

The Cascades Retirement Resort 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:	The Cascades Retirement Resort Limited
Premises audited:	The Cascades Retirement Resort
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 March 2017 End date: 14 March 2017
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:	72

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

The Cascades Retirement Resort (The Cascades) provides rest home and hospital level care for up to 75 residents. There are additionally 32 apartments attached to the care facility which are approved for delivery of rest home care. On the days of audit two people living in the apartments were receiving rest home care.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Services Standards and the provider's contract with the Waikato District Health Board (WDHB). There has been a change of operator which took effect on 1 January 2017. The scope and size of services remain the same as they were at the previous audit in 2015.

The residents, family members and a general practitioner interviewed on site expressed their satisfaction with the care and quality of services provided.

Each of the standards assessed were fully attained and the activities standard was rated continuous improvement.

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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The service demonstrates that it communicates effectively with its residents, their relatives and allied health professionals when required, in a timely and open manner. The service adheres to the practices of open disclosure where necessary. There are appropriate processes in place to access interpreting services when required.

The complaints management system complies with consumer rights legislation and the company's own policies. Each complaint received had been taken seriously, acknowledged in a timely manner, and thoroughly investigated. Communication between parties and outcomes from complaint investigations were recorded. Residents and relatives confirmed they had been informed about the complaint management process and felt supported to raise any concerns.

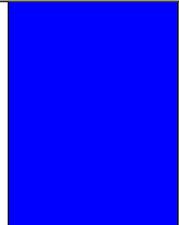
Organisational management

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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The new operators are maintaining frequent and clear communication with senior staff. The quality and risk management systems were being maintained with all areas of service delivery being regularly monitored. Adverse events are reliably reported, and investigated to determine ways that recurrence could be prevented. People impacted by an adverse event are notified, for example, general practitioners and families. Staff understood their obligations with regard to essential notifications.

Staff were being recruited and managed effectively. Staff training in relevant subject areas has been occurring regularly. In particular, manual handling which is included in the orientation schedule. There were adequate number of skilled and experienced staff on site to meet the needs of the resident group.

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.		All standards applicable to this service fully attained with some standards exceeded.
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The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach to care delivery. The processes for assessment, planning, provision, evaluation, review and exit are provided within time frames that safely meet the needs of the resident and contractual requirements.

All residents have interRAI assessments completed and individualised care plans related to this programme. When there are changes to the resident's needs a short-term plan is developed and integrated into a long-term plan, as needed. All care plans are evaluated at least six monthly.

The service provides planned activities meeting the needs of the residents as individuals and in group settings. Families reported that they are encouraged to participate in the activities of the facility and those of their relatives.

The onsite kitchen provides and caters for residents with food available 24 hours of the day, and specific dietary likes and dislikes accommodated. The service has a four week rotating menu which has been approved by a registered dietitian. Residents' nutritional requirements are met.

A safe medicine administration system was observed at the time of audit.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

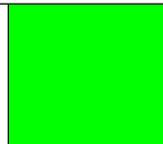


Standards applicable to this service fully attained.

The building has a current building warrant of fitness and all interior and exterior areas are being maintained as safe and suitable for the residents.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

The service has established methods for determining safe and appropriate restraint and enabler use. On the days of audit the restraint register accurately reflected the restraint interventions in use. The methods used for assessment, consent and approval, monitoring, evaluation and review meet all the requirements of the Restraint Minimisation and Safe Practice Standards. Restraint use is minimised and staff education and training to prevent and/or safely manage restraint use is ongoing.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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Surveillance for infections is completed every month. Results of surveillance are reviewed to assist in minimising and reducing the risk of infection. The infection surveillance results are reported back to staff and residents, where appropriate, in a timely manner.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	15	0	0	0	0	0
Criteria	1	40	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The WDHB requested in depth review of the complaints management system following a complaint received in June/July 2016 and subsequent investigations by the Office of the Health and Disability Commissioner and the WDHB. Records and staff and resident interviews showed that the service is managing all complaints received according to its policy and right 10 of the Code of Health and Disability Services Consumers' Rights. The complaints register was up to date and recorded 20 complaints received in 2016 and four to date in 2017. Residents confirmed knowledge of the ways to lodge a complaint. The complaints logged since the previous audit show that each matter was investigated immediately, and managed effectively for resolution with all parties. There was written evidence of ongoing communication with the people involved.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>The service continues to promote an environment of good communication. Policies and procedures are in place if interpreter services are needed to be accessed. There were no non-English speaking residents on the day of audit, although some are multilingual and were observed to be conversing in different languages with friends and family.</p> <p>The GP and family members interviewed said they are kept informed of the resident's status, including any events adversely affecting the resident. Evidence of open disclosure was documented on the accident/incident forms and in the residents' progress notes sighted. A new method for registered nurse (RN) to RN communications has been implemented with good effect, according to the clinical manager (CM) and RNs interviewed.</p>

conducive to effective communication.		
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>On the day of audit there were 72 residents (30 hospital and 42 rest home level) who were all over the age of 65 years. Two people living in the adjoining apartments were receiving rest home level care. A change of operator from the Sanderson group to the Arvida Group occurred in January 2017. The change occurred through a purchase of shares not a sale and purchase agreement and therefore did not require a provisional audit to be conducted. This group previously took over The Cascades 'sister' facility Bethlehem Views in Tauranga in October 2016.</p> <p>The general manager (GM) was unavailable on the day of the audit and the clinical manager (CM) was acting in the role. Interview with the CM and review of documents showed the quality, risk and business plans have current goals. The operators are kept informed about service delivery and organisational performance via frequent reports from the general manager.</p> <p>The CMs personnel records reviewed, confirmed ongoing performance development in subject areas related to the role. The general manager continues to liaise with other age care providers in the area and has regular contact with WDHB representatives.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The role of quality coordinator has been vacant since October 2016. The quality and risk management system has been overseen by the CM who delegates some tasks to other staff members. The system continues to be integrated with service delivery and reflects continuous quality improvement. The policies, procedures and forms in use are the previous company's (The Sanderson group) as transition to Arvidas system has not yet occurred. The current documents are controlled and the policies reflect best known practices. Quality monitoring includes regular checks and audits of service delivery and the collection, analysing and reporting of quality data. The quality coordinator submits monthly quality reports to the GM, quality committee, RNs and staff. The report contains details about audits completed in the previous month, staff education, a breakdown of incidents and accidents, environmental reports, new staff, and outcomes from resident satisfaction surveys. Where service improvements are required, these are planned, documented, and timeframes and responsibility was allocated for completion. All staff interviewed were able to articulate their role in relation to the system.</p> <p>Any business risks are monitored by the GM and directors. Occupational health and safety risks continue to be managed by designated health and safety officers who support staff to understand and adhere to procedures. Chemical safety data sheets are located where hazardous chemicals are stored. Clinical risks are identified in residents' service delivery plans.</p>
Standard 1.2.4: Adverse Event	FA	Interviews revealed that the adverse event reporting system is known by staff and is co-ordinated by the clinical nurse manager who is also the acting quality coordinator. The event records showed that reporting occurs

<p>Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>immediately and is investigated to determine cause and prevent or minimise recurrence. The incident form also records who (for example, family and general practitioners), were notified and when. This was confirmed during interview with the GP. The records showed that analysis of the incident and accidents data was occurring reliably at monthly intervals and that three monthly summaries of the data assist in identifying positive or negative trends. There was evidence in staff meeting minutes that trends were reported and discussed along with methods for addressing unwanted trends.</p> <p>Interviews confirmed that senior staff understand their obligations about essential notifications. Apart from a serious complaint in 2016 there have been no other events requiring notification.</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>Staff are being effectively managed. The skills and knowledge required is documented in position descriptions and employment agreements. The clinical manager and a cross section of staff interviewed confirmed they understood their roles, delegated authority and responsibilities. Every job applicant is reference checked and police checked. Staff records contained evidence of recruitment processes being followed, orientation having been completed, three month post employment reviews and annual performance appraisals. Copies of current practising certificates were sighted for each of the 17 RNs employed.</p> <p>The sample of six staff files reviewed confirmed that staff are maintaining knowledge and skills in emergency management, first aid certificates and competencies in medicine administration and attend regular training. There has been a particular emphasis on providing staff with training about safe manual handling and conducting random audits on lifting and transferring. An in-service education session on the day of the audit about skin integrity and wound management included reminders about safe transfers. The care staff and RNs interviewed said they were being provided regular and effective education and training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled</p>	FA	<p>Rosters sighted and interviews with staff confirmed there are sufficient numbers of skilled and experienced staff on all shifts, to meet the minimum requirements of the provider's agreement with the DHB. This includes RNs being on site and on call 24 hours a day seven days a week. Staffing allocation takes into account the possibility of emergency call outs to the attached retirement village. Auxiliary staff (eg, cooks, cleaners, laundry and maintenance staff) are allocated sufficient hours to complete their duties. Staff and residents interviewed had no concerns about staff availability. A system of staff recording their availability for call backs is in place to cover unexpected staff absences.</p>

and/or experienced service providers.		
<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>The registered nurse described the processes to ensure safe administration of all medications. This included competency requirements, prescribing, recording, the process when an error occurs, as well as definitions for 'over the counter' medications that may be required by residents.</p> <p>At the time of audit one resident was self-administering medications. The service's policies, procedures and self-administration guidelines to assess if the resident was competent to administer their own medications was implemented and medication was observed as secure in the resident's bedroom.</p> <p>Medications for residents are received and delivered by the pharmacy in a pre-packed delivery system. A safe system for medicine management was observed on the day of audit. Medicines are stored in a medicine trolley individually in one of two treatment rooms which are locked when not occupied. A locked cupboard is used for controlled medications (CDs) and the medicine registers were sighted. The pharmacy audits the CD register twice yearly. Medications that require refrigeration are stored in a separate fridge with recorded temperatures documented.</p> <p>The facility has implemented an electronic medication charting and management system. Fifteen of the twenty medicine charts sighted in the electronic medication management system were not documented as reviewed by the GP every three months, however evidence of medication reviews were observed in GP written documentation. The clinical manager stated that she would ask the GP to update the electronic files. All prescriptions sighted contained the date, medicine name, dose and time of administration. All medicine charts have each medicine individually prescribed and 'as required' (PRN) medications identified had the reason stated for the use of that medication. All the medicine files reviewed have a photo of the resident to assist with the identification of the resident. Where a resident refuses medications, strategies to reduce related risks have been developed in discussion with relevant parties. An example was confirmed in discussion with the clinical manager.</p> <p>There are documented competencies sighted for all staff responsible for medicine management. The registered nurse administering medicines at the time of audit demonstrated competency related to medicine management.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs</p>	FA	<p>Regular monitoring and surveillance of the food preparation and hygiene is carried out. Food procurement, production, preparation, storage, delivery and disposal was sighted at the time of audit. Fridge and freezer recordings are observed daily and recorded and meet the food safe requirements. The catering manager interviewed had a very good understanding of food safety management and have completed ongoing updated food safety training.</p> <p>There is a four week rotating menu that has been reviewed by a dietitian. Where unintentional weight loss is recorded, the resident is discussed with the GP/NP. Food and fluid monitoring is implemented and the resident is</p>

<p>are met where this service is a component of service delivery.</p>		<p>referred for a dietitian review.</p> <p>A nutritional profile is completed for each resident by the RN upon entry to the service and this information is shared with the kitchen staff with a copy remaining in the kitchen to ensure all needs, wants, dislikes and special diets of the resident are catered for. The kitchen is available for staff to provide residents with food and nutritional snacks 24 hours a day.</p> <p>The kitchen also offers residents a variety of cereals for breakfast. One of two main options are provided for lunch including a desert and a lighter menu option for dinner also supporting individual residents with different cultural food needs if required. All main meals are supported by morning and afternoon tea which includes home baking.</p> <p>All meals are cooked and served directly from the kitchen and served in kitchens adjoining the residents' dining rooms. Residents have the option of trays in their rooms, however all residents are encouraged to have their meals in the dining rooms to encourage appetites and socialisation.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Clinical management policies and procedures include assessment on admission, weight and bowel management, clinical notes and referral information.</p> <p>As observed on the days of the audit, the registered nurse and caregivers demonstrated good knowledge of individual residents, providing individual and specific care that was reflected in the resident's care plan. The residents' files showed evidence of discussions and involvement of family. The residents interviewed reported that the staff knew them all very well and had no concerns with the care they received.</p> <p>The service has adequate dressing and continence supplies to meet the needs of the residents. The care plans reviewed recorded interventions that were consistent with the resident's assessed needs and desired goals. The registered nurse and caregivers interviewed reported they have input into residents' care plans on a regular basis and state that the care plans are accurate and kept up to date to reflect the resident's needs.</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,</p>	<p>CI</p>	<p>The activities programme uses a framework to empower the residents both young and older to have the opportunity to be valued and respected. The residents are provided with opportunities that are of interest to them from the past and present and are encouraged and supported to maintain their community networking and friendships allowing for ongoing socialisation and developing new interests. The activities coordinator adapts activities to meet the needs and preference of the residents.</p> <p>The facility has three diversional coordinators who work as a team Monday – Saturday 7.30 am to 4.30 pm. The weekly activities plan/calendar sighted was developed based on the resident's individual needs and interests and was adapted depending on the resident's physical ability, interest and reaction at the time. The activities staff advertises the upcoming activities. Regular activities include daily newspaper reading and different types of</p>

<p>and the setting of the service.</p>		<p>exercises, church services, regular visiting entertainment and community based trips. There are also specific men's and lady's outings. For residents who wish to remain in their rooms, activities and one to one interaction is offered and supported by staff. The care staff interviewed stated that they have access to activities to support residents after hours and on the weekends.</p> <p>The residents' files reviewed have activities and social assessments that identify the resident's individual diversional, motivational and recreational requirements. Daily activities attendance sheet records are maintained for each resident. The goals are updated and evaluated in each resident's file three monthly.</p> <p>All residents and families interviewed stated that they were happy with the activities on offer and families and visitors felt included when they visited.</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>The residents' files reviewed had a documented evaluation that was conducted within the last six months. Evaluations are resident focused and document achievements or response to supports/interventions and progress towards meeting the desired outcome/goal.</p> <p>Residents' changing needs are clearly documented in the care plans reviewed. Residents whose health status changes, and/or are not responding to the services/interventions being delivered, are discussed with the GP and/or nurse practitioner (NP) and family/whanau. Short term care plans were sighted for wound care, infections, and changes in mobility, changes in food and fluid intake and skin care. The medical and nursing assessments of these short term care plans are documented in the residents' progress notes. The caregivers interviewed demonstrated good knowledge of short term care plans and reported that they are reported and discussed at handover.</p> <p>Family/whanau interviewed stated that they can consult with staff at any time if they have concerns or there are changes in the resident's condition.</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>There is a current building of warrant of fitness which expires in May 2017. Hazard monitoring and preventative maintenance is occurring. All areas were observed as safe and appropriate for use by the consumer group. There have been no changes to the buildings.</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>All staff are required to take responsibility for surveillance activities. Monitoring is discussed in management meetings to reduce and minimise risk and ensure residents' safety. The infection control coordinator completes a monthly and yearly surveillance report. The service monitors skin and soft tissue wounds, pressure injuries, urinary tract infections, oral, eyes, ear, gastroenteritis infections, and scabies. Antibiotic use is also monitored. The monthly analysis of the infections includes comparison with the previous month, reason for increase or decrease, trends and actions taken to reduce infections. This information is fed back and discussed in staff meetings, and where appropriate, family and resident meetings.</p> <p>The public health office and district health board was notified in May 2016 regarding a respiratory infection outbreak. Nineteen residents and one staff member were affected. A plan was developed, isolation of residents/staff occurred and health warning signs/communication were put in place. Cleaning, laundry and personal hygiene were emphasised. A corrective action plan was sighted meeting all legislation and standard requirements.</p> <p>The monthly reports identify three residents who are chronically unwell and frequently require antibiotics. Short term and long term care plans sighted evidence interventions in place to reduce and minimise the risk of infection.</p> <p>A comparative statistical review documented 306 infections recorded in 2015 with a reduction of 241 recorded infections in 2016.</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 is continuing to assess and safely manage residents who require restraint interventions or enablers for their safety and independent mobilisation according to policy and this Standard.</p> <p>On the days of audit the restraint register listed four residents using bed rails and one resident using a lap belt when sitting. (One of these residents was reviewed in detail and their family member was interviewed). There are two residents listed as using bed rails as enablers. The date the restraint was commenced and was last reviewed is documented in the register. The restraint coordinator, who is also the clinical nurse manager, provides a written report to the quality committee each month which updates them about the restraints in place, any incidents related to restraint use and staff education planned or provided. Personnel records and staff interviews confirmed that annual attendance at restraint education is compulsory. Staff files also showed that new staff are provided with information about the restraint policy, philosophy and approach during their orientation.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>A multi-sensory group was initiated once a week to support residents who struggle to partake in the mainstream activities programme due to reduced mobility/health conditions. A suitcase was built on wheels to hold resources which include aromatherapy, reminiscing, fiddle mats, massage, music, adult colouring and board games. The suitcase supports group sessions and ease of access to support one to one sessions in resident’s rooms. Residents were provided with information about the group and staff were encouraged to remind the residents. An evaluation was completed in February 2017. The first three weeks the group was successful with a high resident turnout, however due to staff finding it difficult to have all the residents ready by 10.30 am fewer residents were able to attend the group. A decision was made to discontinue the group; however, residents continue with one to one therapy.</p> <p>The facility is part of the “Music Moves Me Trust”, which a music and percussion group that is facilitated once a week with 15 to 18 residents regularly participating. Residents are supported in a group setting and one to one sessions in resident’s rooms. An evaluation completed in December 2016 highlighted three residents with a history of complex needs showing a marked positive improvement in verbal and emotional interaction.</p> <p>Residents and families interviewed stated that they were happy with the group and one to one</p>	<p>Two improvements were a result of a review process, action taken based on findings of the review, and what the outcomes were for residents.</p>

		interaction with the activities designed to meet their individual needs.	
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End of the report.