

Maungaturoto Residential Care Limited

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Maungaturoto Residential Care Limited
Premises audited:	Maungaturoto Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 3 November 2016 End date: 3 November 2016
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	10

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

Maungaturoto Residential Care Ltd provides rest home level care for up to 16 residents. One hospital level resident has been granted a dispensation from the Ministry of Health to be cared for at this facility. The service is managed by a nurse manager.

This was an unannounced spot surveillance audit against the Health and Disability Services Standards and the service's contract with the Northland District Health Board. The audit included review of policies and procedures, review of residents' and staff files, observations and interviews with staff, management and a board member. Residents were interviewed and those able to respond were pleased with the care they received.

All areas requiring improvement from the previous audit have been addressed with the exception of one recurring finding. The one recurring finding and two new areas identified as requiring improvements, are related to the quality management system in respect of manuals requiring review and replacement and not all of the key components of service delivery are linked to the quality management system. One further area pertained to a maintenance issue in the kitchen.

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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Open communication between staff and families is promoted and confirmed to be effective. There is access to formal interpreting services if required. Advance directives that are made available to service providers are acted on where valid. The advance directives sighted are signed by the general practitioner, resident and family/whanau as appropriate.

The nurse manager is responsible for the management of complaints and a complaints log is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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The organisation has a strategic plan which includes the vision, purpose, mission statement, and core values of the organisation. The service is managed by a Community Trust Board. The nurse manager reports to the Trust Board monthly. There is a risk management plan that is appropriate for the size and nature of this service. There is an internal audit schedule and meeting minutes are recorded at the staff/quality meetings held monthly. Adverse events are documented on incident forms. Corrective action plans are developed and implemented as required.

Policies and procedures cover the necessary areas, are current and reviewed regularly.

The human resources management policy, based on current good practice, guides the nurse manager for recruitment and appointment of staff. An orientation and staff training programme ensures staff are competent to undertake their role. An annual training plan and a record of ongoing training are in place.

Staffing levels and skill mix meet contractual requirements and the needs of the residents. Senior staff are on call after hours and weekends.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Relevant records are maintained.

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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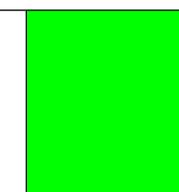
The service is coordinated in a manner that promotes continuity in service delivery using a team approach to care delivery. The service has fully implemented the required electronic interRAI electronic assessment tool. Interventions are documented to show how to achieve the resident's desired outcomes and goals. Long and short term care plans are developed and implemented in a timely manner. Care plans reflect the assessed needs of the resident and are evaluated at least six monthly or sooner if there is a change in needs. Interventions are sufficiently detailed to address the desired goals/outcomes.

Activities are planned and provided as appropriate to the needs, age and culture of the residents. This allows the skills and interests of residents to be maintained.

The medicine management system in place meets the required regulations and guidelines. Safe medication management procedures were observed on the day of audit. Staff who administer medication hold current medication competencies which reflect current good practice.

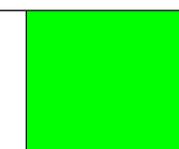
The resident's nutritional requirements are met by the service and residents' preferences and special diets can be catered for. Kitchen staff attend safe food management education. Meals are prepared from a rotating summer and winter menu, approved for aged care by a registered dietitian.

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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Building and plant complies with legislation and a current building warrant of fitness was displayed. A preventative maintenance plan is in place.

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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No residents are using any form of restraint at the time of the audit. Two residents are using an enabler and this is used as a voluntary measure for safety purposes only. Staff interviewed are fully informed of the differences between restraint and enabler use. Staff receive training at orientation and this training is provided on an ongoing basis.

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.

The infection prevention and control management programme, inclusive of surveillance, is appropriate for the nature of this service. The nurse manager who is a registered nurse is the infection control coordinator. They collate monthly surveillance data and report findings to staff and the board as required. Where there are any trends identified, action is implemented. Expertise is available and can be sought as required.

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	15	0	3	0	0	0
Criteria	0	41	0	3	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Advance directives that are made available to service providers are acted on where valid. The advance directives sighted are signed by the general practitioner, resident and family/whanau as appropriate. Residents confirmed during interview that advance directives are discussed with them and they understand they may change their minds at any time. This was an area identified for improvement in the previous audit and is now fully attained.</p> <p>Staff interviewed confirmed their understanding and knowledge related to actions to be taken related to a valid advance directive.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and complaints forms had been reviewed in October 2016 and meet the requirements of Right 10 of the Code. There is also a flow chart which outlines the complaints process, in line with the Code of Rights to guide staff. The manager stated information is provided to family members on admission and there is complaints information at reception. This was confirmed by senior care staff during interview.</p> <p>The complaints log reviewed showed one complaint had been received over the past year and was effectively closed out. The log showed the required follow-up and improvements had been made where possible. The manager is responsible for complaints management and follow-up. Staff interviewed confirmed they have received training on residents' rights and how to support them to make a complaint. Training was confirmed on</p>

		review of staff training records.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The residents stated they were kept well informed about any changes in their health status and/or care and if new medications are introduced. When any incidents or accidents occur family are notified as currently documented in the progress records. The manager understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>Interpreter services are able to be accessed through the NDHB or the Maori Health Advisor at the DHB when required. Most residents speak English and use of family/whanau members to support residents is encouraged.</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>A generic mission statement, philosophy, goals and objectives are documented and have been reviewed for 2016/2017. The Maungaturoto Community Charitable Trust holds monthly general meetings and the manager attends these meetings. The agenda and minutes maintained were sighted. The nurse manager confirmed knowledge of the aged care sector, regulatory and reporting requirements and maintains currency through attending study days and updates from the Ministry and the New Zealand Aged Care Association.</p> <p>The nurse manager has been in this role for eighteen months. The nurse manager is a registered nurse with a current annual practising certificate which was sighted. The nurse manager has a job description and is responsible to the Trust Board.</p> <p>The rest home currently has 10 residents; nine are rest home level care. There is a dispensation (fourth request) granted by the Ministry of Health for another six months for one hospital level resident to continue to receive ongoing care at this facility.</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</p>	PA Low	<p>The organisation has a quality and risk system that is overseen by the Maungaturoto Community Trust Board and the manager of the service. The nurse manager is a registered nurse and has a job description that outlines responsibilities. The quality and risk plan reflects the principles of continuous improvement and was understood by the senior caregiver who covers for the nurse manager when absent from the facility. However, not all key components of service delivery are linked to the quality management system and this is an area of improvement identified. Infection control, adverse events and/or restraint data is not able to be evidenced in the staff meeting minutes. No summaries or monthly comparisons were evident to link to the quality management system.</p> <p>Policy review and document control is undertaken in partnership with a contracted quality consultant and the</p>

<p>principles.</p>		<p>manager and this covers all necessary aspects of the service contractual requirements. The documented document control system ensures a systematic and regular review process, referencing of relevant sources, approval, and removal of obsolete documents by the manager. Staff are updated on new policies or changes to policies through notices and at staff monthly meetings. Staff confirmed the staff meetings and staff meeting minutes were sighted.</p> <p>The nurse manager discussed the strategic plan reviewed by the Board. A senior caregiver undertakes the role of health and safety officer and has undertaken relevant training for the position, including the Health and Safety at Work Act (2015). The health and safety officer described the processes for identification, monitoring and for reporting of risks and hazards and the development of the risk register. An annual review has been completed on the risk/hazard register. New hazards/risks are added to the register as required.</p> <p>There is a quality and risk management plan which includes an audit schedule, any clinical indicators and policies and procedures that meet the requirements of the standard and contract requirements. The manager follows up any findings from the internal audits. Feedback is provided to residents/family/whānau as appropriate. Letters and emails were sighted in the individual resident's records. It was suggested to the nurse manager that a separate communication record be developed and implemented to record family communication, and if necessary in the progress records.</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>FA</p>	<p>Staff document adverse events and near miss events on the incident form. This was confirmed by staff during interview and includes the prompt reporting of incidents to the manager in a timely manner. The nurse manager investigates each incident reported. A sample of incidents forms reviewed show these are fully completed and incidents are investigated, action plan developed and followed up appropriately. There have been no coroner enquiries or police investigations.</p> <p>Adverse event data is collated and analysed, including the type and name of resident. This is linked to health and safety and risk management systems. Staff meeting minutes were sighted. Refer also to criteria 1.2.3.5 and 1.2.3.6. Health and safety and any findings are discussed at the staff meetings. The quality and risk reviewed showed discussion but trends were not always discussed at meetings.</p> <p>The nurse manager is aware of requirements to report to external agencies and gave examples of reporting to the Ministry.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes</p>	<p>FA</p>	<p>Policies and procedures reviewed are in line with employment practice and relevant legislation and guide human resources management processes. Position descriptions reviewed were current and defined by tasks and accountabilities for the various roles. The recruitment process includes referee checks and police vetting. The annual practising certificates for the manager, the nurse practitioner, contracted pharmacist, the general</p>

<p>are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>practitioner, podiatrist and other health professionals contracted to the service were available, sighted and are current. A sample reviewed confirmed the organisation`s policies are consistently implemented and records are systematically maintained.</p> <p>The personal staff records sighted evidence orientation that includes all necessary components relevant to legislation, these standards, contract requirements and good practice. DVDs are also available on a variety of topics with workbooks for staff to complete. Appraisals are completed annually.</p> <p>The nurse manager confirmed that continuing education is planned on an annual basis. Mandatory training is also undertaken for fire safety and emergency evacuation, the Code of Rights, health and safety, restraint, manual handling, infection control, pressure injury management, pain and medication management. All senior caregivers and the manager responsible for medication management complete annual medication competencies. The nurse practitioner has signed off the competency for the nurse manager. Staff who work in the kitchen have completed food handling courses. The education programme is displayed in the office at reception. The nurse manager is a Careerforce assessor. Staff interviewed confirmed continuing education is provided. Certificates are kept in the individual staff records reviewed.</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>	<p>FA</p>	<p>There is a documented policy on staffing mix that covers the contract requirements and includes the rationale for determining staffing levels and skill mixes in order to provide safe service delivery. The manager is responsible for the rostering of staff. There is casual staff available. The nurse manager works Monday to Friday and is supported by one caregiver and one cook. The cook works 8am until 1.30pm seven days a week. There is a short shift 6.30am until 9am (this timeframe can be extended) if needed. On the afternoon shift there is one caregiver and on call back-up if needed and a 6pm until 8pm caregiver. Night shift is covered by one caregiver with on-call backup.</p> <p>The after- hours and weekends are adequately covered. This was evidenced as the manager was unavailable for this unannounced spot surveillance audit until about 3pm and the senior caregiver on-call came into the rest home when called by staff to assist with the audit process. Observation during the audit confirmed staff are providing services required of them.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded,</p>	<p>PA Low</p>	<p>The residents' records reviewed contained all relevant information and since the previous audit the areas of improvement, such as divisions and a contents page, have been added to all records. The information collected is appropriate for the nature of this aged care setting. The clinical records were current and now integrated with the GP and allied health professional`s records being included, also addressing a previous area requiring improvement. Records are stored in a locked cabinet. Records are legible with the name and designation of the person making the entry being identifiable. A resident registered is now maintained.</p>

current, confidential, and accessible when required.		Archived records are held securely on site and are readily retrievable. No personal or private resident information was on public display during the audit. It was observed that the medication records folder needs to be reviewed and replaced. The accident/incident forms discussed with the nurse manager needs to be filed in the individual resident's record and not in the same folder. There is an area identified in relation to the state of the individual record folders, medication records, progress notes, incidents and accident records and other service manuals requiring review and replacement as needed.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The previous audit identified that the process for review of the reduction of medication errors required improvement. This has been fully addressed by the service. Corrective actions taken are clearly documented with a marked decrease in the number of reported medication errors.</p> <p>The observed medication procedures are implemented to meet legislative and best practice requirements. The medications are stored in the locked medication trolley which is kept in the nurse manager's office. Medications that require refrigeration are stored in a medication fridge, with the temperatures within the required range. The processes for controlled drug management meet requirements.</p> <p>There are no residents who self-administer their medications at the time of audit. All staff who administer medications are assessed as competent to do so by means of an annual update programme. At the time of audit there were seven staff with current medication competencies.</p> <p>The medications are delivered by the pharmacy in a pre-packed administration system. These medication packs and the signing sheets are checked for accuracy upon delivery. The medication charts and prescriptions have the required information hand written by the GP. Medication is signed by the GP upon prescribing showing the dates, time and route required. The three monthly medication reviews are recorded on the resident's medication chart.</p> <p>The staff member observed undertaking a medication round followed all safe medication procedures and they stated if they have any concerns or need to give a standing order medication they contact the RN. This is also documented in the resident's progress notes.</p> <p>Medication audits are conducted six monthly with appropriate follow up shown. None of the 10 files reviewed had incorrect signing noted for the month of October or November.</p> <p>If a medication change is made by the GP family/whanau are notified as identified in the resident's progress notes.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid	PA Low	Food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. All meals are prepared and cooked onsite. Staff who work in the kitchen have

<p>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>food handling certificates. A kitchen cleaning schedule is in place. The menu has been approved by a registered dietitian (August 2014) as being suitable for age care and at the time of audit the menu is undergoing a two yearly review process as confirmed in emails sighted.</p> <p>Residents are provided with meals that meet their food, fluids and nutritional needs. Dietary requirement forms are completed by the nurse manager on admission and the cook is informed of any additional or modified foods that may be required. The cook stated all resident needs can be met by the service. This was supported during resident interviews when they reported the food is excellent and they are given alternatives if they do not like what is on the menu.</p> <p>All residents are weighed monthly and weight changes are managed appropriately by the service.</p> <p>Expiry dates or best by dates could not be seen on all foods.</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>Support and care is individualised and focused on achieving desired outcomes/goals set. The service uses both long and short term care plans as appropriate. The documented interventions are consistently recorded to a level of detail that provides clear strategies for each individual resident. The care plans and interventions are based on the outcomes from the assessments and the identified needs of the resident. The care plan format includes the resident's specific needs, goals/aims and staff interventions required to address those needs. The progress notes have documented family/whanau consultation and show that they are informed of any concerns staff may have regarding their relative.</p> <p>Care was observed to be flexible and focused on promoting quality of life for the residents. The residents reported satisfaction with the care and with specific management to meet their needs during interview.</p> <p>The nurse manager and caregivers interviewed demonstrated appropriate skills and knowledge of the individual needs of all residents.</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>	FA	<p>The residents are included in meaningful activities at the care facility. The activities programme covers physical, social, recreational and emotional needs of the residents. The activities coordinator documents planned activities, resident attendance and evaluation of the activities undertaken. The activities coordinator was not available on the day of audit but staff reported that they gauge the response of residents during activities and planning is modified related to the response and interest shown. Residents engage in community activities as they wish and family/whanau are encouraged to be involved in activities as they are able. There is weekly entertainment at the facility along with visiting church groups. Residents use the public library and some go off site for church attendance.</p> <p>The residents reported overall satisfaction with the level and variety of activities provided.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Evaluations are conducted at least six monthly and recorded on a specific form which is kept with the care plan. This identifies if the degree of achievement or response by the resident to the interventions put in place. It allows a measure to see if the goals set are being met. The current care evaluations are conducted for all the residents' needs and recorded against the resident's set goals over the past six months.</p> <p>When there are changes in the resident's needs, the service uses a short term care plan to capture changes that are not ongoing. If it is a change of needs that will be ongoing, the long term care plans are updated.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness expires 1 July 2017 and is displayed in the office at reception. There is a proactive maintenance programme and reactive maintenance is by use of a communication book. The testing and tagging of equipment is undertaken annually and records were reviewed.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The service implements policy and procedures as part of their infection control programme to ensure all infections are documented, reported and data is included in quality reporting to staff and the board. The infection control programme is updated annually and this last occurred in August 2016.</p> <p>Data is reviewed and analysed monthly to identify any significant trends or possible causative factors. The service has a low infection rate and no infections were reported from April to July 2016. For the other months the reported infections ranged from one to three. All infections are verified by laboratory testing to ensure the treatment ordered by the GP is correct. Any immediate action required is presented to staff at hand over.</p> <p>The nurse manager and staff reported during interview that any ongoing actions required are presented at staff meetings and the surveillance data findings are discussed. This occurs during the staff review for each resident. For example, if a resident has had an infection during the month it is documented under the individual resident's review. The nurse manager also reported that the infection control data comparisons of previous infection incidents used to analyse the effectiveness of the programme is also presented. However, this could not be verified in the meeting minutes sighted. Refer to comments in criteria 1.2.3.5.</p> <p>Staff report they are aware of residents who are susceptible to recurrent infections and they always report any signs and symptoms to the nurse manager. An infection form is completed as soon as signs and symptoms have been identified and given to the nurse manager and a specimen is sent to the laboratory.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The facility follows policies and procedures developed and implemented and these policies have been reviewed. The nurse manager is the restraint co-ordinator.</p> <p>On the day of this audit two residents are using bedrails as enablers for safety reasons. The policy defined restraint and enabler use. Restraint is only used as a last resort when all alternatives have been explored. Staff interviewed understood that enablers are used voluntarily and are the least restrict option to meet the needs of the individual resident.</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)
Criterion 1.2.3.5 Key components of service delivery shall be explicitly linked to the quality management system.	PA Low	Health and safety and complaints management are currently linked to the quality management system and are able to be evidenced in the staff meeting minutes. There is no mention of adverse events (inclusive of any falls), infection control, and restraint minimisation and safe practice. The staff and quality meetings are held together monthly and minutes of the meetings are documented. Refer also to standard 1.2.4. Staff reported that quality data is collated, analysed and evaluated but the results are not always communicated to staff and where appropriate the consumer. The staff stated that infection control is sometimes discussed but not summarised or recorded in the minutes of the meetings.	Not all of the key components of service delivery are linked to the quality management system and summaries and/or comparisons of previous data and records are not able to be evidenced as being communicated to staff.	Ensure all components of service delivery are linked to the quality management system. 180 days
Criterion 1.2.9.10 All records pertaining to	PA Low	Since the previous audit a contents page has been added to most service records and manuals for easier access to contents. Personal resident records are integrated with dividers between all sections.	Resident record contents are clearly more accessible however, accident and incident forms and progress records are	To review all records and ensure relevant information is stored in the individual

<p>individual consumer service delivery are integrated.</p>			<p>not stored in the individual resident's records reviewed. The individual records, medication records and other service manuals require review and some records need to be archived. Some service manual folders require review and replacement as necessary.</p>	<p>resident's records and information needing retrieval is to be archived appropriately should this be needed. Service manuals need to be reviewed and replaced as required.</p> <p>90 days</p>
<p>Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	<p>PA Low</p>	<p>Food procurement, production preparation and disposal comply with current legislation and guidelines. Much of the dried food is decanted into alternative containers. As some meat is purchased in bulk it is divided up into smaller packages. Expiry dates or best by dates were not visible on all items.</p> <p>The kitchen is due to be replaced once the new build has been approved. The kitchen is showing signs of wear and tear and there are chipped areas in the Formica benchtop, one cupboard door and the bottom of a set of cupboards above the stove. These areas have exposed wood which means the cleaning cannot meet infection control standards.</p>	<p>Best by dates and/or expiry dates could not be found of all produce.</p> <p>Some surface areas cannot be cleaned to meet current infection control standards.</p>	<p>Provide evidence that all current legislation and guidelines are met related to food storage and cleaning of surface areas.</p> <p>180 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.