

# Te Ata Resthome Limited

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## Introduction

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

The audit has been conducted by 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:

<b>Legal entity:</b>	Te Ata Resthome Limited	
<b>Premises audited:</b>	Te Ata Rest Home	
<b>Services audited:</b>	Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 2 February 2017	End date: 2 February 2017
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	25	

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Te Ata Rest Home is privately owned and operated. It offers rest home level care for up to 27 residents. This surveillance audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board, which covers residents who are assessed for rest home level care. The audit process included the review of policies and procedures, a review of staff files, observations, and interviews with residents, families/whānau, management, staff and a general practitioner. Feedback from residents and families/whānau members was very positive about the care and services provided.

The three areas requiring improvements from the previous audit have been addressed by the service and are now fully attained. There are two new areas identified for improvement from this audit related to staff annual performance reviews and medication management signing processes.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The service demonstrates that residents' rights to full and frank information and open disclosure principles are met. Interpreter services can be accessed wherever necessary to ensure good lines of communication are maintained. There is evidence that families are informed of incidents. Complaints management is well documented. All processes are undertaken to meet standard requirements. There is one Health and Disability Commissioner complaint open at the time of audit.

## 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 owner/manager ensures that business and strategic planning is in place to cover all aspects of service delivery. Business and quality planning identifies how services are maintained to ensure residents' needs are met. The owner/manager is supported by a registered nurse who oversees all clinical aspects of service delivery. Quality and risk systems are overseen by the owner/manager with administrative support.

Documentation identifies that the quality and risk system and processes support effective, timely service delivery. Corrective action planning is implemented to manage any areas of concern or deficits. The quality management systems include an internal audit process, complaints management, incident/accident reporting, restraint and infection control data collection. All information is recorded electronically and results are shared among staff, residents and family/whānau.

Human resources management policy reflects good current practice, meets legislative requirements. The service implements the documented staffing levels and skill mix to ensure contractual requirements are met.

## 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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The service works closely with the Needs Assessment and Service Coordination Service, to ensure access to the facility is appropriate and efficiently managed. Residents` needs are assessed by the multidisciplinary team on admission within the required timeframes. There is a manager and a registered nurse on duty daily Monday to Friday. There is one designated general practitioner who is responsible for the residents. All residents have been fully assessed using the interRAI assessment process.

Care plans are individualised. Short term care plans are developed to manage any issues or problems that may arise. The plans reviewed demonstrated that all identified needs, goals and outcomes are documented and reviewed on a regular basis. Interventions are documented to meet goals set. Family members reported being well informed and involved in care planning and evaluation processes. The planned activities programme is supported and implemented by two activities officers. Individual and group activities are meaningful to the residents. Outings in the community are encouraged.

Medications are managed according to policies and procedures. The registered nurse and senior caregivers are responsible for the administering of medications. All have completed medication competencies.

The foodservice meets the nutritional needs of the residents and those residents with special needs are catered for. Policies and procedures guide the food service delivery. Training for food service staff is provided on a regular basis. The kitchen is well designed, organised, clean and meets food safety standards.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility has a current building warrant of fitness.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Policy states that enablers shall be voluntary and the least restrictive option to meet the needs of the resident to promote independence and safety. At the time of audit there are no enablers or restraints in use.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Surveillance for infections is undertaken monthly by the registered nurse. Results of surveillance is analysed to assist in achieving infection reduction. The infection surveillance results are reported to staff and management in a timely manner. Staff interviewed have a good knowledge of infection prevention principals and safe practice. Infection rates are minimal.

## 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)
<b>Standards</b>	0	14	0	1	1	0	0
<b>Criteria</b>	0	37	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>	<p>FA</p>	<p>Policy and procedures are implemented to ensure complaints processes at Te Ata Rest Home reflect a fair complaints system. All complaints are documented and recorded electronically. They are responded too in a timely manner by the owner/manager. Residents, family/whānau and staff reported during interview that they understand the complaints processes in place. Complaints forms are kept at the entrance of the facility.</p> <p>The electronic complaints register and paper files sighted identified that at the time of audit there is one open complaint received via the Health and Disability Commissioner. This was received by the organisation on 21 June 2016 and all requested documentation was sent to the Health and Disability Commissioner by 12 July 2016.</p> <p>Documented complaints information is used to improve services as appropriate. One example related to the tone and manner used by a staff member when speaking to a resident. Following appropriate corrective actions being put in place, which included a meeting with the staff member and additional education for staff related to care training and abuse education, no further episodes have occurred. The complaint has been closed.</p>

		Complaints are a standing agenda item for staff meetings as confirmed in meeting minutes sighted.
<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 open disclosure policy is based on the principles of full and frank information sharing with residents and their family/whanau. This is confirmed during resident and family/whanau interviews. Evidence of open disclosure was seen in residents' progress notes and clearly identified on incident and accident forms.</p> <p>Management and staff confirmed that interpreter services are available if required. Residents confirmed that communication between themselves and staff is open and honest. One family member stated that the open-door policy of the owner/manager and senior staff created an environment that encouraged good communication.</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's philosophy, mission statement and values are documented. Te Ata Rest Home has a business plan which is reviewed by the owner/manager with senior members of staff having input twice a year. Completed action outcomes are reported against. Quality and risk planning processes are used to ensure residents' needs are being met.</p> <p>The service holds Waikato District Health Board contracts for the provision of Aged Residential Services, Residential Respite Services, Community Day Programme and Aging in Place. They are also certified against the Home and Community Support Sector Standards. All residents on the day of audit are under the Aged Residential Services contract only. On the days of audit there were 25 rest home level care beds occupied.</p> <p>There are two owners of the business. One is a registered nurse who has recently reduced their hours and now relieves the full time registered nurse as required. The second owner works in the business full time as the manager. (The business is family owned and operated). Both owners have been involved in the business for many years and are suitably qualified and experienced for the roles they undertake. They maintain appropriate education to keep their skills and knowledge up to date. They are supported by a full time registered nurse with a current annual practising certificate and two administrators. Some of the caregivers have worked at Te Ata Rest Home for many years.</p> <p>Interviews with residents and family/whānau confirmed that their needs were met by the service. No negative comments were received on the day of audit.</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>The service has a quality and risk management system which was understood and implemented by service providers. This includes the development and update of policies and procedures, regular internal audits, incident and accident reporting, health and safety reporting, restraint, infection control data collection and complaints management. If an issue or deficit is found, a corrective action is put in place to address the situation. All information is entered electronically into the quality and risk system and implementation of corrective action is reviewed by the owner/manager prior to sign-off. All policies sighted were up to date. There is an electronic recall system in place to inform the owner/manager of when each policy is due.</p> <p>Quality information is shared with all staff and with residents and visitors. Numerical outcomes information is posted on the notice board in graph form for everyone to view.</p> <p>Quality data collected is analysed and results are trended against previously collected data. Te Ata Rest Home use the quality information collected to inform ongoing planning of services to ensure residents' needs are met. An example sighted related to an audit which showed that residents' preferred names were not printed on medication signing sheets. It was identified as a risk and this has been corrected. All residents' medication signing sheets now have preferred names and documentation shows that no medication has be administered to the wrong resident since this has been implemented.</p> <p>Actual and potential risks are identified and documented in the electronic hazard register which all staff have access to. As part of the quality system in place, quality improvement reporting (QIR), a quality improvement or action required is shown for each entry. There is also an injury and investigation log for any work accidents that may occur. All risks and hazards are overseen and reviewed by the health and safety committee, consisting of the owner/manager, administrator and one senior caregiver.</p> <p>Newly found hazards are communicated to staff and residents as appropriate. Staff confirmed that they understood and implemented documented hazard identification processes. Three staff have completed off site health and safety education covering the new health and safety legislative requirements.</p> <p>Staff, resident and family/whānau interviews confirmed any concerns they have were addressed by management.</p>
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<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>Adverse event reporting as identified in policy is implemented by the service. The registered nurse confirmed their awareness of the organisation's requirement related to statutory and or/regulatory reporting obligations, including pressure injury reporting. Documentation identifies that one pressure injury was reported in June 2016 under section 31 of the Health and Disability Services (Safety) Act 2001, to the Ministry of Health.</p> <p>Staff interviewed stated they report and record all incidents and accidents. The incident and accident forms sighted are very well documented and identified all actions taken and people notified, including family/whanau members. If follow up actions are required, it is documented on the incident and accident form and reported at staff handover. This is confirmed during staff interviews.</p> <p>Family/whanau interviews confirmed they are always informed of any concerns or adverse events very promptly. In an effort to reduce resident falls, a falls management programme involving the Otago exercise programme is ready to be introduced. The facility has just completed populating all the data for the previous six months and will then undertake the same measure once the programme has been running for six months.</p> <p>Management confirmed during interview that information gathered from incident and accidents is used as an opportunity to improve services where indicated.</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>PA Low</p>	<p>Policies and procedures identify human resources management that reflects good employment practice and meet the requirements of legislation. The owner/manager undertakes all employment processes which are recorded on paper and electronically. The service hopes to have all paper based information transferred onto electronic data over the next 12 months. All roles have job descriptions that describe staff responsibilities and accountabilities. Staff complete an orientation programme with specific competencies for their roles. Documentation in the staff files reviewed confirmed some competencies, such as medication management and fire and emergency training, are repeated annually.</p> <p>Staff that require professional qualifications and practising certificates have them validated as part of the employment process and on an ongoing annual basis.</p> <p>The education calendar sighted identifies that staff are offered regular training and education related to their roles. Topics covered in annual training and education relates to age care and health care services. Much of the education is on-line as Te Ata Rest Home is a registered user of a service which offers</p>

		<p>specific aged care training. The registered nurse is an assessor for aged care educational standards which caregivers have either completed or are part way through completing. Members of the management team also attend workshops and seminars specific to management related topics. Education occurs both on and off site.</p> <p>Not all staff had current annual appraisals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Policy identifies that staffing levels and skill mix are maintained to meet residents' needs and to comply with contractual requirements. Documentation identifies that at all times adequate numbers of suitably qualified and experienced staff are on duty.</p> <p>A review of rosters shows that staff are replaced when on annual leave or sick leave. Staff interviewed confirmed there are adequate staff on each shift and that they have time to complete all tasks to meet residents' needs. Residents interviewed stated all their needs are met in a timely manner.</p> <p>The owner/manager, registered nurse, and two administrators work Monday to Friday. The owner/manager and registered nurse are on call.</p> <p>There are two activities coordinators who work Monday to Friday. The service has dedicated kitchen, cleaning and laundry staff seven days a week.</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>	PA Moderate	<p>The registered nurse interviewed and eight senior caregivers have completed medication competencies. The medications are supplied by the contracted pharmacist in a pre-packed administration system. The pre-packed medications and the signing sheets are compared against the medicine prescription when received from the pharmacy and before administration. After this they are separated and the signing sheets copied for use in administration of medicines. An area for improvement is identified in relation to this.</p> <p>The GP has a current annual practising certificate which was sighted. The GP interviewed conducts a medicine reconciliation for each resident on admission to the service and when the resident has any changes made by other specialists. There is evidence of three monthly reviews occurring of the individual medication records reviewed. The lunchtime medication round was observed.</p> <p>The medication and medication trolley is securely stored when not in use. The controlled drugs were checked and balances sighted. There has been a new system for management of controlled drugs implemented since the last audit and</p>

		<p>this was verified. Storage is well maintained with key pad access to the medication room and key pad access to the locked cupboard. Minimal medication is stored. The ten medication records reviewed are signed in full with date, name and signature to verify that medication has been administered. This is an area requiring improvement from the previous audit which is now closed out.</p> <p>There are no residents that are self-administering medication. There is a process to follow should this be required or authorised by the GP for a resident.</p> <p>The medication storage fridge is monitored daily and recorded. Any variations in temperature are reported to the registered nurse.</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>A dietitian has reviewed the menu plans as being suitable for older persons living in long term care. The menu plans are seasonal - summer/winter. The menu plans are developed on a four weekly cycle, rotational and varied. On admission to the service, the registered nurse records any dietary requirements and/or any special needs and reports this to the cook. There are two cooks. One cook works 7am until 3pm five days a week and the weekend cook works the weekend and is available for relief and/or to cover any annual leave. The morning and afternoon teas are organised by the care staff and the activities coordinator.</p> <p>The cooks take into consideration any preferences, likes, dislikes to meet the needs of each individual resident. Special diets such as diabetic, gluten free, high protein and other diets are catered for by the staff.</p> <p>The cook is responsible for all aspects of food procurement, production, preparation, ordering, storage, checking deliveries and disposal of food. Current legislation and guidelines are available and are complied with. The cook has additional duties preparing food for meals on wheels three to six meals a day, day care service eight to ten meals a day and the twenty five residents at this facility.</p> <p>Fridge and freezer temperature recordings are undertaken and are documented daily. All requirements are met.</p> <p>The two cooks have completed relevant food hygiene and food safety training and this was verified in the staff personal records sighted. On line food hygiene courses were completed 01 March 2015.</p> <p>Care staff were observed assisting in the dining room at lunchtime.</p>
Standard 1.3.6: Service Delivery/Interventions	FA	<p>The residents and families reported that staff have good knowledge and care skills. The GP expressed satisfaction with the care provided. The provision of</p>

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>services and interventions is clearly documented for each resident and personalised to meet specific assessed needs. This includes their physical, psycho-social, spiritual and cultural needs. The care is flexible and focused on promoting quality of life for the residents. Residents and family reported high satisfaction with the care and all aspects of service delivery.</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>	<p>FA</p>	<p>There are two activities coordinators who are employed 35 hours a week each to implement the activities programme. Two programmes are running each day, as Monday to Friday there are day stay residents, who join in the activities with the residents. One activities coordinator uses the van to pick up residents from the community at the beginning of the day and is responsible for returning them home safely at the end of the day. The role is split and the activities staff have turns with the requirements of the day-stay residents.</p> <p>The activities programme for 2017 is available and was reviewed. Activities are planned for groups and/or one on one activity. The programme is documented monthly and displayed weekly on the blackboard in the main dining room. Each resident also receives a copy individually and a newsletter. Attendance is voluntary and records are maintained by the activities co-ordinators. The activities are varied and flexible at times to suit the residents. There are planned and spontaneous activities provided seven days a week. Residents interviewed enjoy the activities programme provided.</p> <p>The programme reviewed includes activities into the community and family are encouraged to participate anytime with the planned activities. Activities are modified to the capabilities and cognitive abilities of individual residents. All activities are provided to develop and maintain strengths, skills and interests that are meaningful to the resident.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Evaluations are planned and conducted at least six monthly. There is evidence that the care is evaluated when there is a change in the resident's condition. The short term care plans demonstrated that interventions are evaluated more frequently. Where progress is different from expected, the registered nurses responded by initiating changes to the care plan or by using a short term care plan for any temporary changes. Short term care plans were observed in use in some of the files reviewed. The residents and family reported satisfaction with the care provided by the care staff.</p>
<p>Standard 1.4.2: Facility Specifications</p>	<p>FA</p>	<p>Documentation sighted identified that all processes were undertaken as required</p>

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>to maintain the building warrant of fitness. The facility has a current building warrant of fitness which expires 17 June 2017. There have been no changes to the building footprint since the previous audit.</p>
<p><b>Standard 3.5: Surveillance</b> Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, and upper and lower respiratory tract infections. There have been no outbreaks of infection since the last audit. The surveillance programme reviewed was adequate for the size and nature of the service.</p> <p>The infection control coordinator is a registered nurse who reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results in graph form of the surveillance programme are displayed on the notice board for staff to view. The results are also reported at the staff meetings and staff handovers between shifts.</p> <p>Staff interviewed stated that they have a good understanding about the principals of infection prevention and control and education is provided on a regular basis as per the education plan reviewed.</p>
<p><b>Standard 2.1.1: Restraint minimisation</b> Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint minimisation policy reflects the requirements of the restraint minimisation and safe practice standard. It indicates the service will try to maintain a restraint free environment. Policy states the use of enablers is voluntary and the least restrictive option to meet the needs of the resident. Policy contains all necessary documentation related to the use of restraint.</p> <p>The service is restraint free at the time of audit. Restraint management is included in new staff orientation and clinical staff undertake annual education related to the safe and correct use of restraint should it be required. During interview, staff confirmed they work in a restraint free environment and are able to verbalise their understanding and knowledge related to restraint and enabler use.</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 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	The service has an education calendar in place for 2017. This covers all key performance requirements and competencies. The training and education type is clearly recorded to show if it is on-line, an external speaker, or in-house education. Staff confirmed they are informed of off-site education, such as first aid and hospice education. All staff hold current first aid certificates. Not all annual appraisals are up to date. The owner/manager stated that only six of the 30 staff have had an appraisal in 2016.	Six of seven staff files reviewed did not have and up to date annual performance appraisal	<p>Provide evidence that staff annual appraisals are current and undertaken annually.</p> <p>180 days</p>
<p>Criterion 1.3.12.6</p> <p>Medicine management information is recorded to a level of detail, and</p>	PA Moderate	The signing sheets are separated from the prescription records. There is one manual for the prescriptions which are signed and dated by the GP.	Medication signing records are separated from the prescribed medication records. There is no photo identification on the signing sheets used by the senior care	Provide evidence that medication management recording meets legislative and good

<p>communicated to consumers at a frequency and detail to comply with legislation and guidelines.</p>		<p>There are separate manuals for early morning, morning, pre-lunch, lunchtime, pre-dinner, dinner time and supper time medication to be administered by the senior care givers. These folders contain signing records only. The signing sheets have been photocopied by the registered nurse from the original pharmacy record sheet. The registered nurse highlights what medications are to be given out at a set time. The signing records currently used do not have resident photo identification on the signing sheets for checking that it is the correct resident.</p> <p>This practice was sighted for the 10 of 10 resident medication records reviewed, and confirmed through interview with the registered nurse.</p>	<p>givers. Staff do not use the signing register on the original administration signing sheets sent from the pharmacy.</p>	<p>practice requirements.</p> <p>90 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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
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End of the report.