

Oceania Care Company Limited - Woodlands Rest Home & Village

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 Central Region's Technical Advisory Services 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:	Oceania Care Company Limited
Premises audited:	Woodlands Rest Home and Village
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 18 January 2017 End date: 19 January 2017

Proposed changes to current services (if any): As per the HealthCERT letter dated 15 December 2015, six rest home rooms were converted into dementia rooms by realigning the unit doors. There was no change in capacity which remained at 63. As per the HealthCERT letter dated 22 July 2016, services were reconfigured to increase rest home capacity by six beds achieved by reducing the dementia unit by six beds. The capacity of the service changed from 63 to 62 due to one room having been changed into an office.

Total beds occupied across all premises included in the audit on the first day of the audit: 43

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

Woodlands Rest Home and Village provides rest home, hospital and dementia level care for up to 62 residents. This surveillance audit was conducted against the Health and Disability Service Standards and the service contract with the district health board. The audit confirmed the reconfiguration of services of an increase in rest home capacity by six beds achieved by reducing the dementia unit by six beds. There was a change in capacity, from 63 to 62, due to one bedroom having been changed into an office. Occupancy during the on-site audit was 43.

There were 20 residents receiving rest home care, 17 residents in the hospital and 6 residents receiving dementia level of care.

The audit process included the review of policies and procedures, review of resident and staff files, and observations and interviews with residents, management, staff and a general practitioner.

The area identified as requiring improvement at the last certification audit relating to residents' long-term care plans has been met.

There are two areas identified as requiring improvement relating to recording interventions and designations for accidents/incidents and recording evidence of activities for residents in the dementia unit.

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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Information regarding the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), the complaints process and the Nationwide Health and Disability Advocacy Service are accessible. Staff were able to demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents.

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' is brought to the attention of residents and their families on admission to the facility. Residents confirmed their rights are being met and staff are respectful of their needs. Observation during the on-site audit confirmed communication is appropriate. Staff ensure that residents are informed and have choices related to the care they receive.

The complaints register is maintained and up to date.

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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Oceania Care Company Limited is responsible for governance of this facility. The business plan and quality and risk management systems reflect the scope, direction, goals, values, and mission statement. The organisation's mission statement and vision are displayed in the facility.

The quality and risk management system supports provision of clinical care and include systems for monitoring of service delivery. The quality management system includes an internal audit process, complaints management, resident and relative satisfaction surveys, incident and accidents, and infection control data analysis.

Corrective action planning is implemented with evidence of the resolution of issues. Quality and risk management activities and results are shared among staff. Reporting processes include external benchmarking.

The service is managed by a business and care manager who is supported in their role by a clinical manager. The clinical manager is responsible for the oversight and implementation of the clinical services in the facility.

There are human resource policies implemented relating to recruitment, selection, orientation and staff training and development. An in-service education programme ensures ongoing education and training opportunities for staff. Staff training registers are maintained. New staff are required to complete orientation and induction programmes.

Staff identified that staffing levels are adequate. Interviews with residents and relatives demonstrated they have adequate access to staff to support residents when needed. Staff are allocated to support residents as per their individual needs.

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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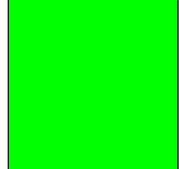
The initial assessments, initial care plans, short-term care plans for acute conditions and long-term care plans for long-term service delivery are conducted within the required timeframes. The care plan evaluations are documented, resident-focused and indicate progress towards meeting the residents' desired outcomes. The residents and their families have opportunity to contribute to the assessments, the care plans and the evaluation of care.

There is a planned activities programme that reflects residents' goals, ordinary patterns of life and includes community activities.

The medicine management system provides safe processes for prescribing, medication reconciliation, dispensing, storage, disposal and administration of medicines. Medicine management training is conducted and medication competencies for staff administering medicines are current. The residents who self-administered medicines do so according to policy.

The food, fluid and nutritional requirements of the residents is provided in line with recognised nutritional guidelines for older people as verified by the dietitian's documented assessment of the planned seasonal menu.

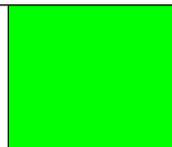
Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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A current building warrant of fitness is in place. There have been no building modifications since the last audit.

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.



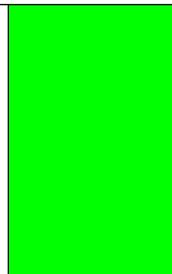
Standards applicable to this service fully attained.

The service has documented policies and procedures for restraint minimisation and safe practice. Systems are in place to ensure assessment of residents is undertaken prior to restraint or enabler use. There were seven restraints used and no enablers used on audit days.

The service focuses on de-escalation processes. The residents in the dementia unit have 24-hour challenging behaviour management plans to ensure their behaviour is managed in an appropriate manner.

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.

An infection control nurse is responsible for the infection prevention and control programme, including surveillance.

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. The results of surveillance 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	0	14	0	1	1	0	0
Criteria	0	39	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>Policy and procedures identify that the organisation is committed to an effective and impartial complaints system. Procedures are in place to show how they support a culture of openness and willingness to learn from incidents and complaints. The facility's complaints policies and procedures are compliant with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>Residents and family are given information regarding the complaints process on admission. Residents and family confirmed the business and care manager's open door policy makes it easy to discuss concerns at any time. All the complaints recorded in the complaints register were reviewed. The complaints register records the complaint, dates, corrective actions taken and when the complaint was closed out. There are no outstanding complaints at the time of audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Accident and incident management processes, the complaints procedure and the open disclosure policy alert staff to their responsibility to notify family and/or enduring power of attorney of any accidents and/or incidents that occurs. These procedures guide staff on the process to ensure full and frank open disclosure was available. Clinical files reviewed evidenced timely and open communication with residents and their family members. Communication with family members is recorded in the progress notes and communication sheets.</p> <p>The business and care manager advised that interpreter services are able to be accessed from the district</p>

<p>conducive to effective communication.</p>		<p>health board (DHB), when required. There were no residents at the facility needing interpreter services during the on-site audit.</p> <p>The information pack is available in large print and this could be read to residents. Residents sign an admission agreement on entry to the service. This provides clear information around what is paid for by the service and by the resident. All were signed on the day of admission.</p> <p>The admission and welcome pack given to potential and new residents and family includes relevant and individualised information. Family meetings inform family members of facility activities and provide opportunity for family members to discuss issues and/or concerns with management.</p> <p>Interviews with residents and families confirmed their satisfaction with the services provided at this facility. The recent satisfaction survey report indicated that there was satisfaction with the care and support provided.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Woodlands Rest Home and Village is part of the Oceania Care Company Limited (Oceania) with the executive management providing support to the service. The clinical and quality manager provided support during the audit. The monthly business status report provides the executive management team with progress against identified indicators.</p> <p>There is clear a mission statement, values and goals. These are communicated to residents, staff and family through posters on the wall, information in booklets and staff orientation and training.</p> <p>The business and care manager is responsible for the overall management of the service. The business and care manager is a registered nurse with a current annual practicing certificate, has an advanced diploma in health management and has been in this role for nearly three years. The business and care manager has more than 20 years experience in management roles and in care of the older adult.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Woodlands Rest Home and Village uses the Oceania Care Company Limited quality and risk management framework that is documented to guide practice. The service implements organisational policies and procedures to support service delivery. All policies are subject to reviews, as required, with all policies current. The Oceania Care Company Limited support office reviews all policies with input from business and care managers. Policies are linked to the Health and Disability Sector Standards, current and applicable legislation, and evidenced based best practice guidelines.</p> <p>Service delivery is monitored through review of complaints, incidents and accidents, surveillance of infections, pressure injury and soft tissue/wound reviews, and implementation of an internal audit programme. Corrective action plans are documented and there is evidence of the resolution of issues. There is documentation that includes collection, collation, identification of trends and analysis of data. Internal audits around pressure</p>

		<p>injuries are completed. InterRAI assessments are completed and up to date for all residents. There are three registered nurses who have completed the InterRAI assessment training.</p> <p>There are monthly meetings including; staff/quality improvement; clinical; restraint and infection control. There are bi-monthly resident meetings and family are able to attend these meetings.</p> <p>The satisfaction survey for family and residents in 2016 demonstrates they are satisfied or very satisfied with services provided and this was confirmed by residents and family interviewed.</p> <p>Hazards are addressed and risks minimised or isolated. Health and safety is audited throughout the year with a facility health check completed by the clinical and quality manager. Any issues are identified in the health check, a corrective action plan put in place and evidence of the resolution of issues documented.</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>	<p>PA Moderate</p>	<p>The business and care manager is aware of situations in which the service would need to report and notify statutory authorities, including, police attending the facility; unexpected deaths; sentinel events; notification of a pressure injury; infectious disease outbreaks and changes in key managers. The Ministry of Health and district health board would be notified of any sentinel event.</p> <p>Staff receive education at orientation and as part of the ongoing training programme on the incident and accident reporting process. Staff understand the adverse event reporting process and were able to describe the importance of recording near misses. There is a requirement for improvement relating to neurological observations after unobserved falls and designations on incident/accident records are not consistently being recorded.</p> <p>Information gathered around incidents and accidents is analysed with evidence of improvements put in place.</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>	<p>FA</p>	<p>The registered nurses (RN), business and care manager and the clinical manager hold current annual practising certificates, along with other health practitioners involved with the service. Staff files included appointment documentation including signed contracts; job descriptions; reference checks and interviews. There is an appraisal process in place with staff files indicating that all have a current annual appraisal.</p> <p>Staff complete an orientation programme. New health care assistants are paired with a senior health care assistant for shifts until they demonstrate competency on a number of tasks including residents' personal cares. Health care assistants confirmed their role in supporting and buddying new staff. Annual competencies are completed by clinical staff. Evidence of completion of competencies is kept on staff files.</p> <p>The organisation has a mandatory education and training programme with an annual training schedule documented. Staff attendances are documented for training provided. Education and training hours are at least eight hours a year for each staff member. Staff have completed training around pressure injuries. Three</p>

		staff completed InterRAI assessment training. Staff in the dementia unit completed the required training to work with residents who suffer from dementia.
<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 staffing policy is the foundation for workforce planning. Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents.</p> <p>Rosters sighted reflected staffing levels meeting resident acuity and bed occupancy. Staffing has been organised to reflect the needs of hospital and rest home residents in varying wings of the hospital. The clinical manager's office is used as a base for registered nurses (RN) when there are residents requiring hospital level care at the opposite end of the building from where the nurses' stations are located.</p> <p>Residents and families interviewed confirmed staffing is adequate to meet the residents' needs.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Medication areas, including controlled drug storage evidence an appropriate and secure medicine dispensing system, free from heat, moisture and light, with medicines stored in original dispensed packs. The controlled drug register is maintained and evidenced weekly checks and six monthly physical stock takes. The medication fridge temperatures are conducted and recorded.</p> <p>A medicine administration round was observed and demonstrated staff's knowledge and understanding of their roles and responsibilities relating to each stage of medicine management. All staff who administer medicines have current medication training and competencies.</p> <p>Review of computerised medication files evidence the system complies with legislation and guidelines.</p> <p>Residents' who request to self-administer medicines do so according to policy and guidelines.</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>	FA	<p>The food, fluid and nutritional requirements of the residents are provided in line with recognised nutritional guidelines for older people. The seasonal menu is reviewed by a dietitian. The aspects of food procurement, production, preparation, storage, transportation, delivery and disposal complies with current legislation and guidelines.</p> <p>A dietary assessment is undertaken for each resident on admission to the facility and a dietary profile is developed. The personal food preferences of the residents, special diets and modified nutritional requirements are communicated to the kitchen staff. The kitchen staff are informed if a resident's dietary requirements change, confirmed at interviews. Special equipment, to meet residents' nutritional needs is available. The residents' files demonstrate monthly monitoring of individual resident's weight. In interviews, residents stated</p>

		<p>they were satisfied with the food service, reported their individual preferences are met and adequate food and fluids are provided. The dementia unit has an area where snacks for residents are available over a 24 hour period.</p> <p>The effectiveness of chemical use, cleaning, and food safety practices in the kitchen are monitored.</p> <p>Evidence of resident satisfaction with meals is verified by resident and family interviews, sighted satisfaction surveys and resident meeting minutes.</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>	FA	<p>The review of documentation, observations and interviews verified the provision of care provided to residents was consistent with residents' needs and desired outcomes. The residents and family members expressed satisfaction with the care provided. The residents' care plans evidence detailed, individualised interventions based on assessed needs, desired outcomes or goals of the residents. The GP documentation and records are current, as are allied health team member's records. Nursing progress notes and observation charts are maintained. In interviews, staff confirmed they are familiar with the current interventions of the residents they were allocated.</p> <p>There are sufficient supplies of equipment available that comply with best practice guidelines and meet the residents' needs. The residents who are assessed as having a high risk of pressure injury have the required equipment and the interventions to prevent pressure injury from occurring.</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>	PA Low	<p>The facility employs a diversional therapist (DT) and an activities assistant (AA). Interviews with both the DT and the AA confirmed the activities programme is provided five days a week. The residents are assessed by the DT to ascertain their needs, and appropriate activity and social requirements. There is one activities programme for the rest home, hospital and the residents with dementia. The clinical staff interviews and DT interview confirmed the residents with dementia participate in the activities programme, when this is appropriate. The activities reflect residents' goals, ordinary patterns of life and include normal community activities. Family and friends are welcome to attend all activities. Group activities are developed according to the needs and preferences of the residents who choose to participate.</p> <p>The clinical files of residents with dementia evidenced strategies for minimising episodes of challenging behaviour. There are descriptions of how to manage the behaviours that challenge for each resident over a 24 hour period. The dementia unit has a room equipped for diversional and recreational therapy. Attendances at activities are recorded, however, there is no documented evidence activities are provided outside of the planned programme. This requires an improvement.</p> <p>Rest home and hospital residents' meetings are conducted, as are family meetings for family members of the residents in the dementia unit. Meeting minutes and satisfaction surveys evidence the activities programme is</p>

		discussed. Interviews verify feedback is sought and satisfaction with the activities offered.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	<p>Resident care is evaluated on each shift and reported in the progress notes by the HCAs and the RNs. If any change is noted it is reported to the RN or the CM.</p> <p>The RNs complete routine care plan evaluations every six months, following reassessments to measure the degree of a resident's response in relation to desired outcomes and goals. The reassessments include the interRAI assessment. Where progress is different from expected, the RNs record the changes on the long-term care plan or record a short-term problem on a short-term care plan. The short-term care plans are reviewed daily, weekly or fortnightly as indicated by the degree of risk noted during the assessment process. Interviews verified residents and family are included and informed of clinical changes.</p> <p>GP interview confirmed they reevaluate the residents condition three monthly or more frequently if required, and if a resident's condition alters the clinical staff (RNs and the CM) inform them of the change in a timely manner.</p>
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	<p>A current building warrant of fitness is displayed at the facility. The business and care manager stated there have not been any alterations to the building since last audit.</p> <p>The six beds that were changed from dementia level of care beds to rest home beds are appropriate and suitable for rest home care. The business and care manager informed the audit team that one of the rooms in the rest home was changed into an office which reduces available beds from 63 to 62.</p>
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	<p>The infection prevention and control surveillance policy identifies the requirements around the surveillance of infections. The type of surveillance undertaken is appropriate to the size and complexity of this service. Standardised definitions are used for the identification and classification of infection events, indicators or outcomes. Infection logs are maintained for infection events. Residents' files evidenced the residents who were diagnosed with an infection had a short-term care plan.</p> <p>Monthly surveillance analysis is completed and reported at clinical meetings and entered in the clinical indicators on the Oceania intranet. This information is reviewed by the Oceania clinical quality team and reported to the Oceania board on a monthly basis.</p> <p>In interviews, staff reported they are made aware of any infections of individual residents by way of feedback from the CM, RNs, verbal handovers, short-term care plans and progress notes. This was evidenced during</p>

		<p>attendance at the staff handover and review of the residents' files.</p> <p>In interview, the CM confirmed no outbreaks have occurred at the facility since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The definition of restraint and enabler is congruent with the definition in the standard. The process of assessment, care planning, monitoring and evaluation of restraint and enabler use is recorded. There were no residents at the facility using enablers and five residents using seven restraints on the days of the audit.</p> <p>The approval process for enabler use is activated when a resident voluntarily requests an enabler to assist them to maintain independence and/or safety, confirmed at staff and management interviews.</p> <p>In interviews with staff and in staff records there was evidence that restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation education and training is provided.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	<p>PA Moderate</p>	<p>Staff understand the processes for reporting incidents, accidents and near misses, however, not all unobserved falls had neurological observations completed and/or recorded. The incident and accident records reviewed showed designations of staff are not consistently recorded.</p>	<p>i) Review of resident files showed that incident/accident records for unobserved falls do not consistently reflect completion of neurological observations.</p> <p>ii) Four of five incident/accident records reviewed did not have designations recorded by the</p>	<p>i) All unobserved falls to have neurological observations completed and recorded.</p> <p>ii) Staff to consistently record their designations when making entries to incident/accident records.</p> <p>180 days</p>

			staff who completed the records.	
<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>	PA Low	<p>There is one activities programme for the facility that incorporates activities for rest home, hospital and the dementia wing. The planned programme is scheduled on Mondays through to Fridays each week and finished around three pm each day. There is no documented evidence activities are provided for residents with dementia in late afternoons, evenings and the weekends when activities staff are not at the facility. Interviews with the RNs, HCAs, DT and management state that the HCAs provide activities in the dementia unit, however, there is no recorded evidence of this.</p>	<p>There is no documented evidence the residents in the dementia unit receive activities outside of the planned activities programme timeframes.</p>	<p>Provide documented evidence of activities provided for residents with dementia outside of the planned activities programme.</p> <p>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.

No data to display

End of the report.