

Wyndham and Districts Community Rest Home Incorporated - Wyndham and District Community Rest Home

Introduction

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

The audit has been conducted by Health Audit (NZ) 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: Wyndham and Districts Community Rest Home Incorporated

Premises audited: Wyndham and Districts Community Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 6 June 2017 End date: 7 June 2017

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: 14



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

This certification audit was conducted against the Health and Disability Service Standards and the organisation's contract with the district health board to supply aged related residential services. The Wyndham District and Community Rest Home can provide residential services for up to 23 residents.

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

The organisation has achieved full compliance and been allocated six areas where they have effectively exceeded the minimal requirements of this standard. The organisation demonstrates a commitment to continually improving the quality of services and remains firmly integrated within their local community.

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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Staff demonstrated knowledge and understanding of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code of Rights). Residents and family/whanau are informed of their rights during the admission process and ongoing residents' meetings. There are copies of the Code of Rights posters and information relating to the Nationwide Health and Disability Advocacy Service accessible throughout the service.

Residents and family/whanau receive clinical services that have regard for their dignity, privacy and independence. The residents' ethnic, cultural and spiritual values are assessed at admission to ensure they receive services that respect their individual values and beliefs, including for those residents who identify as Maori. There are processes to access interpreting and translating services as required.

Evidence-based practice is supported and encouraged to ensure residents receive services of an appropriate standard. Residents have access to visitors of their choice and are supported to access community services.

Evidence was seen of informed consent and open disclosure in residents' files reviewed. There are advance care plans and advance directives that record the residents wishes, with these respected by the staff.

The complaints process is managed in line with the requirements of the Code of Rights.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The rest home is governed by a board which consists of local community members. The mission and strategic goals are developed and monitored by the board. Day to day operations are the responsibility of the nurse manager.

An effective quality and risk management system is in place. The required policies and procedures are documented. Internal quality activities and quality projects are resulting in improved outcomes in service delivery, resident outcomes and satisfaction. Adverse

events are well documented and managed and the corrective action process is providing the organisation with ongoing opportunities to improve quality and safety.

Human resource management and employment practices are in place. There is a system for validating professional qualifications. Staffing is adequate to meet the needs of residents with experienced registered nurse and care givers available at all times. There is an in-service education programme that covers relevant aspects of support and reflects the needs of the older person.

Resident records are maintained in a confidential manner. Records management meet good practice requirements. All resident records are current and integrated.

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.		All standards applicable to this service fully attained with some standards exceeded.
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Entry to the service is clearly defined in policies. If a potential resident is declined entry to the service, this is recorded and the referrer informed.

The organisation has systems and processes implemented to assess, plan and evaluate the care needs of residents requiring rest home level care. Staff are qualified to perform their roles and deliver all aspects of service delivery. The nurse manager and registered nurse oversee the care and management of all residents, along with a team of staff. All residents are assessed on admission and assessment details are retained in the individual resident's record.

The residents' care plans document the needs, outcomes and/or goals and these are reviewed as required. The residents, and where appropriate the family/whanau, are involved in the care planning and review.

The activities available are appropriate for residents. The programme is strength of the service and meets the interests of the residents.

The service has implemented a web based medication management system that complies with current legislation. Staff that assist in medication management are assessed as competent to perform their role. There is a process in place for residents to safely self-administer their medications.

The menu plans have been reviewed by a dietitian. Each resident is assessed by the RN on admission for any identified needs in relation to nutritional status, weight, likes and dislikes. The kitchen complies with current food safety legislation and guidelines.

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 building complies with legislation. The building is well maintained and fit for purpose. There are adequate supplies and equipment. All equipment and medical devices are routinely checked. There are safe external areas for the residents to enjoy. Each resident has a private room of sufficient size with a shared bathroom or private ensuite. Communal and dining areas are spacious. Essential emergency and security systems are in place with regular fire drills completed.

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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The service has documented policies and procedures for restraint minimisation and safe practice. Staff confirmed that enabler use is voluntary and the least restrictive option. Staff demonstrated a sound knowledge and understanding of restraint and the use of enablers. There were no restraints is use at the time of the audit.

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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There is a documented and implemented infection control programme which is appropriate to the service. The plan and outcomes are reviewed annually.

Infection prevention and control policies and procedures are clearly documented and implemented to minimise risk of infection to residents, staff and visitors. The policies reflect current accepted good practice and are readily available for staff.

Infection control education is provided by the infection control coordinator who is responsible for infection prevention and control activities. The education is relevant to the service setting.

The type of infection surveillance undertaken is appropriate to the size and type of the service. Results of the surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. General practitioner (GP), or other specialised input, is sought as required. Staff and residents reported that they are informed of any infection issues within the facility.

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	3	42	0	0	0	0	0
Criteria	6	87	0	0	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Staff interviewed demonstrated their knowledge of the Code of Health and Disability Services Consumers' Rights (the Code). The Code is included in staff orientation and in the annual in-service education programme. Residents' rights are upheld by staff (such as staff knocking on residents' doors prior to entering their rooms, staff speaking to residents with respect and dignity, staff calling residents by their preferred names). Staff observed on the days of the audit demonstrated knowledge of the Code when interacting with residents.</p> <p>The residents interviewed reported that they understand their rights. The residents and families interviewed reported that residents are treated with respect and dignity.</p>
<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>Evidence was seen of the consent process for the collection and storage of health information, outings and indemnity, use of photographs for identification, sharing of information with an identified next of kin, and for general care and treatment. The resident's right to withdraw consent and change their mind is noted. Information is provided on enduring power of attorney (EPOA) and to ensure, where applicable, this is activated.</p> <p>There are guidelines in the policy for advance directives which meet legislative requirements. The consent can be reviewed and altered as the resident wishes. An advance directive and</p>

		<p>advance care plan is used to enable residents to choose and make decisions related to end of life care. The files reviewed have signed advance directive forms and advance care plans that identify resident wishes and meet legislative requirements</p> <p>Residents and family/whanau (where appropriate) are included in care decisions.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Advocacy information is available in brochure format at the entrance to the facility. Residents and family/whanau are aware of their right to have support persons. Education from the Nationwide Health and Disability Advocacy Service is undertaken annually as part of the in-service education programme. The staff interviewed reported knowledge of residents' rights and advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents reported they are supported to be able to remain in contact with the community through outings and walks. Policy includes procedures to be undertaken to assist residents to access community services and a van is available. The organisation's close links with the community is a strength of the service and was evident throughout the audit. The rest home is well supported by local community members, the rural community and local schools (refer 1.2.3.8 and 1.3.7.1 for additional quality projects regarding improving community links).</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 complies with Right 10 of the Code. Residents and their family are advised on entry to the facility of the complaint processes. The nurse manager is responsible for responding to, and managing complaints. There has been one formal complaint since the last certification period. Records were sampled and confirmed that the complaint had been managed in line with policy and legislative requirements. A complaints register is documented and complaints are discussed at staff, quality and board meetings. Mandatory staff training includes the management of complaints. There have been no complaints to the Health and Disability Commissioner or the DHB since the last audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Policy details that staff will be provided with training on the Code and that residents will be provided with the Code information on entry to the service. Opportunities for discussion and clarification relating to the Code are provided to residents and their families as confirmed by interview. Discussions relating to residents' rights and responsibilities take place formally (in staff meetings, resident meetings and training forums) and informally (for example, with the</p>

		<p>resident in their room). Education is held by the Nationwide Health and Disability Advocacy Service annually.</p> <p>Residents are addressed in a respectful manner as was confirmed in interview with residents and relatives.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The privacy and dignity policy details how staff are to ensure the physical and auditory privacy of residents, ensuring the protection of personal property and maintaining the confidentiality of resident related information. The resident's interviews and files reviewed evidenced that the individual values and beliefs of the residents are respected. There were no concerns expressed by the residents and family/whānau about abuse or neglect.</p> <p>Staff interviewed report knowledge of residents' rights and understand dignity, respect and what to do if they suspected the resident was at risk of abuse or neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The cultural awareness policy includes guidance for staff on the provision of culturally appropriate care to Maori residents. A commitment to the Treaty of Waitangi is included. Family/next of kin input and involvement in service delivery/decision making is sought if applicable. The in-service education programme includes cultural safety. Staff demonstrated an understanding of meeting the needs of residents who identify as Maori and the importance of whanau.</p> <p>There are no residents who currently identify as Maori. The nurse manager reports that there are no known barriers to Maori accessing the services, and they have had past residents who identify as Maori.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The cultural and/or spiritual needs of the resident are provided for in consultation with the resident and family as part of the admission process and ongoing assessment. Specific health issues and food preferences are identified on admission. The care plan is developed to ensure that care and services are delivered in a culturally and/or spiritually sensitive manner in accordance with the resident's individual values and beliefs. If required, a person acceptable to the resident is sought from the community to provide advice, training and support for the staff to enable the facility to meet the cultural/spiritual needs of the resident.</p> <p>Residents reported that their individual cultural, values and beliefs are met. Staff confirmed the</p>

		need to respect the individual culture, values and beliefs of residents.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	The employment position description and the Code of Rights define residents' rights relating to discrimination. Staff interviewed stated they would report any inappropriate behaviour to the registered nurse (RN). The staff contracts and files record that professional boundaries are included in contracts and the RNs have attended the required Nursing Council of NZ Code of Conduct training. There was no evidence of any behaviour that required reporting and interviews with residents and families/whanau indicated no concerns.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	The service has policies and procedures based on evidence based practice. The planned yearly education programme reviewed included sessions that ensure an environment of good practice. The service has access and support from visiting specialist nurses, palliative services and mental health teams. The GP visits the service as required. Residents' and relatives' satisfaction surveys evidenced overall satisfaction with the quality of the care and services provided. Continuous improvement ratings have been allocated regarding good practice in relation to the assessment process, the activities programme and medication management. There is evidence in these areas that the organisation has exceeded the expected standard thereby improving outcomes and safety for residents.
<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 cultural policy notes interpreters will be accessed if required. This service can be contacted through the local district health board.</p> <p>Evidence was seen that all aspects of care and service provision are discussed with the resident and their family/whanau prior to, or at, the admission meeting. The residents and family/whanau report that communication is open and honest. Open disclosure is documented and is noted on incident forms.</p> <p>All residents sign a service agreement on admission. This clearly describes the services which will be provided as part of the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned,</p>	FA	The Wyndham and Districts Community Rest Home Incorporated is the governing body. There are seven board members, with a variety of community, management, financial, construction and clinical backgrounds. The board member interviewed confirmed the current strategy

<p>coordinated, and appropriate to the needs of consumers.</p>		<p>moving forward and provided a current version of the business plan. There are six strategic goals. Achievement towards the strategic goals is monitored through management reports.</p> <p>The Business, Quality, Risk and Management Plan makes reference to a strategic and business plan. A quality statement, mission statement, philosophy, goals and objectives are documented and have been reviewed by the board.</p> <p>Operational management is the responsibility of the nurse manager. The nurse manager has been in the role for the past two years and is responsible for developing and monitoring a number of quality projects, with the support of the board and staff. The nurse manager is a registered nurse with a current practicing certificate and maintains a professional portfolio and education log which confirms education hours that exceed those required for managers in the aged care sector. The nurse manager attends regular meetings with local aged care providers.</p> <p>The nurse manager's position description is documented and has been amended to better reflect all management activities and responsibilities. The nurse manager confirmed that the role is well supported by the board and provides the board with monthly reports on outputs and outcomes regarding quality, risk, occupancy and staffing. The nurse manager's performance is monitored and has been reviewed.</p> <p>On the day of the audit there were 14 residents. This included one resident under the age of 65 and one receiving care and support under a contract with the local district health board. There were no residents requiring a hospital level of care.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The nurse manager is supported by the administrator and the registered nurse, both of whom can perform components of the manager's role during a temporary absence. Delegations are documented.</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</p>	<p>FA</p>	<p>There is a documented quality management system. The system was purchased from an external consultant and the organisation continues to individualise all policies and procedures to ensure they accurately reflect the services provided at Wyndham. Relevant standards are identified and included in the policy and procedure manuals. These are accessible to all staff and maintained in hard copy. Policies and procedures are relevant to the scope and complexity of the service, reflect current accepted good practice and reference legislative requirements.</p>

<p>continuous quality improvement principles.</p>		<p>There is a system for reviewing and updating quality related documents with evidence of ongoing reviews in records of meeting minutes sampled.</p> <p>A quality and risk management plan is used to guide the quality programme and includes goals and objectives. A range of quality data is gathered and used to monitor and improve services. Internal audits, corrective actions and quality projects are conducted in a manner that reflects improvement principles. Improvement opportunities are identified and evaluated for effectiveness. All quality related data is combined and discussed at staff meetings, board meetings and quality (certification) meetings.</p> <p>Resident satisfaction is monitored. There is evidence that feedback from residents is used to further develop improvement opportunities. The results of internal audits and corrective actions are shared with residents during resident meetings.</p> <p>Organisational risks are identified and risk analysis has been added to the business plan. The Health and Safety programme has been amended to reflect current legislation and has been approved by the board. The risk management plan covers the scope of the organisation.</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>There is a consistent process for documenting and managing adverse events. Policy and procedures comply with essential notification reporting. Staff are documenting adverse events on an accident/incident form. These are forwarded to the nurse manager for review and closure. Corrective action plans are developed as required. An incident analysis register is maintained and a monthly evaluation conducted. All reports on incidents and accidents are categorised by type and discussed with staff.</p> <p>There is evidence that essential notifications are made. During the last certification period this included a notification to the Ministry of Health for one resident who was admitted to the rest home with a pressure injury. Incident reports sampled also confirmed notifications to family members and the GP, as required.</p> <p>Staff confirmed they are made aware of their responsibilities for completion of adverse events through job descriptions and policies and procedures. Staff also confirmed they complete accident/incident forms for adverse events.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes</p>	<p>FA</p>	<p>Human resource processes are documented and meet good employment practice. All staff have a signed employment agreement.</p> <p>The selection and approval of new staff is the responsibility of the nurse manager. Professional</p>

<p>are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>qualifications are validated during the recruitment process, and annually for nurse practicing certificates. A record of reference checks and police vetting is also maintained.</p> <p>All new staff receive an orientation to the organisation and an induction to their perspective duties. This includes the essential components of service delivery and the required competencies. The skills and knowledge required for each position within the service are documented in job descriptions which outline accountability, responsibilities and authority.</p> <p>The nurse manager is responsible for the in-service education programme provided, which also includes guest speakers as appropriate. In-service education is provided via staff meetings and training days that are repeated to make sure all staff receive training. On-going competency assessments are current for medication management, carer duties and first aid certificates. The registered nurse and the enrolled nurse have the required interRAI assessments, training and competencies. Training records are maintained and confirm that the required topics (as per the district health board contract) are provided. Internal audits and an annual evaluation of staff training are conducted to ensure the training system remains compliant with requirements.</p> <p>Staff performance is monitored as required. An appraisal schedule is in place and current staff appraisals were sighted in staff files sampled.</p> <p>The recruitment, vetting, validation of qualifications, competency and performance review process is consistent for all staff, including the three registered nurses who provide an on call service to cover weekends.</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>A staffing rationale is documented. The nurse manager is on site five days per week, in business hours. An additional registered nurse is employed on a casual basis, is available in the absence of the nurse manager, and is onsite every week to complete assessments, care plans and reviews. There are also three other registered nurses who share weekend cover. An enrolled nurse is employed one day per week to assist with interRAI assessments and is experienced in wound care. The enrolled nurse fills additional hours working as a care giver.</p> <p>There are two care givers on each shift during the day, and one at night. Each shift has a senior care giver who has a current first aid certificate and medication competency. Care givers also complete laundry tasks, with additional support staff rostered for kitchen and laundry duties.</p> <p>Care staff interviewed reported that there is enough staff on duty and they were able to get through the work allocated to them. Families interviewed reported there is enough staff on duty to provide their relative with adequate care.</p>

		Rosters sampled confirmed sufficient staff numbers at all times. This included times during staff absence and the provision of an extra care giver rostered to assist in supporting a resident who required additional support.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>A resident register is maintained. The register includes key demographics, photos and next of kin information. Each resident has an individual file. Resident files are integrated and include reports from all involved health professionals. Records sampled were tidy, legible, dated and included the designation of the writer. All residents' records are stored in a secure and private manner. Resident information is not publicly accessible.</p> <p>Progress notes are documented at the end of each shift by the care givers. Check lists and observation charts are also maintained. All charts and progress notes are reviewed by the registered nurse, with an entry made every week or more frequently if required.</p> <p>Archived records are securely stored on site. There is a system for retrieving archived records should this be required.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>The admission policy includes the procedure to be followed when a resident is admitted to the home. The admission agreement contains all required information and is based on an aged care association agreement. Entry screening processes are documented and communicated to the resident and their family/whanau to ensure the service can meet the needs of the resident. The residents and family/whanau reported the admission agreement was discussed with them prior to admission and all aspects were understood. Information on the services provided are advertised in the local newspaper.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>All residents' exit, discharge or transfer is documented using specific forms. The service utilises the transfer forms approved by the district health board and this was confirmed in files sampled. Known risks are identified to the place of transfer to manage the resident safely. Expressed concerns of the resident and family/whānau are clearly documented including advance directives and EPOA documentation. This was confirmed in resident files sampled. There is evidence that the rest home ensures a safe transfer to acute services and accompanies the resident in the event a family member is not available.</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>	<p>FA</p>	<p>Policies and procedures describing safe medication management are implemented by the service. Policies meet legislation and guidelines. The service has implemented a web based medication management and charting option. The service has conducted a quality project related to the medicine management system resulting in a continuous improvement rating.</p> <p>There is policy in place which describes the process to follow for residents who are deemed competent to self-administer medicines (as evidenced in two resident charts/medication records).</p> <p>Medicines are supplied by the pharmacy in a pre-packed robotics administration system for individual residents. Medications are checked for accuracy by the RN when delivered, and this is recorded on the electronic medication record. Safe medicine administration was observed at the time of audit.</p> <p>The medicines, controlled drugs and medicine trolley were securely stored. The management of the controlled drugs meets legislation and best practice guidelines. Two staff sign the controlled drug register when medication is given and a physical check is undertaken weekly and six monthly.</p> <p>All the medication records sampled have prescriptions that complied with legislation and aged care best practice guidelines. The GP has conducted medication reviews for all residents within the last three months.</p> <p>Medication competencies were sighted for all staff that assist with medicine management.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Policies and procedures implemented cover all aspects of food preparation. Documentation identifies that safe food hygiene management practices are followed.</p> <p>The menus were reviewed by a registered dietitian in the last two months as being suitable for the residents living in a long-term care facility. The cook stated that food is produced in accordance with the menus. There is a documented cleaning programme implemented.</p> <p>The kitchen has dietary information for all residents and their likes and dislikes are catered for. Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets have these needs met. The residents and family/whānau reported being overall satisfied with the meals and fluids provided. One resident did comment that they thought the portion sizes were too small, with all other residents reporting large portion sizes.</p> <p>Food, fridge and freezer recordings are undertaken daily and meet requirements. The kitchen</p>

		staff have completed safe food handling courses.
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	The service has not declined a resident when there has been an appropriate rest home level of care needs assessment. There is a policy that records the processes to implement if a resident is declined entry. This includes contacting the referral agency, the resident and where appropriate, their family/whānau. The nurse manager reported that they refer residents to different levels of care if they are unable to support the resident (such as secure dementia care or hospital level of care). The service has previously had dispensation to provide care and support to a resident at hospital level of care. This resident is no longer at the rest home.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	CI	Information is documented using validated nursing assessment tools (such as pain scale, falls risk, skin integrity, nutritional screening and depression scale), to identify and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. All residents have current interRAI assessments. Residents and families confirmed their involvement in the assessment process. The interRAI outcomes, triggers and assessment protocols are incorporated into the care planning format. The service has conducted a quality project related to the assessment process resulting in a continuous improvement rating.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>In all files sampled evidence was sighted of interventions related to the desired outcomes. Risks identified on admission are included in the care plan and these include falls risk, pressure area risk and pain management. The assessment outcomes and triggers from the interRAI assessment process are included to update the care plan.</p> <p>All health professionals document information in the resident's individual clinical file and have access to care plans and progress notes as part of the integrated file system. Documentation in files sampled included nursing notes, medical reviews, allied health input and hospital correspondence. The residents and families reported that they are included in the care planning and are aware of any changes as these are discussed with them. Care staff reported they are informed of any changes to care plans at shift changeover and read the progress notes before they commence their duties. The residents and families report satisfaction with the quality of care and services provided.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The care plans sampled were individualised to show interventions put in place to contribute to meeting resident goals. Information sighted on care plans was congruent with assessment findings. Residents and family/whānau interviewed reported satisfaction with the services they receive. The care staff reported that they are informed of any care plan changes at the shift hand over and have relevant in-service education as required specific to any new interventions. Short term care plans are developed with interventions reviewed on a daily basis until the problem has resolved.</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>CI</p>	<p>The activities coordinator plans activities to meet the resident's abilities; this includes the needs of the younger people at the service. Information gained by an activities assessment and resident's history assessment is used when developing the activity plan. The activities coordinator reported they focus on giving the residents back some independence by focusing on activities that are meaningful. Several residents have mobility scooters and independently access the community.</p> <p>There are planned activities that cover physical, social, recreational and emotional needs of the residents. The activities programme is an evolving plan to match weather conditions and resident's abilities. The activities coordinator visits each resident in the morning to remind them of the planned activities for that day and ask for any further suggestions for the day's activities. Feedback received from the residents and family/whānau is considered when planning activities. The residents (including younger people) report that the activities programme is of interest to them. The service has conducted several quality initiatives that have resulted in improvements in resident outcomes related to the activities programme (also refer 1.2.3.8 for additional quality projects regarding improving community links).</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>CI</p>	<p>Individual short term care plans were seen for wound care, infections and falls. These are kept in the resident's folder and during each shift documentation is made in the file as required. The staff use an early warning assessment tool to identify any changes in the resident's condition, with this used to develop any short-term interventions. If the issue becomes longer term, a reassessment occurs and the long-term care plan is amended to reflect the resident's current needs. A quality improvement plan has been conducted on the use of the early warning assessment tool that has gained a continuous improvement rating (refer to 1.3.8.3).</p> <p>Long-term care plans are reviewed every six months or earlier as required. Evidence was seen of family involvement in the care reviews. In files reviewed there was evidence of documentation if an event occurred that was different from expected and required changes to</p>

		service. The residents and family/whanau reported that they are given the opportunity to be involved in all aspects of care and reviews. The care staff interviewed had knowledge of the care plan documentation requirements.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	Residents may use the GP of their choice if they do not wish to access the main GP that regularly visits the service. Referrals to other health providers are supported by the organisation and facilitated by the GP and RNs. This was confirmed in residents' file reviews and during resident and family/whānau interviews.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	There are documented policies and procedures for the management of waste and hazardous substances. Personal protective equipment is available throughout the facility. Domestic waste disposal meets council requirements and is removed from site as required. Infection control policies include the use of single use items. Chemicals and used products are securely stored or disposed of. All staff receive training on the use of personal protective equipment (PPE) and the management of waste and hazardous substances. Hazardous substances are included in the hazard identification process and there is an emergency event action card for waste and hazardous substances incidents.
<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>The rest home is situated in a rural community. The building is spacious and separated into three wings, with a central communal lounge and dining area. There are safe external areas with large grounds, gardens and an external shed for the residents to use. There is adequate parking.</p> <p>Building compliance is maintained. There is a current building warrant of fitness. Maintenance is conducted in an ongoing manner, and identifies any on-going requirements or potential hazards. There is evidence that all maintenance requests are followed up in a timely manner.</p> <p>A sufficient amount of supplies and medical equipment is provided. This includes medical devices, wound care and continence products.</p> <p>Electrical testing is conducted. Medical equipment is calibrated. Furniture is provided and maintained in good order. Annual inspections for the boiler are completed as required. Supplier audits ensure that all suppliers and trades people maintain compliance requirements.</p>

		Hazards are identified and a hazard register is maintained. Hazards are collated monthly. There is evidence that new hazards are added to the register following audits, incidents or equipment/facility checks. Hazards are discussed at certification meetings (quality meetings), staff and the board meetings. There is evidence that the hazard reporting system is well used by staff.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	There are sufficient numbers of toilets, showers and bathing facilities. There is a combination of shared bathrooms and private ensuites. All rooms have a hand basin. Hot water is maintained at a consistent temperature which is checked monthly. Residents and family members interviewed voiced no concerns regarding the toilet/bathing facilities, including maintaining privacy. Staff and visitor facilities are available.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	All resident rooms are single occupancy and of generous proportions for personal items and equipment. Each room has a hand basin, cupboard, arm chair and suitable bed to support care needs. Rooms sighted were furnished with a range of personal items.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There is a large, well-furnished lounge and dining area. Residents and family members interviewed voiced no concerns regarding the communal and dining area. There is sufficient space for activities and relaxation.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Cleaning and laundry services meet infection control requirements and are of an appropriate standard. The laundry has good separation of clean and dirty areas. All laundry is washed on site by the care givers.</p> <p>Day to day cleaning is completed by designated cleaners. Staff are trained at orientation in the use of equipment and chemicals. Documented guidelines are available and duty schedules for cleaning and laundry are provided for both day and night duties. This includes daily, weekly and</p>

		<p>monthly duties.</p> <p>Cleaning and laundry hazards are documented. Material data safety sheets are displayed. Cleanliness and laundry standards are monitored through annual internal audits and resident feedback. The facility is observed to be clean on the days of the audit.</p> <p>All chemicals are securely stored and labelled.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Appropriate processes are in place to maintain the safety and security of residents over 24 hours and during an emergency. The fire service has approved the current evacuation plan and records of biannual fire drills were sighted. All external doors are locked at night and staff routinely check all doors and windows each evening. Security check records are maintained.</p> <p>The building is separated into fire cells for a staged evacuation. A smoke alarm system and sprinkler system is in place and fire extinguishers were sighted. Evacuation procedures are displayed throughout.</p> <p>Emergency event action cards have been developed to cover a wide range of emergency situations. These are readily available to staff. The level of support a resident may need during an evacuation or emergency is also documented. Emergency preparedness audits are conducted and the rest home has recently hosted a meeting with local community businesses to discuss emergency planning and preparedness for the whole community.</p> <p>Outbreak management and pandemic planning is documented and the required equipment is safely stored. Adequate civil defence supplies are available and include the required equipment and stores. There are adequate food and water supplies in the event of an emergency. There is a generator which will supply heating and lighting in the event of a power failure.</p> <p>All bed spaces, bathroom and toilets throughout the facility have a nurse call bell and these were seen to be within easy reach of the resident.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The facility has natural light. All rooms have at least one good sized window for natural light. There is natural ventilation and sunlight. Interview with residents indicate that the internal environment is maintained at a comfortable temperature. There are no concerns voiced by residents, or family regarding the temperature of the facility.</p>

<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The nurse manager is the designated infection control coordinator (ICC). There is a role description that outlines the roles and responsibilities for infection prevention and control. The review of the infection control programme was conducted within the last 12 months. The review included the effectiveness of the infection control programme, education, surveillance and equipment.</p> <p>There are current processes in place to ensure staff and visitors suffering from infections do not infect others. There is a notice at the front door to advise relatives not to visit if they are unwell. There is sanitising hand gel located throughout the facility for staff, visitors and residents to use. Staff demonstrated good knowledge and application of infection prevention and control principles. Staff and residents are encouraged to have influenza vaccination.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The nurse manager oversees the infection control programme, with implementation the responsibility of all staff. Infection control matters are discussed at the monthly staff meetings and quarterly quality meetings. The nurse manager has previous experience and expertise in the role of infection control, however in the event that additional advice or support is required can access this through the GP, DHB or local diagnostic service.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection control policies and procedures reflect current accepted good practice. The policies are appropriate to the services offered and are reviewed by the nurse manager as required. Staff demonstrated knowledge and understanding of standard precautions and stated they undertake actions per the policies and procedures.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The nurse manager conducts most of the infection control education. There are some visiting specialists who provide infection control education. The nurse manager demonstrated current knowledge in infection prevention and control. They have attended ongoing education on current good practice in infection prevention and control. As required, infection control education can be conducted informally with residents, such as reinforcement of infection control practices with washing hands, blowing noses, cough etiquette and personal hygiene when</p>

		<p>assisting with toileting. The residents have access and use sanitising hand gel prior to meals. Staff were observed to be washing hands and using personal protective equipment appropriately.</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 uses standardised definitions applicable to aged care. The type of surveillance undertaken is appropriate to the aged care service with data collected on urinary tract infections, influenza, skin infections and respiratory tract infections.</p> <p>There is monthly collection and collation of the types and numbers of infections. The data is analysed and outcomes are fed back to the staff. The GP reviews the infection trends for the residents at the three-monthly GP reviews. The infection surveillance records include the review and analysis of the data. With any increase in infection or trends identified, actions are implemented to reduce reoccurrence. There have been no reported outbreaks 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>There are appropriate policies and procedures for the minimisation and use of restraints and enablers. The policy defines enabler use as voluntary. There is no reported restraint or enabler use. Staff interviewed demonstrated knowledge that an enabler is used at the voluntary request of the resident to maintain their independence or safety. Education on the management of behaviours of concern is provided as part of the in-service programme.</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.

No data to display

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.7 A process to measure achievement against the quality and risk management plan is implemented.	CI	The organisation has extended their quality and risk management activities to capture all opportunities and demonstrate continuous improvement processes. A quality improvement process was implemented following the last audit. This resulted in a full review of the documented management system, implementation of the quality improvement process, development of a number of new processes and forms, increased communication with staff, action planning for all matters raised at staff and resident meetings, development of a quality improvement diary and the addition of some new internal audits. These processes have been evaluated in an ongoing manner through the internal audit process. Results of internal audits are communicated to the board, residents and staff. Data is measured in terms of achievement providing both qualitative and quantitative measures. Internal audit records sampled confirmed ongoing improvements in resident outcomes and safety (refer continuous improvement ratings in criteria 1.3.4.2, 1.3.7.1, 1.3.8.3 and 1.3.12.6).	Improvements in the internal audit process demonstrate an effective implementation of quality projects resulting in improved outcomes in resident safety.
Criterion 1.2.3.8	CI	The corrective action process is used in a manner the supports and demonstrates the organisation’s commitment to improving the quality and outcomes of services in an	The effective use of the corrective action process

<p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>		<p>ongoing manner. This has provided evidence of continual improvements made in both clinical and quality areas of the organisation. Refer criteria 1.3.4.2, 1.3.7.1, 1.3.8.3 and 1.3.12.6 for examples of continuous improvement in clinical areas.</p> <p>A quality improvement diary is maintained. There have been 24 improvement activities implemented since March 2015. These cover a range of clinical, environmental and staffing situations to improve the efficiency and effectiveness of services. The rationale and outcome of each improvement is documented. Quality improvement plans are developed for situations which require additional activities/inputs to achieve the desired goal. Quality improvement plans include the area identified, the improvement/action plan required, responsibilities and timeframes. Measurable improvement indicators are documented and then evaluated over a period of time to determine achievement.</p> <p>Corrective actions are developed following resident meetings. These are then monitored by the nurse manager to ensure resident needs are met. Outcomes of internal audits and surveys are also communicated to residents during these meetings. Where required, a quality improvement plan is developed. For example, a computer work station was established for the residents and WIFI extended to the entire facility at the end of 2015. This was to encourage independence and the use of technology for residents to improve their interaction with family and community members. Lap tops were donated and local school students were engaged to teach the residents how to use them. A grant was provided to purchase adjustable tables to use as a work station. The outcomes of this project have been evaluated three times over the last 18 months. The evaluations record the number of residents who have improved their skills and the ongoing support of local school students with emailing, internet, colouring and games. Two residents who have benefited were interviewed. One is able to continue running their farming business as a result of the project and the other reported better linkages with family and the community.</p>	<p>has resulted in increased opportunities for improvement of services, outcomes and resident satisfaction.</p>
<p>Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a</p>	<p>CI</p>	<p>The service has been conducting an ongoing quality improvement related to medicine management. The quality improvement plan that commenced in 2016 records the service has made improvements to the medication management system. The project commenced after identifying issues through the analysis of incident reports and the medication internal audit. The planned quality project involved analysing the contributing factors and implementing action plans to address the areas of improvement identified. The service introduced further staff training and a cloud based medicine management system. The ongoing review and evaluation and monthly monitoring of outcomes records that there have been no medication errors in the last</p>	<p>The quality project regarding the medicine management system has been evaluated. The project included improvements made to staff knowledge, and reduction of medication errors. Positive outcomes have been measured in staff training</p>

<p>frequency and detail to comply with legislation and guidelines.</p>		<p>three months. Since the project commenced there has been an overall reduction in medication errors by 80%. Ongoing compliance is monitored daily and weekly through analysis of the cloud based medicine system by the nurse manager.</p>	<p>and resident safety by reduction in medication errors. No medication errors have been recorded in the last three evaluations of the project outcomes thereby increasing safety for residents.</p>
<p>Criterion 1.3.4.2 The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.</p>	<p>CI</p>	<p>The service has conducted a quality improvement plan related to the use of interRAI and how this is captured in care planning. The service has developed a care plan format that incorporates a clear link to the assessment process, outcome scales and triggers. The quality improvement included updating the assessment and care planning policy, staff education and training and the development of a new care plan format. The changes in assessment and care planning policy were drafted, reviewed, trialed and are now operational. Evidence of the new assessment and care planning process was evident in the files sampled. The internal auditing process and evaluation of the project resulted in improved outcomes of linkages with assessment and care planning goals, alignment of care planning to interRAI and quality checks of the care plan.</p> <p>The planning has a process map to collect data from the internal audit records and demonstrates improvements in the assessment and planning systems. This has enabled the early detection of warning signs of deterioration. The outcomes are recorded at staff and board meetings. The management and nursing staff interviewed have knowledge of the new system and enjoy working with it. The satisfaction surveys, resident and family/whanau interviews evidenced 'high' satisfaction with the care provided at Wyndham. This criterion is also related to the quality improvement project into short term care planning and identification of early warning signs of the deteriorating residents (refer to 1.3.8.3). The internal audits for resident files and the use of interRAI evidence 100% compliance.</p>	<p>With the project into interRAI integration and the assessment of early warning signs of deterioration, there has been a documented evaluation process which included the analysis and reporting of findings. Positive outcomes have been measured through the evaluation of the quality projects and through staff, resident and relative satisfaction surveys. The residents and families interviewed reported 'high' satisfaction with the care provided.</p>
<p>Criterion 1.3.7.1 Activities are planned and provided/facilitated</p>	<p>CI</p>	<p>The service has conducted three quality improvements projects with the planned activities programme. The projects are related to resident exercises, falls reduction, extending access for residents with motorised scooters and encouraging residents with outdoor activities. Each of the projects documents the area identified for improvement, the improvement plan that was implemented, who is responsible, time frames for</p>	<p>Quality projects regarding the activities programme evidence actions taken to improve outcomes for residents in relation to</p>

<p>to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>		<p>implementation, measurable improvement indicators and ongoing review and evaluation of the improvement implemented. The projects have a summary of the impact that has been made to resident satisfaction (such as improved access to community, mental wellbeing, participation in community and activities) or safety (such as falls reduction). The results are reported through resident meetings, staff meetings, board reports (as confirmed in the minutes sampled). The resident and family/whanau reported 'high satisfaction' with the planned activities.</p>	<p>service provision, residents' access to community and reduction in falls. Resident safety and/or satisfaction have been measured through satisfaction surveys and documented outcomes on the quality improvement plan.</p>
<p>Criterion 1.3.8.3 Where progress is different from expected, the service responds by initiating changes to the service delivery plan.</p>	<p>CI</p>	<p>The service has conducted a quality improvement plan for identifying early warning signs of deterioration and reduction of incidents and accidents related to decreasing health status. The projects are related to the use of a "WATCH AND STOP" early warning signs of deterioration tool and the use of short term care plans. Each of the projects documents the area identified for improvement, the improvement plan that was implemented, who is responsible, time frames for implementation, measurable improvements indicators and ongoing review and evaluation of the improvement implemented. The projects have a summary of the impact on documenting short term needs and implemented actions when early warning signs have been identified. The results are reported through resident meetings, staff meetings, board reports (as confirmed in the minutes sampled). The outcomes evidence that staff are proactive in identifying early warning signs of the deteriorating resident and implementing action before the resident reaches crisis. This is resulting in reduced admission to the acute care hospital and the effective use of short term care planning interventions. The GP, resident and family/whanau reported 'high satisfaction' with the quality of care at the service.</p>	<p>The quality improvement project regarding the detection of early warning signs is ensuring that residents receive timely interventions thereby reducing the likelihood of deteriorating health and admissions to acute care. Resident safety and/or satisfaction have been measured as part of the review process.</p>

End of the report.