

# Summerset Care Limited - Summerset in the River City

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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>	Summerset Care Limited
<b>Premises audited:</b>	Summerset in the River City
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 22 March 2017 End date: 23 March 2017
<b>Proposed changes to current services (if any):</b>	
<b>Total beds occupied across all premises included in the audit on the first day of the audit: 38</b>	



# 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

Summerset in the River City provides rest home and hospital (geriatric and medical) level care for up to 37 residents in the care centre and up to 12 rest home residents in the serviced apartments. On the day of the audit there were 39 residents.

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 is managed by an experienced village manager and a care centre manager/registered nurse. The residents and relatives interviewed spoke positively about the care and support provided.

There are quality systems and processes being implemented. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care. This audit identified improvements required around interventions and reportable events.

The serviced has maintained a continuous improvement rating for a quality initiative project to reduce skin tears.

## 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 functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and related services is readily available to residents and families. Complaints processes are being implemented and complaints and concerns are managed and documented.

## 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 medium or high risk and/or unattained and of low risk.
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Summerset in the River City has an embedded 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 improvement meetings. Annual surveys and monthly resident meetings provide residents and families with an opportunity for feedback about the service. Quality performance is reported to staff at meetings and includes discussion about incidents, infections and internal audit results. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care. There is a staffing policy in place.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Assessments, resident-centred care plans and evaluations were completed by the registered nurses within the required timeframes. Risk assessment tools and monitoring forms are available and implemented. Resident-centred care plans were individualised and reflected allied health involvement in the resident's care.

Recreational therapists coordinate and implement an integrated seven-day activity programme. The activities meet the individual recreational needs and preferences of the rest home and hospital level of care residents. There are outings into the community and visiting entertainers.

There are medicine management policies in place that meets legislative requirements. Staff responsible for the administration of medications complete annual medication competencies and education. The general practitioner reviews the medication charts three-monthly.

The food service is contracted to an external company. Resident's individual dietary needs were identified and accommodated. Staff have attended food safety and hygiene training. Additional snacks were available after hours.

## 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 buildings have 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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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. There were no residents with restraint and one resident with an enabler. Staff receive regular education and training on restraint minimisation.

## 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 officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This included audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Somerset facilities.

## 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	14	0	1	1	0	0
Criteria	1	36	0	1	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>A complaints procedure is provided to residents within the information pack at entry. Feedback forms are available for residents/relatives in various places around the facility. The organisational complaints policy stated that the village manager has overall responsible for ensuring all complaints (verbal or written) are fully documented and investigated. The care centre manager is involved for any clinical complaints. There is an online complaint register that included relevant information regarding the complaint. Documentation includes acknowledgement of the complaint/concern and follow-up letters and resolution to the satisfaction of the complainant within the required timeframes. There were 10 complaints received in 2016 (to date). There was a Health and Disability Commissioner complaint in June 2016, which has been investigated and closed out.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Six residents (five rest home and one hospital level of care) and family members (one rest home and two hospital relatives) stated they were welcomed on entry and were given time and explanation about services and procedures. Family members interviewed also stated they are informed of changes in the resident's health status and incidents/accidents. Resident/relative meetings are held with an advocate from Age Concern present. Reports are forwarded to the village manager for any concerns to be addressed. The village manager and the care centre manager (registered nurse) have an open-door policy. The service produces a newsletter for residents and relatives. 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</p>

conducive to effective communication.		services for residents (and their family/whānau).
<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>The service provides care for up to 37 residents at hospital and rest home level care in the care centre and up to 12 rest home residents in the serviced apartments (separate building). All beds in the care centre are dual purpose beds. On the day of the audit, there were sixteen rest home residents including two respite care residents and sixteen hospital residents including one resident under the chronic medical illness contract (CMI). There were three rest home residents in the serviced apartments.</p> <p>The Summerset Group Limited Board of Directors have overall financial and governance responsibility and there is a company strategic business plan in place. Summerset in the River City has a site-specific business plan and quality goals that is reviewed regularly. Opportunities for improvement are identified, for example, there will be zero complaints around meals and an action plan describes how the service will achieve this. Future planning also includes enquires in all care centre resident rooms.</p> <p>The village manager is responsible for the overall management of the village including the serviced apartments and has been in the role 13 years. The care centre manager is an experienced RN in aged care and has been in the role three years and eight months. The management team are supported by a national clinical and quality assurance manager. The village manager and care centre manager attended a two-day Summerset Leadership in Action conference within the last year and also attend DHB forums/provider meetings four times a year. The village manager has attended at least eight hours of professional development relevant to the role.</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>Summerset in the River City is implementing the organisation's quality and risk management system. There are policies and procedures being implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed on a regular basis at head office. Staff are required to sign when they have read new/updated policies. The content of policy and procedures are detailed to allow effective implementation by staff.</p> <p>The Summerset group has a 'clinical audit, training and compliance' calendar. The calendar schedules the training and audit requirements. Compliance against the 'clinical audit, training and compliance' is reported to the national clinical and quality assurance manager as part of the ongoing monitoring programme.</p> <p>There is a meeting schedule including monthly quality improvement meetings that includes discussion about clinical indicators (eg, incident trends, infection rates). Registered nurse meetings are held monthly. Health and safety meetings are monthly and infection control meetings occur three-monthly. There are other facility meetings held such as kitchen and activities. An annual residents/relatives survey completed (October 2016) reports 98% overall satisfaction placing the provider at the top of the Summerset facilities. Participants receive feedback on the survey</p>

		<p>results through meetings and newsletters.</p> <p>The service is implementing an internal audit programme that includes aspects of clinical care. Issues arising from internal audits are developed into corrective action plans. Monthly and annual analysis of results is completed and provided across the organisation. There are monthly accident/incident reports completed by the care centre manager that break down the data collected across the rest home and hospital and staff incidents/accidents.</p> <p>Infection control is also included as part of benchmarking across the organisation. Summerset has a data tool "Sway- the Summerset Way". Sway is integrated and accommodates the data entered which provides facilities with organisational benchmarking results.</p> <p>The village manager has the overall responsibility for health and safety across the village and has level three of the health and safety training. The care centre manager and a senior RN are health and safety officers for the care centre. The health and safety committee meet monthly and have developed a site health and safety plan for 2017 with goals to increase staff awareness around reporting of all incidents. In particular, near misses which will assist the committee to identify trends for potential accidents. The village manager is on the committee at head office to develop and implement the RMSS commercial data base for identifying, investigating and reporting all incidents/accidents and near misses. There is a current hazard register. Health and safety internal audits are completed. Health and safety minutes and other relevant information is posted on the staff health and safety noticeboard.</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls. The service has been successful in reducing skin tears.</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</p>	<p>PA Moderate</p>	<p>Incident and accident data has been collected and analysed. Eleven resident related incident reports for February 2017 were reviewed. Each report evidenced timely RN assessment and relatives had been notified. Incidents had been documented in resident progress notes and the GP notified if required. The incident reporting policy includes definitions and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Data is linked to the organisation's benchmarking programme and used for comparative purposes.</p> <p>Two section 31s to HealthCert/DHB (one of suspected elder abuse and one of a resident self-discharge) and reporting channels were being actively investigated by the service in consultation with the national clinical and quality assurance manager.</p>

manner.		
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies to support recruitment practices. A list of practising certificates is maintained. Five staff files (two RNs, two caregivers and one recreational therapist) were reviewed on the SWAY system and had relevant documentation relating to employment. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service. There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. The plan is being implemented. A competency programme is in place with different requirements according to work type (eg, care assistants, registered nurse and kitchen). Core competencies are completed and a record of completion is maintained on staff files and scanned into 'Sway'.</p> <p>Staff interviewed were aware of the requirement to complete competency training. All but two caregivers have completed either level three or two Careerforce aged care training. The service has three Careerforce workplace assessors. Registered nurses are part of the Professional Development Recognition Programme at the DHB. One RN has achieved expert nurse level and two RNS have competent level. The service has three interRAI trained RNs. There is a staff member on duty at all times with a current first aid certificate.</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 village manager and care centre manager work 40 hours per week Monday to Friday and are available on call for any emergency issues or clinical support. The service provides 24-hour RN cover. In the care centre, there are six caregivers (three on full shifts and three on short shifts), four on the afternoon shift (two on full shifts and two on short shifts) and two caregivers on night shift. There is one caregiver on each duty in the serviced apartments. The RN from the care centre is allocated 30 minutes per day at either a morning or afternoon handover time to visit the residents in the serviced apartments. After hours, the RN on call is contacted to see any residents of concern in the serviced apartments.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner</p>	FA	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. RNs and senior caregivers are responsible for the administration of medications in the rest home/hospital care centre and the serviced apartments. Medication competencies and education has been completed annually. All medications were evidenced to be checked on delivery with any discrepancies fed back to the supplying pharmacy. Regular and 'as required' medications are in robotic sachets. The service has implemented an electronic medication system. Medications are stored safely in the care centre and the serviced apartments. Standing orders</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>are not used. There were no residents self-medicating on the day of audit.</p> <p>Ten medication charts on the electronic medication system were reviewed (four rest home and six hospital). The charts had photograph identification and allergy status recorded. Staff recorded the time, date and effectiveness of 'as required' medications. The care centre manager monitors for missed medications.</p> <p>All 10 medication charts identified that the GP had reviewed the medication chart three-monthly.</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>An external company is contracted for the provision of meals on-site. There is an eight-week rotating menu approved by the dietitian. The menu includes resident preferences. The head chef (interviewed) receives dietary profiles for each resident and is notified of any changes to resident's dietary requirements. Resident likes/dislikes and preferences are known and accommodated. The midday meal and dinner provide two meal options. Food is delivered in hot boxes to the serviced apartment building. Special requests and alternative meals are plated and labelled. Texture modified meals, fortified foods, protein drinks and diabetic desserts are provided.</p> <p>The fridge, freezer and end cooked temperatures are recorded daily. All foods are stored correctly and date labelled. Cleaning schedules are maintained. Chemicals are stored safely within the kitchen. Staff were observed wearing correct personal protective clothing when entering the kitchen. The chemical provider completes a functional test on the dishwasher monthly.</p> <p>Staff working in the kitchen have food handling certificates and chemical safety training.</p> <p>Residents have the opportunity to provide feedback on the meal service through resident meetings and surveys. There are regular meetings with the chefs and village manager.</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 Low</p>	<p>When a resident's condition changes, the RN initiates a review and if required a GP or nurse specialist consultation. Relatives interviewed state their relative's needs are met and they are kept informed of any health changes. There was documented evidence in the resident files of family notification of any changes to health including infections, accidents/incidents and medication changes. Residents interviewed state their needs are being met. Not all interventions had been documented to describe the residents supports/needs. Short-term care plans are used for short term needs.</p> <p>Adequate dressing supplies were sighted. Initial wound assessments with ongoing wound evaluations and treatment plans were in place for six residents with wounds and two residents with facility-acquired pressure injuries (one stage I and one stage II). Wounds are re-assessed at least monthly. Evaluation comments were documented at each dressing change to monitor the healing progress. The RN and care centre manager confirmed there was a wound nurse specialist involved in complex wounds and pressure injuries.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management</p>

		and continence products identified for day use, night use and other management. Specialist continence advice is available as needed.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs a full-time and part-time recreational therapist (RT) to coordinate and implement the seven-day week programme for rest home and hospital level of care residents.</p> <p>The activity programme is planned a month in advance and includes set activities with the flexibility to add other activities of interest or suggestions made by residents. Activities meet the recreational needs of both resident groups ensuring all residents have the opportunity for outings, shopping, café visits and attending community groups/events including concerts and school visits. Room visits and one-on-one time is spent with residents who choose not to participate in the group programme. The RT visits the serviced apartment rest home residents daily and ensures they have the opportunity to attend activities of their choice. Community visitors include entertainers, school children and pastoral visitors. Residents are encouraged to maintain their former community links. Church services are held weekly.</p> <p>The service has a van for the weekly outings. A mobility van is hired as required. The van driver and RTs have current first aid certificates.</p> <p>Meetings and surveys provide an opportunity for residents to feedback on the programme. Newsletters are sent out to families informing them of upcoming events and are invited to attend.</p> <p>The RT is involved in the multidisciplinary review which includes the review of the activity plan.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>There is evidence of resident and family involvement in the evaluation of resident centred care plans. All initial care plans were evaluated by the registered nurses within three weeks of admission. Written evaluations against the resident's goals were completed six-monthly or earlier for resident health changes in all files reviewed. There is evidence of multidisciplinary (MDT) team involvement in the reviews, including input from the GP and any allied health professionals involved in the resident's care. Families are invited to attend the MDT review and asked for input if they are unable to attend. Short-term care plans sighted have been evaluated by the RN. The GP completes three-monthly reviews.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an</p>	FA	<p>The care centre building and serviced apartments building have a current building warrant of fitness that expires on 2 February 2018.</p>

appropriate, accessible physical environment and facilities that are fit for their purpose.		
<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>	FA	<p>The infection control policy includes a surveillance policy including a surveillance procedure, process for detection of infection, infections under surveillance, outbreaks and quality and risk management. Infection events are collected monthly and entered onto the SWAY electronic system. The infection control officer/registered nurse provides infection control data, trends and relevant information to the infection control committee and clinical/quality meetings. Areas for improvement are identified and corrective actions developed and followed up. The facility is benchmarked against other Summerset facilities of similar size and benchmarking results are fed back to the infection control officer and used to identify areas for improvement. Infection control audits are completed and corrective actions are signed off (sighted). Surveillance results are used to identify infection control activities and education needs within the facility.</p> <p>There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies around restraints and enablers. The service currently has no residents assessed as requiring the use of restraint and one requiring enablers (bedrails only). The resident has voluntarily requested and consented to enabler use. The care plan includes the use of an enabler and identifies the risks associated with the enabler use. Monitoring is in place. Staff receive training around restraint minimisation that includes annual competency assessments.</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 1.2.4.2</p> <p>The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.</p>	PA Moderate	<p>The service has notified HealthCert previously for a grade III pressure injury. There have been no outbreaks to report. Two recent section 31s required further clarification including timeliness of reporting. The organisational reporting channels had not been followed at the time of the incidents.</p>	<p>Two section 31s had been submitted to HealthCert/DHB regarding a resident. Healthcert required further information as the incidents were not clearly described. The national clinical and quality assurance manager was on-site the day of the audit to investigate the incidents, timeliness of notification to relevant authorities and the organisational reporting channels.</p>	<p>Ensure Section 31 reports are submitted within the required timeframe and relevant authorities including relevant company personnel are notified.</p> <p>30 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the</p>	PA Low	<p>There are a number of monitoring forms and charts available for use including (but not limited to): pain monitoring, restraint, blood sugar levels, weight, wound evaluations, food and fluid intake and repositioning charts. RNs review the forms/charts and completed risk assessments for any changes to health</p>	<p>Three files reviewed did not include interventions for: a) the respite care resident with a high risk of falls; b) management of confusion for one rest home resident in the serviced apartments and c) one hospital resident with a medical condition did not have a</p>	<p>Ensure interventions are documented/implemented to meet the resident's current needs.</p> <p>90 days</p>

consumers' assessed needs, and desired outcomes.		status. The resident's needs/supports had been documented in two (hospital) of five resident files reviewed.	4.5kg weight gain reported to the GP as documented in the care plan.	
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## 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.7</p> <p>A process to measure achievement against the quality and risk management plan is implemented.</p>	CI	<p>The service identified an upward trend in the number of skin tears in hospital residents September 2016 and developed an action plan to reduce skin tears.</p>	<p>The action plan to reduce the number of skin tears for hospital residents included: a) analysis of accident/incidents to identify causes; b) in-service for all staff on the prevention of skin tears; c) checking use of jewellery, wrist watches and length of finger nails; d) safe management of agitated residents while caring out personal cares; e) twice daily application of moisturiser to at risk residents skin; f) correct use of arm and leg protectors; g) staff education in safe manual handling of residents and h) for residents with repetitive skin tears, application of a prescribed moisturizer. In October 2016, the number of skin tears in hospital residents' have reduced from twenty-four a month to eight a month and in January 2017 reduced to four a month. The service has been successful in reducing the number of skin tears in hospital level residents.</p>

End of the report.