

Gwynn Holdings Limited - Rata Park Rest Home

Introduction

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

The audit has been conducted by 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:

Legal entity: Gwynn Holdings Limited

Premises audited: Rata Park Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 9 August 2017 End date: 9 August 2017

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 13

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Rata Park is certified to provide rest home level care for up to 20 residents. On the day of audit there were 13 residents. The service is owned and managed by a registered nurse. The owner/manager is supported by a full time registered nurse and care staff.

Residents and families interviewed were complimentary of the service that they receive. There has been recent care staff turnover.

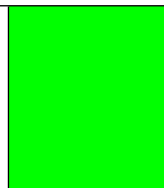
This unannounced surveillance audit was conducted against a subset of the Health and Disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff and management.

The service has addressed 13 of the 16 previous certification audit findings. These were related to informed consent, corrective actions, incident reporting, staff position descriptions, education and training, timeframes for assessments, resident and family input in to care planning, aspects of care planning including interventions, evaluations and activities plans, medication management, analysis of infection data and review of the infection control programme. Further improvements are required around care planning, including assessments and care plans for short-term residents and first aid training for staff.

This surveillance audit did not identify any further shortfalls.

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.

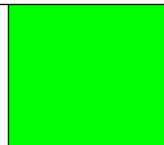


Standards applicable to this service fully attained.

The service has a strong culture of communication with residents and relatives. The manager works on the floor with the residents and interacts with them several times each day and with all visitors. Families are updated about changes in residents' condition when the resident consents to this. The rights of the residents and/or their family to make a complaint is understood, respected and upheld by the service.

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.

Services are planned, coordinated and are appropriate to the needs of the residents. The manager and registered nurse are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is documented and implemented. The risk management programme includes managing adverse events and health and safety processes. Incidents are documented and managed appropriately.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training is in place, which includes in-service education and competency assessments. Registered nursing cover is provided seven days a week. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurse is responsible for care plan documentation and this process is overseen by the manager. InterRAI assessments were completed within required timeframes. Long-term care plans guide staff, who in turn provide appropriate care and support. Planned activities are comprehensive and appropriate to the resident's assessed needs and abilities. Residents and families advised satisfaction with the activities programme. The service uses an electronic medication management system. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is a current building warrant of fitness.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Rata Park has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. The service is restraint free and no enablers were in use.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme annual review has occurred. Rata Park has an implemented infection surveillance programme. Infection control issues were discussed in the staff meetings. The infection control programme is linked with the quality programme.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	18	0	0	3	0	0
Criteria	0	48	0	0	3	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. In five of five resident files sampled, written consents are signed by the resident or their nominated representative. The previous shortfall has been addressed.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is</p>	FA	<p>A complaints policy and procedures are in place. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings and complaint forms.</p> <p>Information on the complaint's form includes the contact details for the Health and Disability Advocacy Service.</p> <p>Interviews with residents and relatives demonstrated they are familiar with the complaints procedure and they stated any concerns or issues are addressed.</p>

<p>understood, respected, and upheld.</p>		<p>The complaints log/register includes the date of the incident, complainant, summary of complaint, any follow-up actions taken and signature when the complaint is resolved. There has been one complaint received since the previous audit. Documentation reviewed included acknowledgement and resolution within required timeframes. Advised that resident meetings are an open forum for residents to air any concerns or issues, which are then dealt with in a timely manner.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Policies are in place relating to open disclosure. Residents (six) interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures.</p> <p>A sample of incident reports reviewed and associated resident files, evidenced recording of family notification. Relatives interviewed (two) confirmed they are notified of any changes in their family member's health status. The manager and registered nurse were able to identify the processes that are in place to support family being kept informed. This includes the development of a Facebook page which is regularly updated with events and occurrences at Rata Park. There are currently 180 followers on the page including local and overseas family members and members of the local community. Residents or relatives have consented to sharing of information on Facebook.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p> <p>The facility has an interpreter policy to guide staff in accessing interpreter services.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Rata Park Rest Home provides rest home care for up to 20 residents. On the day of audit there were 13 residents. This included one respite resident, one short-term resident funded by ACC and one resident assessed as hospital level care. The service has MOH dispensation for this resident to remain at Rata Park. All residents were under the age-related contract.</p> <p>The service has a strategic plan, a business plan and a quality and risk management plan and goals have been reviewed.</p> <p>The manager is a registered nurse who has owned the facility for six and a half years. He is supported by a full-time registered nurse and committed care staff. The manager has maintained at least eight hours of professional development in relation to management of a rest home.</p>
<p>Standard 1.2.3: Quality And Risk</p>	<p>FA</p>	<p>The quality management manual includes the quality risk and management plan and service philosophy. The quality programme is reviewed annually. The current quality and risk management plan has documented aims and</p>

<p>Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>objectives. The internal audit schedule and internal audits are being completed. Corrective actions have been developed where compliance is less than expected, evidenced full completion and sign off. The previous shortfall has been addressed. Staff meetings are held two-monthly with evidence of discussion of quality outcomes. The staff member interviewed (there was only one staff member on duty during the audit) reported staff are fully informed of all infections and incidents as well as any other issues on a daily basis, due to the small size of the facility. The registered nurse and manager meet informally at least weekly as advised by the manager. Resident meetings are held two-monthly.</p> <p>There is a document control policy that outlines the system implemented, whereby all policies and procedures are reviewed regularly. Documents no longer relevant to the service are removed and archived. An external consultant provides the service with policies and procedures and updates.</p> <p>The resident and relative survey was conducted in September 2015 with respondents advising that they are overall very satisfied with the care and service they receive. The manager reported that residents talk to the manager daily and any issues are identified and addressed and that residents and family have indicated a preference not to complete annual written surveys. This was confirmed in all resident and family interviews (six residents and two family members).</p> <p>The service collects information on resident incidents and accidents as well as staff incidents/accidents. The service has a health and safety management system and hazard registers are maintained. Security and safety policies and procedures are in place to ensure a safe environment is provided. Emergency plans ensure appropriate response in an emergency.</p> <p>There is a staff training programme based around policies and procedures which has been implemented.</p> <p>Falls prevention strategies are implemented.</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</p>	<p>FA</p>	<p>There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the registered nurse and analysis of incident trends occurs. There is a discussion of incidents/accidents at two monthly staff meetings, including actions to minimise recurrence. Incident/accident forms are commenced either by the registered nurse, the manager or a caregiver. Progress notes reviewed for a sample of residents, evidenced that all incidents and accidents have been reported. This is an improvement since the previous audit. Follow-up by a registered nurse was evident in all the sample of resident incident forms reviewed. Discussion with the manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>

their family/whānau of choice in an open manner.		
<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>There are human resources management policies in place. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. The human resources policies also include orientation, staff training and development. Eight staff files were reviewed (one registered nurse, one activities coordinator/caregiver, one cook/caregiver and five caregivers) and evidence that reference checks are completed before employment is offered. All files reviewed evidenced signed job descriptions. This is an improvement since the previous audit. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. Staff were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service.</p> <p>Discussion with the manager and staff member (the activities coordinator/caregiver) confirmed that in-service training has been provided regularly since the previous audit. An online caregiver training programme is used for some aspects of training. The in-service calendar for 2017 has been developed. All required training sessions have been provided. These are improvements since the previous audit.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The good employer policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The registered nurse works full time. The manager is available during work hours and after hours on-call. The owner/manager's partner is also a registered nurse with a current first aid certificate and is available to assist staff in the manager's absence. There is a minimum of one caregiver on duty at any one time and either the registered nurse or the manager is on duty from 7am to 3pm or later. The registered nurse/manager supports the caregiver with resident cares. All staff are trained in all roles (caregiving, cooking, cleaning, activities) so that staff can fill in for each other when a specific staff member is absent. A review of the roster identified that not all staff are currently trained in first aid (link #1.4.7.1). Interviews with a caregiver, residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner</p>	FA	<p>The medication management policies and procedures comply with medication legislation and guidelines. Since the previous audit the service has implemented an electronic medication system and this has addressed issues including the GP prescribing all medications, including warfarin doses and documenting start dates for medications and all residents having only one medication chart. All residents, including short-term residents have an electronic medication chart. These shortfalls from the previous audit have been addressed. Medicines are appropriately stored in accordance with relevant guidelines and legislation. There were no controlled medications at the time of the audit, but previous records evidenced weekly checks and signing by two staff for administration, when there are</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>two staff on duty. These are improvements since the previous audit. Medication administration practice complies with the medication management policy for the medication round sighted. Medication prescribed is signed as administered on the electronic system for all medication records sampled. This is an improvement since the previous audit. The registered nurse and other staff administer medicines. All staff that administer medication have been assessed as competent. This is also an improvement since the previous audit. The facility uses a blister pack medication management system for the packaging of all tablets. The RN reconciles the delivery and documents this. There was evidence of three-monthly reviews by the GP. One current resident partially self-administers medicines and had a current competency assessment.</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>There is a functional kitchen and all food is cooked on-site. There is a food services manual in place to guide staff. A resident dietary profile is developed for each resident on admission and provided to the kitchen staff. The kitchen is able to meet the needs of residents who need special diets and the staff that cook (including the cook) work closely with the RNs. All staff that cook have completed food safety training. A rotating menu, which has been reviewed by a dietitian is followed. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Residents and the family members interviewed were very happy with the quality and variety of food served.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>PA Moderate</p>	<p>In four of five files sampled, all appropriate personal needs information was gathered during admission in consultation with the resident and their relative where appropriate. Appropriate assessment tools were completed in three of three long-term resident files sampled and assessments were reviewed at least six-monthly or when there was a change to a resident's health condition. Three of three long-term resident files sampled had interRAI assessments completed within required timeframes. Care plans reflect assessment outcomes.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are</p>	<p>PA Moderate</p>	<p>The long-term care plans reviewed described the support required to meet the resident's goals and needs and identified allied health involvement under a range of headings. This aspect of the shortfall identified previously has been addressed. The respite and ACC funded resident files sampled did not have a documented care plan. Residents and their family/whānau were documented as involved in the care planning and review process. Short-term care plans are in use for changes in health status. The caregiver interviewed reported they found the plans</p>

consumer focused, integrated, and promote continuity of service delivery.		easy to follow.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	<p>Caregivers follow the care plan (link 1.3.5.2) and report progress against the care plan each shift. Interviews identified that if external nursing or allied health advice is required, the RNs (including the manager) will initiate a referral (eg, to the district nurse). If external medical advice is required, this will be actioned by the GP. Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described.</p> <p>There were no wounds at the time of the audit. A review of the documentation for three healed wounds showed that each had an assessment, plan and timely reviews documented. The previous shortfall has been addressed. The RNs have access to specialist nursing wound care management advice through the district nursing service.</p>
Standard 1.3.7: Planned Activities 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.	FA	<p>One of the senior caregivers has dedicated hours (three hours, three times per week) to fill the role of activities coordinator and plans and operates the activities programme for all residents. Additionally, the manager and other caregivers provide activities. Each resident has an individual activities assessment on admission. From this information, an individual activities plan has been developed by the activities coordinator for all long-term resident files sampled. This is an improvement since the previous audit.</p> <p>Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan. Participation is monitored. Group activities reflect ordinary patterns of life and include planned visits to the community. Every morning the manager or another staff member lead 'morning report'. This includes newspaper reading and a discussion around any activities of interest that residents or staff may wish to share from the previous day and anything that is coming up. Two residents have their dogs living at the service and these are a source of interest for all residents. The service operates a grandparent scheme with a local kindergarten. The children visit at least monthly and both the residents and the children interact. A visit occurred on audit day and the residents enjoyed making play dough for/with the children. Rata Park owns a mobility scooter and residents who are deemed competent and safe to do so, are able to use the scooter to access the local community. Residents and families interviewed commented positively on the activity programme.</p>
Standard 1.3.8: Evaluation Consumers' service	FA	All initial care plans are evaluated by the registered nurses within three weeks of admission. The long-term care plan is reviewed at least six-monthly or earlier if there is a change in health status. Reviews document progress toward goals. This is an improvement since the previous audit. There is at least a three-monthly review by the GP.

<p>delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>Changes in health status are documented and followed up. Care plan reviews are signed by the RN. Short-term care plans are evaluated and resolved or added to the long-term care plan if the problem is ongoing as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.</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>	<p>FA</p>	<p>The service displays a current building warrant of fitness, which expires on 27 June 2018. Maintenance books and records were sighted. Testing and tagging of electrical equipment has been completed. Medical equipment, the sling hoist and stand-on scales have all been checked and calibrated by an external provider. Fixtures and fittings are appropriate to meet the needs of the residents. Monthly hot water temperature checks are conducted and recorded. The interior is maintained with a home-like décor and furnishings. There is a communal lounge, dining area and communal bathroom and toilet facilities throughout the rest home. There are safe external areas which residents can access. Interviews with caregivers confirmed there is adequate equipment to carry out the cares according to the resident needs as identified in care plans. Since the previous audit the service has purchased three alternating air mattresses and twelve electronic hospital beds. All other rooms have older style hospital beds except those where the resident has chosen to have their own bed.</p> <p>Family and residents interviewed confirmed they are able to move freely around the facility and that the accommodation meets their needs.</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>	<p>PA Moderate</p>	<p>Emergency management training is provided to all staff during orientation and induction and as part of their ongoing training programme. Training includes fire drills and emergency evacuation drills and these have taken place six monthly. Not every shift is covered by a staff member with a current first aid certificate.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which</p>	<p>FA</p>	<p>The registered nurse is the designated infection control nurse with support from the owner/manager and has reviewed the infection control programme annually. This is an improvement since the previous audit.</p>

<p>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>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>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in Rata Park Rest Home's infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed, which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. This is an improvement since the previous audit. Outcomes and actions are discussed at management and staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the manager. No outbreaks have been reported since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised and is restraint free. There were no enablers in use. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on RMSP/enablers has been provided.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.4.2</p> <p>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>	PA Moderate	The service has a comprehensive nursing admission assessment that is to be used at admission but is not always completed. Paper-based assessments included continence, pressure injury risk, falls risk and dietary requirements. All long-term resident files sampled had current interRAI assessments.	The ACC funded resident's file sampled had not had a documented assessment.	<p>Ensure all residents have an appropriate assessment within 24 hours of admission and all areas.</p> <p>60 days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or</p>	PA Moderate	The care plan document completed for the four long-term files sampled addressed all identified needs. However, there was no care plan for the short-term residents)	The respite and ACC funded (short-term) resident files	Ensure all residents have an initial care plan

intervention to achieve the desired outcomes identified by the ongoing assessment process.			sampled did not have a documented plan for care.	completed within 48 hours of admission. 60 days
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Moderate	Six monthly fire drills have been completed. Emergency systems are in place. New staff are orientated to the building and complete a fire safety questionnaire. First aid training was provided for all staff in 2016. Since then, there has been a turnover of caregivers and now not all shifts are covered by a staff member who holds a current first aid certificate. The activities coordinator has a current first aid certificate.	Not all shifts are covered by at least one person with a current first aid certificate.	Ensure that there is a staff member on each shift who holds a current first aid certificate. 60 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.