

Wharekaka Trust Board Incorporated

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: Wharekaka Trust Board Incorporated

Premises audited: Wharekaka Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 24 November 2014 End date: 24 November 2014

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 18

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Wharekaka Rest Home is situated in Martinborough and is owned and operated by the Wharekaka Trust Board Incorporated. It has a total number of 19 rest home level beds available and 18 were occupied on the day of this surveillance audit. There have been no changes to the facility or their services since the last audit.

One of the previous required improvements from the last audit relating to communication with families has been addressed however the other one is still be completed.

Two areas requiring improvement were identified during the audit in the complaints policy and procedure and residents files.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some standards applicable to this service partially attained and of low risk.
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Residents and families interviewed reported that services are provided in a manner that respects residents' rights and facilitates informed choice. They reported that they are happy with the service provided and that staff are providing care that is appropriate to their needs. There is documented evidence of notification to family following adverse events and any significant change in a resident's condition. This was an area that required improvement in the previous audit that has now been achieved.

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code of Rights) information was displayed at the front entrance. The general manager is responsible for complaints and a complaints register is kept. The policy and procedures need to be reviewed to ensure compliance with Right 10 of the Code of Rights.

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.

The Wharekaka Trust Board have clearly documented mission, vision and values statements that reflect a commitment to providing quality care to residents. These are reviewed regularly. Quality and risk management systems are in place for monitoring the service provided at Wharekaka including regular monthly reporting by the general manager to the board. Adverse event reporting is appropriately recorded and used to inform the quality improvement process.

The facility is managed by a suitably qualified and experienced manager who has a number of years experience in the aged care sector. The general manager has been in this role for two years and is well supported by experienced clinical staff.

There are policies and procedures on human resources management and all health professionals have the required current practising certificates. There is a comprehensive education programme in place. All care staff are required to complete the Aged Care Education (ACE) programmes.

Rosters ensure adequate staffing levels are in place to meet the need of the residents, and if needs change, additional staff are available as required.

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 medium or high risk and/or unattained and of low risk.
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Residents' of Wharekaka Rest Home have their needs assessed on admission and the care required is identified, co-ordinated, planned and reviewed in participation with the resident. However, a previous corrective action around the documentation of updated assessment findings resulting in related updating of the care plan continues to require improvement.

An activities programme, that includes a wide range of activities and involvement with the wider community, is enjoyed by residents and is identified as an area of continuous improvement.

Well defined medicine policies and procedures guide practice. Practices sighted are consistent with these documents.

Menus are reviewed by a dietitian as meeting nutritional guidelines for older people. Any special dietary requirements and need for feeding assistance or modified equipment is recorded and being met. Residents have a role in menu choice and those interviewed are satisfied with the food service 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.

The facility manager advised there have not been any major alterations to the building since the last audit. A Building Warrant of Fitness was displayed at the main entrance and expires on 30 June 2015.

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.

Wharekaka has a restraint free environment with no use of restraint of any kind in a number of years. Policy and procedures are in place should the need occur at any time, however the philosophy of the organisation is to maintain a restraint free facility.

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.

Surveillance of infections is occurring according to the descriptions of the process in the programme. Data on the nature and frequency of identified infections is collated and analysed. Surveillance results are reported through all levels of the organisation, including governance.

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	13	0	1	1	0	0
Criteria	1	35	0	2	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	PA Low	<p>Training for all staff around the Code is included in the induction programme with ongoing training regularly scheduled. The manager is advised immediately if a complaint is received. A copy of the complaints procedure is included in the introductory pack for all new residents with forms to use as required.</p> <p>The register was reviewed and one complaint had been received this year. While it had been resolved, not all the documentation was recorded.</p> <p>Both criteria in this standard are identified as areas for improvement.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>The services provided at Wharekaka Rest Home reflect an environment of effective communication with residents and their families.</p> <p>The accident / incident monitoring reports reviewed, reported and recorded all types of incidents and included timely notification to families / whanau as appropriate.</p> <p>The service has open disclosure and informed consent policies which provide guidance to staff around the principles and practice of open disclosure and informed consent. Staff confirmed they understand that relatives and residents must be</p>

		<p>informed of any changes in care provision and this is recorded in a specific resident communication form in all residents' files. The files reviewed confirmed this. The area for improvement in the last audit has now been fully achieved.</p> <p>In house education is given to all staff emphasising the need for effective communication with residents and their families. Residents and family interviewed confirmed communication with staff was open and effective, that they were always consulted and informed of any untoward event or change in care provision. Families are invited to be at any GP consultations and they call in or ring if there are any concerns. Monthly residents meetings are held and chaired by the resident advocate. These are minuted and any issues raised with the general manager. The minutes of the last two meetings were reviewed.</p> <p>No interpreter services are required currently but if there is a need identified at any time the general manager reports there are some local services or the interpreter service provided through the DHBs which would be contacted.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The organisation is owned and operated by the Wharekaka Trust Board Incorporated which is a community based charitable trust. The board comprises of eight members who meet monthly. The day to day operations are delegated to a general manager who also liaises with the treasurer and chairperson weekly on an informal basis and as required. The general manager confirmed she reports in writing to the board monthly. There is a documented vision, mission and values statement which was last reviewed in October this year. Wharekaka Rest Home aims to 'provide professional and dedicated care for elderly people while promoting their independence in a warm and friendly home like environment'. Background information, contacts for board members and the mission, values and vision are all provided to new residents on entry to the service.</p> <p>The general manager has been with the organisation for 10 years and in the current position for the last two years having previously been an administration accountant. Clinical support is provided to the general manager by registered nurses.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and</p>	FA	<p>The Wharekaka Trust has a 'Quality and Risk Management Plan' which is used to guide the quality programme and includes quality goals and objectives.</p> <p>The general manager receives all the information monthly from the incident/accident</p>

<p>maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>reporting, internal audits completed, complaints, infection control, health and safety and restraint reporting. These are analysed and graphed with comparisons made with the previous month and the previous year. Any corrective actions are implemented and all information is presented at the monthly staff meetings. Due to the small size of the facility the quality committee is made up of all staff and all are involved and have input into the ongoing quality monitoring process. Minutes kept from August and September meetings were reviewed. The risk register was reviewed and this undergoes annual review by the board.</p> <p>All staff interviewed report they are kept well informed of quality improvements and are involved in implementing the quality improvement activity.</p> <p>Policies and procedures reviewed were relevant to the scope and complexity of the service, reflected current accepted good practice and referenced legislative requirements. All policies and procedures had systems in place for reviewing and updating them regularly including a policy for document for reviews and a document control policy. These are reviewed on a two yearly cycle by the management, the clinical staff and approved by the board. All old policies were archived in an ‘obsolete’ folder. Care staff interviewed confirmed the policies and procedures provided appropriate guidance for the service delivery and they were advised of new policies / revised policies in the staff meetings.</p> <p>There is a hazard reporting system in use and the facility hazard register was reviewed and was up to date with comprehensive corrective action forms completed for all new hazards identified. Monthly reporting is in place for all hazards.</p> <p>It is suggested that corrective action recording is formalised across all areas of quality planning in a similar way to the hazard reporting.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The adverse event reporting system provided evidence of a planned and co-ordinated process. Staff document adverse, unplanned or untoward events on an incident/accident form which are then reported to the general manager and the RN. They are filed in both residents' files and the facility register. All incidents are reviewed and analysed at the monthly staff/quality meetings and any corrective actions identified to improve service delivery and mitigate any risks are raised. Staff confirmed they are aware of the need to document all incidents/accidents.</p> <p>Documentation for the previous eight months was reviewed and all reports followed the required process with all actions and outcomes recorded, including notification</p>

		<p>of families.</p> <p>Policy and procedures comply with essential notification reporting including health and safety, human resource and infection control. The general manager demonstrated a clear understanding of what is required for essential notification reporting and the appropriate authorities to contact. Relevant information is kept in the office and in the register.</p>
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	<p>There are well described human resources management systems which include the recruitment and appointment of employees, orientation, training and on-going education, performance development and management and for associated good employment practices.</p> <p>Written policies and procedures in relation to human resources management were reviewed. The skills and knowledge required for each position within the service is documented in job descriptions which outline accountability, responsibilities and authority. These are reviewed on staff files along with reference checking, criminal record vetting, interview questionnaires, employment agreements, completed orientations and performance appraisals.</p> <p>Professional qualifications are validated during recruitment. A copy of the annual practising certificate (APC) for the registered nurse and the enrolled nurse employed by Wharekaka were kept on the personnel file. All files reviewed had the appropriate qualifications recorded. A copy of all current APCs for the podiatrist, GPs and dietitian are kept in a separate file which was reviewed.</p> <p>There is a planned education programme which included modules on restraint, the Code, infection prevention and control, dementia, manual handling and challenging behaviours. A register is kept of attendance at all in service and external training with a review sheet which details what was covered and all training aids used. The registered nurse must have a current first aid certificates as do caregivers who are on night duty. The general manager confirmed that the ACE programme is required to be completed by all caregivers. The diversional therapist has been enrolled in a Weltec course designed for this role. The induction programme developed for all staff is comprehensive and includes all the required elements. This includes a number of shifts being completed in a 'buddy' system when new staff are employed.</p> <p>All staff members interviewed reported they had received appropriate training to be able to do their jobs safely and well. Individual training records are kept in the</p>

		<p>education file. The general manager ensures training is regarded as an important part of each person's role at the facility. Residents and families reported satisfaction with staff who they felt were well trained, competent and able to meet their needs.</p>
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	<p>The general manager completes all the rosters for the facility and these are prepared two weeks in advance.</p> <p>The rosters for the current week and the previous two weeks were reviewed. These all showed sufficient staff levels and skill mixes were in place to meet the current residents' needs. There is a registered nurse (RN) on duty five days a week with 24 hour seven day a week (24/7) on call cover provided by the RN and an enrolled nurse during any times where there is no RN cover rostered. This includes weekends. If there are any changes in resident's needs the rosters are adjusted to respond to that with additional staff available to provide extra hours as required.</p>
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	<p>A safe system for medicine management was observed on the day of audit. Medicines for Wharekaka residents are received from the pharmacy in the robotic delivery system. Staff who administer medicines had current medication competencies (sighted). Staff observed demonstrated good knowledge and a clear understanding of the roles and responsibilities related to each stage of medicine management.</p> <p>Controlled drugs were stored in a separate locked cupboard. Controlled drugs, when administered were checked by two nurses for accuracy in administration. The controlled drug register evidenced weekly stock checks and accurate records.</p> <p>The records of temperature for the medicine fridge had readings documenting temperatures within the recommended range.</p> <p>The medicine prescription was signed individually by the GP. The GP's signature and date have been recorded on the commencement and discontinuation of medicines. Residents' photos, allergies and sensitivities were recorded on the medicine chart. Sample signatures were documented. Medicine charts reviewed (12) have completed medicine prescriptions and had signing sheets, including approved abbreviations when a medicine had not been given. The three monthly GP review was recorded on the medicine chart.</p> <p>There were no residents at Wharekaka who were self administering their medicines</p>

		<p>at the time of audit.</p> <p>Medication errors are reported to the RN and were recorded on an incident form. The resident and/or the designated representative have been advised. Incidents of medication errors were sighted and evidenced appropriate management.</p> <p>The RN at Wharekaka monitors to ensure all staff who administers medications have current competencies. RNs are assessed for medication competency yearly and approved senior healthcare workers are certified as competent in Medication Administration (documentation sighted), under the direction and delegation of the RN.</p> <p>Standing orders are not used at Wharekaka. Any pro re nata (PRN) (as required) medication administered requires authorisation on the resident's medication chart.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	<p>The nutritional requirements of residents' at Wharekaka were provided in line with recognised nutritional guidelines for older people, as verified by the dietitian's assessment of the menu sighted. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal were observed to comply with current legislation and guidelines.</p> <p>There is evidence of sufficient food being ordered and prepared to meet the residents' recommended nutritional requirements. Between meal snacks were available as sighted and this was verified by resident, staff and family/whanau interviewed.</p> <p>A dietary assessment has been undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences of the residents, special diets and modified nutritional requirements were known to the cook and accommodated in the daily meal plan. Special equipment to meet resident's nutritional needs was sighted. Evidence of resident satisfaction with meals was verified by resident and family/whanau interviews and in resident meeting minutes. Sufficient staff were on duty in the dining rooms at meal times and appropriate assistance was available to residents as needed. The dining room was clean, warm, light and airy to enhance the eating experience.</p> <p>When food is delivered it is checked for 'use by date' and damage then stored in well organised and appropriately temperature controlled storage. Fridge, freezer, and cooked meat temperatures were noted to be monitored daily. Records sighted</p>

		<p>verified records within accepted parameters.</p> <p>Evidence was sighted of stock rotation. Any leftovers were covered and labelled with the date/time/contents. Leftovers are not reheated more than once and are discarded if older than two days.</p> <p>The effectiveness of chemical use, cleaning, and food safety practices in the kitchen was being monitored by an external provider and the facility receives monthly reports and recordings on the effectiveness of the programme. A cleaning schedule was sighted as was verification of compliance.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	PA Moderate	<p>Observations and interviews verified the provision of care provided to residents at Wharekaka was consistent with residents' physical, social, spiritual and emotional needs and desired outcomes. However, documentation in the care plan was not consistent with updated assessment findings resulting in inconsistency between documentation and practice. Practice was observed to be consistent with residents' need and best practice guidelines.</p> <p>An interview with a general practitioner (GP) confirmed the service seeks prompt and appropriate medical intervention when required and responds appropriately to medical requests. An acute episode, requiring medical input was evidenced at audit and observed to be managed in a prompt and timely manner.</p> <p>Residents and family/whanau members interviewed expressed satisfaction with the care provided.</p> <p>There are sufficient supplies of equipment that complies with best practice guidelines and meets the residents' needs (sighted).</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	CI	<p>The activities programme is provided by a trainee diversional therapist with a current first aid certificate. Photographs around the facility offered insight into the events that have taken place.</p> <p>Residents admitted to Wharekaka are assessed on admission to identify their social history, likes, dislikes, activity requirements and interests that are meaningful to the resident. An activities program is developed based on the activities assessments. The monthly activities programme sighted matches the skills, likes, dislikes and interests evidenced in the activity assessment data. Activities reflected ordinary</p>

		<p>patterns of life and included community activities. Family/whanau and friends are welcome to attend all activities. Group activities developed according to the needs and preferences of the residents who choose to participate. However the residents' records of attendance in the program six months ago did not evidence it was meeting residents need. A quality initiative was instigated to improve residents' attendance and interest in the activities program. This has resulted in: residents discovering they have new interests, an increase in diversity of activities being offered and an increase in resident attendance. Results are indicative of a rating of continuous improvement.</p> <p>Individual activity assessments are updated or reviewed at least three monthly with a monthly summary of the resident's response to the activities, level of interest and participation recorded. The goals are developed with the resident and their family, where appropriate.</p> <p>A residents' meeting is held monthly and is run by the residents' advocate. Meeting minute's evidence the activities programme is discussed and that management are responsive to requests. Residents and family interviewed verify satisfaction with the activities offered. The trainee diversional therapist (interviewed) reports feedback is sought from residents during and after activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents' care is evaluated daily and reported in the progress notes. If any change is noted it is reported to the RN.</p> <p>Formal care plan evaluations measuring the degree of a resident's response in relation to desired outcomes and goals occur every six months, or as residents' needs change, and are carried out by the RN. Where progress was different from expected, Wharekaka staff responded by initiating changes to the service delivery plan. A short term care plan was initiated for short term concerns, such as infections, wound care, changes in mobility and the resident's general condition. Short term care plans were reviewed daily, weekly or fortnightly as was indicated by the degree of risk noted during the assessment process.</p> <p>Evidence of evaluation was sighted in files reviewed. Resident and family interviews verified they are included and informed of all care plan updates and changes.</p>
Standard 1.4.2: Facility Specifications	FA	There have been no changes to the facility since the last audit. The Building

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.		Warrant of Fitness was sighted and expires on 30 June 2015
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	In line with Wharekaka's infection control (IC) policy, monthly surveillance is occurring. All new incidents of urine, chest, eye, gastro-intestinal and soft tissue infections occurring each month were recorded on an infection report form. These have been collated each month and analysed to identify any significant trends or possible causative factors, and graphed. Incidents of infections are presented at the monthly staff meeting, and any necessary corrective actions required are discussed, as evidenced by meeting records, IC records and verified by staff interviews. Incidents of infections were sighted and are low.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The facility promotes a restraint free environment. This was demonstrated in this facility by the fact they have not had any use of restraint occur for a number of years. There was policy in place, which meets all the requirements should any restraint be required in the future, with all the relevant processes needed documented with appropriate forms to be used. The policy was written in an easily understandable format with clear definitions of what restraint is and how the use of enablers is to be managed. The register was reviewed, was kept up to date, with no recorded use of either restraint or enablers this year.

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)
Criterion 1.1.13.1 The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.	PA Low	The policy does not have relevant time frames specified for acknowledgement, responses and for regular updates for complainants. Two procedural flow charts were in use and these were not consistent. Neither had adequate an appropriate sequence the actions needed in responding to complaints. The general manager was not aware of those time frames but had responded in a timely way to the complaint received this year.	The service's complaints policy and procedures do not currently comply with all the requirements of Right 10 of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code).	Both the policy and procedures need to be reviewed and changes made to ensure they are compliant with Right 10 of the Code. 180 days
Criterion 1.1.13.3 An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.	PA Low	There has only been one complaint received so far this year. The register was reviewed and while it had been recorded as resolved, in interview with the general manager it confirmed that not all the actions completed had been recorded adequately. No phone calls or face to face meetings that had occurred had been	The complaints register reviewed did not have all documentation relevant to the complaint adequately recorded.	Ensure all documentation relevant to actions completed during a complaint process are accurately recorded, dated and kept in the register.

		documented in the file.		180 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Moderate	<p>A resident reassessed as having an increased falls risk had interventions occurring in practice (observed) to minimise the risk; however, the care plan had not been updated to identify the increased risk, nor had the interventions required been documented.</p> <p>A resident with a change in medical status had reference to this in the six monthly care plan evaluation; however, the care plan had not been updated and the required nursing interventions to manage this change, documented. Observations verified that the nursing practice was compliant with the resident's need.</p>	<p>Documented interventions in residents' files was not always consistent with residents' assessed needs. This was a previous corrective action that has not been addressed and continues to require improvement.</p>	<p>Provide evidence that the care plan documents the care required to meet the resident's assessed need. 90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.	CI	<p>A quality initiative is in place at Wharekaka to improve community involvement with Wharekaka and improve residents' attendance and interest in the activities programme. The local childcare centre attends Wharekaka once a month or Wharekaka residents go to the centre and participate in activities together. Special days/events (eg, Halloween) are celebrated together with the childcare centre and local school, with everyone getting involved.</p> <p>Wharekaka's initiative to unite the generations has been recognised as a finalist in the Aged Care Providers' outstanding achievements awards.</p> <p>Residents have discovered new interests, they were unaware of and the activities programme at Wharekaka has been expanded to accommodate these interests. This has resulted in a 60% increase in the level of participation and involvement in activities by residents at Wharekaka.</p>	Implementation of a quality initiative to increase residents' interest and participation in the community and the activities programme has resulted in an increased interest and attendance.

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End of the report.