries on the day of audit (three facility acquired - one stage-one and two stage-two and one non-facility acquired, stage-three resolving to stage-two). There has been</p>

		<p>wound nurse specialist, dietitian and GP involvement in the care of pressure injuries.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Registered nurses could describe access to continence specialist input as required.</p> <p>Monitoring forms are in use by the registered nurses. Forms sighted included monthly blood pressure and weights, pain monitoring, nutritional and food monitoring and behaviour monitoring.</p>
<p><b>Standard 1.3.7: Planned Activities</b></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>There is a senior activities coordinator, who has 29 years' activities experience and works 16.5 hours a week to oversee and coordinate the activity programme. There are six activities assistants, who cover Monday to Sunday. The senior activities coordinator has completed the diversional therapy qualification and one other activities assistant is currently completing the diversional therapy course. The activity team hold weekly meetings to discuss the programme.</p> <p>The weekly activity programme is displayed on noticeboards. There is a range of activities to meet the recreational preferences and individual abilities including entertainment, craft, Tai Chi, DVDs, Chinese opera, walks, memory games, mah-jong and chess. Group exercises are held in the lounges daily. The activities assistants have one on one time with residents who are unable or who choose not to participate in the programme. There are weekly van outings for a drive or a shopping trip.</p> <p>There are prayers, hymns and bible stories each evening for those residents who wish to participate. The Buddhist monks visit regularly.</p> <p>Special events such as birthdays, Chinese New Year, Lantern Festival and Mother's Day are celebrated by residents, families and staff. Photos of these celebrations are on the walls in the lounges.</p> <p>There was evidence that the residents admitted under a YPD contract, had a range of interventions documented to allow them to participate in a range of cultural, education and leisure activities consistent with their needs and preferences.</p> <p>There is a large satellite dish on site and this enables the residents to watch Chinese TV channels.</p> <p>The activities coordinator completes an activities assessment on admission. The individualised activities plan is part of the long-term care plan and is reviewed at the same time the care plan is reviewed.</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>In the residents' files reviewed all initial care plans were documented and evaluated by the RN within three weeks of admission. Long-term care plans had been reviewed at least six monthly and identify if the resident goals are being met. The previous audit finding related to evaluation of resident's goals has been met. Evaluations include evidence of registered nurse, allied health, activity assistant and family input.</p> <p>The GP reviews the residents at least three monthly or earlier if required. Evidence of three monthly GP reviews were seen in all residents' files sampled. Ongoing nursing evaluations occur daily/as indicated and are documented within the progress notes.</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 is posted in a visible location (expiry 9 June 2017). This audit included verifying the service to provide medical level care under their current hospital certification. The facility is accessible to meet the mobility and equipment needs of all residents.</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>A registered nurse is the infection control coordinator. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Surveillance of all infections are entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at monthly quality/management and staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the clinical manager. Since the previous audit, there has been no outbreaks.</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>The service has documented systems in place to ensure the safe and appropriate use of restraint. There were 11 hospital residents with restraint and one enabler in use. Restraint use includes bedrails for all 11 residents. Policies and procedures include the definition of restraint and enabler that are congruent with the definitions in NZS 8134.0. Enablers are voluntary. Enabler documentation is the same as for restraint. Two restraint and one enabler files reviewed included assessment, consent, risk assessments, care planning, monitoring and review. Staff education on RMSP/enablers has been provided.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	PA Low	The service collects incident and accident data and reports aggregated figures to the combined quality/management meeting. Seventeen of 21 incident forms (November 2016) were evidenced to be fully completed and evidenced follow-up by a registered nurse. Staff interviewed confirmed incident and accident data are discussed at the staff meeting and information and graphs are made available.	Four of 21 incident forms reviewed for November 2016 did not document the name of the resident or person the incident form related to.	<p>Ensure all incident forms are fully completed and document the name of the resident or staff member the incident form relates to.</p> <p>60 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and</p>	PA Moderate	The services medication management policy outlines the policies and practices to be followed in relation to medication management. Staff interviewed, who administer medication, could describe safe medication management and administration practices (observed). There is a process in place for the reconciliation of medication	The medication room on the ground floor did not have all medications stored in locked cupboards or drawers. The medication room was locked; however the room had an external window at ground level that was left open to allow air flow that allowed external access to the	<p>Ensure that all medication is securely stored.</p> <p>60 days</p>

medicine reconciliation in order to comply with legislation, protocols, and guidelines.		including the checking of new medication packs and for the return of medication to pharmacy. Medications are kept in locked trolleys in the medication room on each floor. There are locks on the medication room doors. Stock medication is kept in unlocked cupboards and drawers in the ground floor medication room. The medication room on the ground floor had an external window that opened to the outside.	medications. Since the audit the provider has provided evidence that these have been addressed.	
<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	In the files sampled InterRAI assessments were completed for all residents requiring one but not all InterRAI assessments were completed or reviewed in the required timeframes. Long-term care plans were completed within 21 days of admission and reviewed by the registered nurse at least six monthly.	(i) One of seven files reviewed (hospital), did not have the InterRAI assessment completed within 21 days of admission. (ii) One of seven files reviewed (hospital), did not have the InterRAI assessment reviewed six monthly.	Ensure that all InterRAI assessments are completed in the required timeframes. 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>	PA Moderate	The RN reviews information gathered from assessments, monitoring charts, observations, and interviews with residents, staff and families to develop the care plan. Not all interventions for assessed care needs were included in the care plan and not all interventions documented had been written in sufficient detail to guide the care staff. Not all interventions in use were documented.	<p>In five of six files reviewed (three rest home - including one resident admitted under a YPD contract (tracer) and two hospital) interventions were not documented in sufficient detail to guide care staff in the management of (a) challenging behaviours, (b) pain, (c) exacerbation of COPD, (d) seizures, and (e) low grade fever.</p> <p>In two of seven files (one hospital, one rest home) the required monitoring was not consistently documented for two hourly turns, pain, and symptoms of depression.</p>	<p>i) Ensure that interventions are documented for all assessed care need and in sufficient detail to guide care staff.</p> <p>ii) Ensure that all required monitoring is consistently documented.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.