

# Summerset Care Limited - Summerset Mountain View

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## Introduction

This report records the results of a Partial Provisional 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 and Disability Auditing New Zealand 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>	Summerset Care Limited
<b>Premises audited:</b>	Summerset Mountain View
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 3 October 2017 End date: 3 October 2017

### **Proposed changes to current services (if any):**

The service has built 20 new serviced apartments (LTO), assessed as suitable to provide rest home level care. The number of residents that the service can provide rest home level care for in serviced apartments does not change.

**Total beds occupied across all premises included in the audit on the first day of the audit: 50**

# 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.

## General overview of the audit

Summerset Mountain View currently provides rest home and hospital level care for up to 60 residents in the care centre and up to 20 residents at rest home level in the existing serviced apartments. This partial provisional audit was completed to assess a further new purpose-built two-storied building that includes 20 serviced apartments and a lounge/dining area with a new nurses' station/base as suitable to be used for rest home level care.

The number of residents that the service is able to provide rest home level care for across all the serviced apartments (20) has not changed. The new building is connected to the existing building and the three ground level wings of ten apartments all meet at the central lounge area.

The service is managed by a non-clinical village manager who has been in the role on opening of the facility in December 2015. The village manager is supported by the nurse manager who has experience in healthcare management and has been in the position since 31 May 2016.

The new building including the apartments, placement of the nurses' station and lounge/dining areas are suitable to meet the requirements of residents at rest home level care.

One of the three shortfalls around service delivery identified at the previous audit has been addressed. This was around medication prescribing. Improvement continues to be required around care planning and wound management.

This audit did not identify any further required improvements.

## **Consumer rights**

NA

## **Organisational management**

A relief Somerset manager will fulfil the village manager's role during absence. The business plan includes goals around increasing the capacity of the service. There are human resources policies to support recruitment practices. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. This includes all required education as part of these standards. There is a safe staffing policy and safe staffing procedure, which describes staffing and is based on benchmarking information.

## **Continuum of service delivery**

Registered nurses complete interRAI assessments and manage wounds. The enrolled nurse provides support around wound management.

The services electronic medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. There is one locked medication room for the upstairs hospital/rest home. This treatment room will service the new serviced apartment rooms. Medications in the new areas will be transported in a newly purchased medication trolley for medication administration. All electronic medication charts sampled had all medications, including oxygen appropriately prescribed, including indications for use for 'as required' medications.

There is a large kitchen and all food is cooked on-site by external contractors. Each serviced apartment has a kitchenette. There is a communal dining room within easy walking distance for residents in the serviced apartments.

## **Safe and appropriate environment**

Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets are available. The new wings are close to being fully completed. The existing and new building have a certificate of compliance that was issued in September 2017. Planned and reactive maintenance systems are in place and maintenance requests are generated. There is a lift between the ground floor and the first floor. The apartments are spacious with a lounge area, bedroom and large bathroom in each unit that is large enough for mobility equipment. There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry is designed to demonstrate a dirty to clean flow. Appropriate training, information, and equipment for responding to emergencies are provided. Fire evacuations are held six-monthly. The amended evacuation scheme to include the new building has been approved by the fire service. There is a civil defence and emergency plan in place. The call bells in the new building also connect to indicator panels in the care centre. There is staff across 24/7 with a current first aid certificate.

## **Restraint minimisation and safe practice**

NA

## Infection prevention and control

The infection control (IC) programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The responsibility for infection prevention control is clearly defined and there are lines of accountability for infection prevention control matters in the organisation leading to the leadership team, executive team and the board. The programme is reviewed annually.

### 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	18	0	0	2	0	0
<b>Criteria</b>	0	35	0	0	2	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 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Summerset Mountain View currently provides rest home and hospital (medical and geriatric) level care for up to 60 residents in the care centre and rest home level care for up to 20 residents in 20 certified serviced apartments. The service opened December 2015. As part of the staged development a further two-storied wing has been built. It accommodates 20 serviced apartments, all of which were assessed as part of this partial provisional audit, as suitable to provide rest home level care. There are a total of 40 serviced apartments, however the service will not exceed 20 rest home residents across the apartments. Therefore there is no increase in resident bed numbers resulting from this audit.</p> <p>At the time of the audit there were 33 rest home level residents in the care centre including two on respite care and four residents receiving rest home level care in the serviced apartments. There were 13 residents receiving hospital level care including one resident funded by ACC. All beds in the care centre are dual-purpose.</p> <p>There is a current risk management plan, a pandemic health plan and a current business plan. The business plan for Summerset Mountain View includes business goals and includes the new building and increase in bed/staff numbers. A review of complaints for 2017 (six including three that involved the DHB</p>

		<p>demonstrated that all have been resolved promptly and that required timeframes have been met, except one complaint involving the DHB which remains open.</p> <p>The service is managed by a non-clinical village manager who has been in post since October 2015 (he managed the village prior to the opening of the care centre in December 2015). He has a background in banking and management. The village manager is supported by a care centre manager. The nurse manager has been in the role since 31 May 2016, and has experience in home health management roles and has had prior experience in aged care.</p> <p>The village manager and care centre manager have maintained at least eight hours annually of professional development activities related to managing a hospital.</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>	FA	<p>During a temporary absence, the nurse manager will cover the village manager's role. The regional operations manager and the clinical quality manager provide oversight and support.</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>	FA	<p>Job descriptions are in place for all relevant positions that describe staff roles, responsibilities and accountabilities. The practising certificates of registered and enrolled nurses are checked for veracity prior to employment. The service maintains copies of other visiting practitioners practising certificates.</p> <p>Newly appointed staff complete an orientation that is specific to their job duties. The orientation programme includes a period of supervision until competency is achieved. Annual performance appraisals for staff are regularly conducted.</p> <p>The service has a training policy and schedule for in-service education. The in-service schedule is implemented and attendance is recorded. A system for determining staff competency is implemented. There are specific competencies for RNs that includes (but is not limited to); medication, syringe driver, oxygen and insulin administration.</p> <p>As this partial provisional audit does not result in any increase to resident numbers, no additional staff need to be employed.</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>The village manager and nurse manager work 40 hours per week (Monday to Friday) and are available on call for any emergency issues or clinical support. The service provides 24-hour RN cover. Since the previous audit and following a complaint about staffing, an extra healthcare assistant now provides overnight cover in the serviced apartment area. As there are currently only four residents receiving rest home level care in the serviced apartments, this healthcare assistant also assists with laundry when able to resolve the issue of overnight staff completing laundry and leaving insufficient staff to conduct cares and answer bells. This means there is now a dedicated healthcare assistant based in the service apartments 24 hours per day. There is a small nurses desk/station in a corner of the apartment lounge area to ensure the healthcare assistant on duty is close to all residents (three wings of 10 apartments are off this lounge and the lift to the upstairs wing of ten apartments enters into the lounge. A staff availability list ensures that staff sickness and vacant shifts are covered. Staffing levels and skills mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery.</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>The service medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. The service uses an electronic medication documentation system. There is one locked medication room for the upstairs hospital/rest home. This treatment room services the residents in serviced apartments (including the new wing). This process will need to be reviewed as rest home numbers increase in the serviced apartments.</p> <p>The facility uses two weekly supplied robotic sachets for regular and PRN medication delivered by the supplying pharmacy. Medications are checked against the signing sheets on arrival at the facility. Any discrepancies are fed back to the pharmacy.</p> <p>All medications are kept in a locked trolley in the treatment room. The medication fridge temperature is recorded daily. A stock of hospital medications is kept in the medication room. Locked drawers are available for those that choose to self-medicate. There were no residents self-administering medications at the time of the audit.</p> <p>All RNs that administer medication are competent and have received medication-management training. Senior caregivers co-sign for controlled drugs only and</p>

		<p>have received medication management training and have current competencies.</p> <p>Ten resident medication charts sampled included photographs and allergy status. The prescribing of regular medications meets legislative requirements, including the prescription of oxygen and indications for use are documented for 'as required' medications. This previous shortfall has been addressed.</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>There is a large kitchen and all food is cooked on-site by external contractors. There is a comprehensive kitchen manual in place. There is a qualified chef on duty Monday to Friday and a weekend cook. They are supported by a morning and afternoon catering assistant. An eight-week seasonal menu is in place. The company dietitian last reviewed the menu September 2017. The chef receives a dietary profile for each resident with dietary requirements, special diets, food allergies, likes and dislikes. Alternatives are offered. The chef is notified of any dietary changes for the residents. Food is transported in hotboxes to each dining room, including the serviced apartment dining room, where it is served from a bain-marie. Special diets are plated and labelled. The fridge and freezer have visual temperatures that are recorded daily. The facility fridges temperatures are monitored. Temperature of food on delivery is recorded.</p> <p>Feedback on the service and meals is by direct verbal feedback, residents comment book in the dining room (checked daily) and customer services.</p> <p>There is a downstairs dining area for rest home residents in serviced apartments.</p> <p>Staff working in the kitchen have food handling certificates and receive ongoing training.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Moderate	<p>Five resident files were sampled – four rest home level residents including one residing in a serviced apartment and one on respite care, and one hospital level resident.</p> <p>In one of five resident files sampled (resident-centred sampled), the care plan described the individual support and interventions required to meet the resident goals. All files reviewed had current interRAI assessments but not all identified needs transferred to the care plan. This shortfall was identified at the previous audit and continues to require improvement.</p>

		In files sampled there was documented evidence of resident/family involvement in the care planning process.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	PA Moderate	<p>When a resident's condition changes, the RN initiates a review and if required, a GP or nurse specialist consultation. There was documented evidence in the resident files of family notification of any changes to health including infections, accidents/incidents and medication changes.</p> <p>Adequate dressing supplies were sighted. Wound documentation was inadequate for eight of the fourteen current wounds, including two stage 2 pressure injuries. This shortfall was identified at the previous audit and continues to require improvement. The nurse manager confirmed there was access to a wound nurse specialist available as required.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs a diversional therapist (DT) for 30 hours per week in the care centre and a recreation therapist (RT) for the village 5.5 hours per day. The activity team have monthly Summerset conference calls and annual conference for all RTs and DTs. Both activity persons have current first aid certificates.</p> <p>The integrated rest home and hospital programme and a separate programme for serviced apartment and village residents cover five days a week. The programmes are planned a month in advance and include set Summerset activities with the flexibility to add other activities of interest or suggestions made by residents. Activities meet the recreational needs of all resident groups ensuring all residents have the opportunity for outings, shopping, and attending community groups/events including concerts and functions. Community links are maintained with visiting entertainers and speakers, Tai Chi, library bus and pastoral visitors (for church services and one-on-one chats with residents). Gender events are held such as men's breakfast and ladies' high tea. The village programme is open to all residents to attend and rest home level residents in serviced apartments have a choice to attend either the village programme or the</p>

		<p>care centre programme.</p> <p>The service has a wheelchair van for regular outings for rest home and hospital residents. Newsletters are sent out to families informing them of upcoming events and are invited to attend.</p> <p>The RT is involved in the multidisciplinary review, which includes the review of the activity plan.</p>
<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	<p>Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets are available. Designated cleaners' cupboards are locked. There is protective clothing and equipment that is appropriate to the recognised risks associated with the waste or hazardous substances being handled, (eg, gloves, goggles/visors, aprons, footwear, and masks). Hazardous substances are correctly labelled. There is a sluice room with sanitiser in the care centre.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>Two new serviced apartment wings have been built over two storeys in one building with a lift between floors. Each floor has 10 serviced apartments. The ground floor has an open plan lounge/dining area designed for rest home level residents in the serviced apartments at the central junction where the downstairs wings (of ten apartments each) meet and the lift from the upstairs wing opens into this area. There is also a nurse's desk in this area. Each of the apartments has a kitchenette, a bedroom/lounge and a large walk in wet room style bathroom. There are call bells in the lounge area, near the bed and in the bathroom. The units are licensed to occupy and residents will be expected to provide their own furniture, with the facility providing some specialised equipment such as sensor mats if required.</p> <p>A certificate of compliance for the entire building was issued in September 2017. Planned and reactive maintenance systems are in place and maintenance requests are generated through the on-line system using the Sway programme. Medical equipment has been calibrated, hoists serviced and electrical testing and tagging has occurred in the past year. The maintenance person for Summerset Mountain View care centre and village is employed full-time and is available on call. A monthly maintenance schedule is generated on-line from head office and the maintenance person provides a monthly report. Hot water temperatures are</p>

		recorded monthly and are consistently reading 42-45 degrees Celsius. The temperatures in the new apartment building have been tested and are within this range. Preferred contractors are available 24/7. There is adequate and safe storage of medical equipment. Corridors are wide enough in all areas to allow residents to pass each other safely with safe access to communal areas and outdoor areas. There is outdoor seating and shade and all areas are landscaped.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	There are bathrooms in all serviced apartments, in 'wet room' style. There are communal toilets near the lounge areas. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. Communal toilet facilities have a system that indicates if it is engaged or vacant.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All apartments have a lounge and a bedroom that are large enough to meet the needs of rest home level residents. Residents furnish their own apartments to their liking.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	The new apartment wing combined with the existing two apartment wings (the old and the new wings are 10 wings each with a total of four wings) to share a communal lounge dining area, designed specifically for rest home level residents in the apartments. The lounge is at the junction of the three ground floor wings and the lift from the upstairs wing opens into the area. Additionally, there is a communal lounge and dining area for serviced apartment residents in the existing building. This is not as easily accessible for rest home level residents in the new building, hence the specific, closer lounge for these residents.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry is designed to demonstrate a dirty to clean flow. There are dedicated household staff who complete the cleaning. Laundry is completed by care staff, with night care staff having been increased to accommodate this. There are covered linen trolleys used by the caregivers. There are dedicated cleaners currently. Staff were

		observed wearing protective clothing while carrying out their duties. Cleaning trolleys are kept in designated locked cupboards.
<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 training, information, and equipment for responding to emergencies is provided. There is an approved updated evacuation plan for the building which includes the new building (issued August 2017). Fire evacuations are held six-monthly and the fire drill on 20 September 2017 included the new building. Civil defence and emergency training has been provided. There is staff across 24/7 with a current first aid certificate. There is a civil defence and emergency plan in place. The facility has emergency lighting, an adequate store of emergency water and a gas BBQ for alternative cooking. Emergency food supplies sufficient for three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic. The call bell system is available in all areas in the new apartments that includes a bell in the bedroom, one in the lounge and two in the bathroom area with indicator panels in each area. Apartment bells activate a pager for the healthcare assistant and ring and show on the indicator panel in the care centre. Staff carry and use walkie-talkies to communicate.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies.</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>All apartments have large external windows with ample natural light and the ground floor care apartments have a door that opens to the outside area. Heating is a mix of panel heating and ceiling heating. The service is engaged in a process to address high interior temperatures in care centre rooms but at the time of this audit no firm decisions had been made.</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>	FA	<p>The infection control (IC) programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The responsibility for infection prevention control is clearly defined and there are lines of accountability for infection prevention control matters in the organisation leading to the leadership team, executive team and the board. The programme is reviewed annually (last November 2016). The facility has access to professional advice from the GP team, and from within the organisation. There is a process</p>

		<p>for early consultation and feedback to the infection prevention and control team. Infection surveillance forms are being implemented in line with company policy. There are guidelines and staff health policies for staff to follow, ensuring prevention of the spread of infection. Infection control matters are included in the monthly quality meeting and discussed at both the registered nurse and staff meetings.</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>	FA	<p>Click here to enter text</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 infection control policy includes a surveillance policy (including a surveillance procedure), process for detection of infection, infections under surveillance, outbreaks and quality and risk management. Infection events are collected monthly and entered onto the SWAY electronic system. The infection control officer provides infection control data, trends and relevant information to staff and through the recently implemented quality meetings (link 1.2.3.6). Areas for improvement are identified, corrective actions developed and followed-up. The facility is benchmarked against other Somerset facilities of similar size. Surveillance results are used to identify infection control activities and education needs within the facility.</p> <p>There have been no outbreaks.</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 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Moderate	The resident-centred care plans reflected the current health status for one of five resident files reviewed.	In four of five care plans sampled (one hospital and three rest home including the resident on respite care), the resident-centred care plans/clinical risk plans did not document interventions for all the resident’s current needs	<p>Ensure all care plans reflect the resident current health status.</p> <p>60 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Moderate	Documentation around wound management was not fully completed for eight of the fourteen current wounds. All wounds had photographs to assist with wound assessment.	(i) Four wounds (including one pressure injury) has not been documented as reviewed since the day the wound was identified (this was more than one month for some wounds). (ii) The two stage 2 pressure injuries had been inaccurately assessed as stage 1. (iii) One resident with three skin tears (identified from photos) had a mixed set of documentation meaning it was impossible to determine which documentation or which entries on documents related to which wound. (iv) One	<p>Ensure all wounds have an individual and accurate assessment and management plan and are reviewed within the timeframes stated.</p> <p>60 days</p>

			other resident had two wounds that were both recorded on one assessment and plan.	
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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.