

Selwyn Care Limited - Wilson Carlile House

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:	Selwyn Care Limited
Premises audited:	Wilson Carlile House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 1 May 2018 End date: 2 May 2018
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:	53

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

Wilson Carlile is owned and operated by the Selwyn Foundation and provides care for up to 59 residents requiring rest home and/or hospital level of care. On the day of the audit there were 53 residents. The Waikato village manager, assistant village manager and care lead are all registered nurses and experienced for the roles. Relatives and residents interviewed spoke positively about the service provided.

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

The two previous shortfalls around planned maintenance and restraint monitoring have been addressed.

This surveillance audit identified a further improvement required around care plan interventions.

The service continues to maintain continuous improvement around weight management.

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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Information about the Code and services is easily accessible to residents and families. Relatives are involved in the resident's care plans and multidisciplinary reviews. Families receive newsletters and stated the service operate an open-door policy. There is a policy in place for the management of complaints and concerns. Complaints are managed in line with the Code.

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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Selwyn Wilson Carlile has a quality and risk management system in place that is implemented and monitored, which generates improvements in practice and service delivery. Key components of the quality management system are discussed with staff as evidenced in meeting minutes. The service is active in analysing data and are benchmarked against other Selwyn facilities. Corrective actions are identified and implemented. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and appropriately managed. There is a comprehensive orientation programme that provides new staff with relevant and specific information for safe work practice. The in-service education programme covers relevant aspects of care and support. The staffing levels provide sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Assessments, care plans and evaluations are completed by the registered nurses within the required timeframes. Residents (as appropriate), and relatives are involved in planning and evaluating care. Service delivery plans demonstrate service integration. Care plans are evaluated six monthly or more frequently when clinically indicated. The general practitioner sees the residents at least three monthly.

The diversional therapist and activity assistant coordinate and implement the rest home/hospital activity programme which is flexible and meets the individual abilities and recreational preferences of the residents. There are outings into the community.

The service medication management policies and procedures follow recognised standards and guidelines for safe medicine management practice. Staff who administer medications have completed annual competences and education. The general practitioner reviews medication charts three monthly.

All meals and baking are prepared and cooked on-site. The menu has been reviewed by a dietitian. Individual and special dietary needs are accommodated.

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 has a current warrant of fitness and preventative and reactive maintenance is 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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There is a restraint policy that includes enabler and restraint procedures and aligns with the standards. There was one resident using an enabler and four residents with restraint. Staff receive education on restraint use and challenging behaviours. Monitoring charts are completed.

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 type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

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	16	0	1	0	0	0
Criteria	1	39	0	1	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and procedure is implemented and residents and their family/whānau are provided with information on admission. Complaint and compliment forms are available at the service. The code of rights is displayed at the front entrance. Three caregivers and two registered nurses (RN) interviewed were aware of the complaints process and to whom they should direct complaints. An on-line and paper-based complaint register has been maintained. There have been nine complaints within the last year. All complaints received have been managed and resolved appropriately to the satisfaction of the complainant. Advocacy is offered. Family and resident interviewed advised that they are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>The six family members interviewed who visited on the day of audit (three rest home and three hospital) stated they are kept informed of their relatives change in health status and any incidents/accidents. Eleven incident forms for the month of March identified relatives had been notified of the incident. Family members also stated they and residents were welcomed on entry and were given time and explanation about services and procedures. Families receive quarterly newsletters that keep them informed on facility matters and upcoming events/activities. The service has policies and procedures available for access to interpreter services for residents (and their family/whānau).</p>

communication.		
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Wilson Carlile is owned and operated by the Selwyn Foundation. The service provides care for up to 59 residents requiring rest home or hospital level of care. On the day of the audit, there were 53 residents (27 rest home and 26 hospital level of care). All residents were under the ARC contract. There are three rest home villas (villa one – eleven beds; villa two – nine beds and villa three – ten beds). There is a 24-bed hospital wing that includes five dual-purpose beds. There are three hospital residents in the dual-purpose beds.</p> <p>The Selwyn foundation has an overarching five-year strategic business plan that includes the Selwyn mission statement and philosophy of care. The Waikato village manager/registered nurse provides a monthly report to the operations manager and clinical quality manager who attend the monthly board meetings. Selwyn Wilson Carlile has 2017-2018 quality goals including the introduction of an electronic resident recording system and developing a household model of care. Goals achieved include the introduction of an electronic medication system (June 2017), contracting of all laundry off-site (December 2017) and the development of an electronic maintenance system.</p> <p>The Waikato village manager/registered nurse oversees three Selwyn facilities (two in Hamilton and one in Cambridge). The assistant manager is also a registered nurse with aged care experience and oversees the three facilities. The care lead/registered nurse has been in the role since October 2016 and is predominantly based at Wilson</p> <p>with one day a week providing education at another Selwyn facility in Hamilton. The care lead is supported by a 24-hour registered nursing team. A senior RN was covering the care lead leave on the day of audit. The Waikato village manager and assistant manager are readily available to staff and were on-site on the days of audit to support the senior RN.</p> <p>The village manager has attended a one-day change management course, retirement village association forum, finance forum, ARC forums and has a current first aid certificate. The assistant manager and care lead have attended a one-day Selwyn gerontology course and three-day aged care conference. The care lead attended a two-day conference in Sydney on the household model of care. She is currently completing a leadership course on-line.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and</p>	FA	<p>The quality plan describes Selwyn Wilson Carlile quality improvement processes. The organisation-wide risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management programme has been monitored through the staff meeting and input from the organisations quality manager. All quality data is electronically logged and monitored by the care lead. The service is benchmarked against other Selwyn facilities and any clinical indicators above the benchmark levels require the care lead to provide a report with corrective action plan. Monthly meeting minutes have been maintained and evidence discussion around quality data, including accident/incidents, infection control, health and safety, complaints/compliments, internal audits and quality improvement plans. A document control policy outlines</p>

<p>risk management system that reflects continuous quality improvement principles.</p>		<p>the system implemented whereby all policies and procedures are reviewed regularly by relevant persons at head office.</p> <p>The internal audit schedule for March 2017 to March 2018 has been completed. Areas of non-compliance identified at audits have been actioned for improvement and signed off when completed. The annual resident/relative survey has been completed and collated with any opportunities for improvement identified. Results had been communicated to staff and residents/relatives.</p> <p>The service has implemented a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The health and safety committee meet prior to staff meetings and comprise of representatives from each service area. Three of the committee members have health and safety qualifications. Health and safety, including hazards, are discussed at the monthly staff meeting. There is a current hazard register that all staff can access. Falls prevention strategies are implemented for individual residents.</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>Incident and accident data has been collected and analysed with trends and corrective actions identified. Eleven resident related incident reports (seven rest home and four hospital) reviewed for the month of March 2018 evidenced that appropriate clinical care had been provided following an incident. Neurological observations had been commenced for unwitnessed falls with suspected or obvious hits to the head. The service benchmarks incident data with other facilities in the Selwyn Foundation group.</p> <p>Discussion with the Waikato village manager and assistant manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A section 31 was completed for a coroner's case in July 2017 which has since been closed out.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in</p>	<p>FA</p>	<p>The recruitment and staff selection process require that relevant checks have been completed to validate the individual's qualifications, experience and veracity. A register of current practising certificates is kept for the RNs and other health professionals involved in the service. Six staff files reviewed (two RNs, two caregivers, one chef manager and one diversional therapist), contained all relevant documentation.</p> <p>The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Appraisals are conducted annually. A completed in-service</p>

<p>accordance with good employment practice and meet the requirements of legislation.</p>		<p>calendar for 2017 exceeded eight hours annually and the 2018 in-service programme is being completed. In-service sessions are held at three facilities giving staff an opportunity to attend the session of their choice. External education is made available through the DHB and includes gerontology and palliative study days. Clinical education is held on Wednesdays within the facility for RNs and care staff.</p> <p>Competences are completed related to the role.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a roster in place, which provides sufficient staffing cover for the provision of care and service to residents. The care lead (a registered nurse) works full time Monday to Friday and spends one day a week coordinating education at the other Hamilton facility. There is an RN on duty 24 hours, based in the hospital. There is an RN on from 8.00 am to 5.00 pm Monday to Friday for the rest home villas. The Waikato village manager (RN), assistant manager (RN) and care lead (RN) share the on-call.</p> <p>In the hospital, there are two caregivers on full morning shift and three until 1.00 pm. In the afternoon, there are two caregivers on full shifts and two until 9.00 pm. On nights there are two caregivers on full shifts to cover the rest home and hospital.</p> <p>In the rest home villas, there is one caregiver on the full morning shift in each villa and two caregivers in the rest home villas on afternoons until 9.00 pm. The hospital caregivers cover the rest home after 9.00 pm to 7.00 am.</p> <p>There are activities staff (two) rostered Monday to Friday. There are dedicated cleaning and laundry staff.</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>There are medication management policies that align with required guidelines and legislation. The RN and senior caregivers responsible for the administering of medication complete medication competencies and attend annual medication education. All medications are stored safely. The RN checks all medications (robotic rolls) on delivery against the medication chart. All medication sighted were within the expiry dates and all eye drops were dated on opening. There were three self-medicating residents (two hospital and one rest home). Self-medication competencies and three-monthly reviews were completed.</p> <p>Ten medication charts reviewed on the electronic medication system met legislative prescribing requirements. All medication charts had photo identification and allergy status identified. The GP had reviewed the medication charts at least three monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid</p>	<p>FA</p>	<p>A chef manager was appointed two years ago to oversee the food services for the three Selwyn facilities in the Waikato region. The qualified chef/cook on duty is supported by a team of kitchenhands. The dietitian has reviewed the four-weekly seasonal menu, which provides vegetarian options. The main meal is in the evening.</p>

<p>Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>The kitchen is adjacent to the hospital dining room. Meals are delivered in bain maries to each villa satellite kitchen, where they are served to residents in the villa dining rooms. The menu accommodates modified diets, pureed meals and accommodates resident dislikes. The chef manager and care lead monitor resident weights on a monthly basis and implement dietary requirements. The service has been successful in reducing weight loss. Wilson Carlile produce meals for the other Hamilton facility. Meals are transported in a specialised van.</p> <p>The food control plan expires 1 November 2018.</p> <p>The kitchen has been fully refurbished including new equipment and shelving. Daily fridge, freezer, dishwasher and delivery of chilled goods temperatures are taken and recorded. End-cooked and serving temperatures are taken and recorded on main meals. Food services staff have completed food handling training and chemical safety.</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>PA Low</p>	<p>When a resident's condition alters, the registered nurse or care lead initiates a review and if required, GP or specialist consultation. Not all interventions had been documented to support resident needs as identified. The residents and relatives interviewed confirmed their expectations were being met.</p> <p>Dressing supplies are available. There were wound assessments, wound treatment plans and wound evaluation forms in place for four residents with wounds. There were no pressure injuries on the day of audit. The service has access to a wound nurse specialist as required. Monitoring forms were in use where needed.</p> <p>Continence products are available. Bowel records are maintained. Specialist continence advice is available as needed and this could be described by the registered nurse.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs a diversional therapist (DT) for 37.5 hours per week and an activity assistant two day a week to coordinate and implement the integrated Monday to Friday activity programme. Selwyn employs a DT who oversees all the site activity programmes and holds twice yearly workshops with DTs and activities teams.</p> <p>The programme is planned a month in advance and the weekly programme is displayed throughout the facility. There is a large recreation room where most activities (baking, crafts, housie, card groups, movies and music) and entertainment takes place. There are several smaller lounges where small group activities can occur. There is a choice of activities to attend when both activity staff are on duty. A volunteer and residents coordinate activities in the weekends. There are several community visitors including the clown doctors, baby buddies programme and childcare children, pet therapy and entertainers. Coffee club and chats on Fridays has been initiated and well attended by residents who prefer small group activities.</p> <p>The Selwyn Chaplain visits three times a week and holds evening prayers in the on-site chapel.</p> <p>The service has a van and there are weekly outings to places of interest, like cafes, museums, picnics at the beach</p>

		<p>and inter-home visits/competitions.</p> <p>Family/resident input is sought to complete a resident lifestyle questionnaire. There are individual activity plans on file, which are reviewed six monthly as part of the MDT review. Residents have the opportunity to provide feedback and suggestions on the programme at the monthly resident meetings and through annual surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Evaluation timeframes are specified in policies and procedures. Initial care plans sighted were evaluated by the RN within three weeks. Files reviewed identified that a six-monthly written multidisciplinary care plan evaluation against the resident-focused goals has been completed. Allied health professionals such as the physiotherapist involved in the care of residents, have input into care plan reviews. Family/whānau are invited to provide input into the care plan review. The long-term care plans reviewed were updated following an evaluation to reflect changes in care.</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>The service displays a current building warrant of fitness. The maintenance person covers the three Selwyn facilities in the region and is on-call for after hour facility matters. There is a maintenance request book and on-line system for maintenance and repair requests. A planned maintenance programme is in place that covers internal and external building maintenance. Call bells and hot water temperatures are checked monthly. The checking of other equipment includes electrical testing, functional testing and calibration of clinical equipment. The previous finding around a planned maintenance programme has been addressed. Essential contractors are available 24 hours.</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>Infection surveillance and monitoring is an integral part of the infection control programme and is described in infection monitoring policy. The registered nurse is the designated infection control nurse and has the responsibility for collecting infection control data based on signs and symptoms of infection. All infections are individually logged on the electronic database and benchmarked against other Selwyn facilities. The data has been monitored and evaluated monthly and annually at facility and organisational level. An infection control report is provided at the monthly staff meeting. Infections are analysed for trends and corrective actions initiated where required.</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>There is a restraint policy that included comprehensive restraint procedures and aligns with the standards. The restraint coordinator is a registered nurse. There was one resident using an enabler. Voluntary consent had been obtained. There were four hospital residents with restraints (three with bedrails and one with bedrails and lap-belt). Staff receive education in restraint and the management of behaviours that challenge.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint coordinator (RN) is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring records for four residents on restraint (three bedrails and one resident had bedrails and a lap-belt) were reviewed. Restraint monitoring had occurred at the timeframes documented on the assessment and in the care plans. The previous finding around monitoring timeframes has been addressed.</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 1.3.6.1</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 Low	There are a number of monitoring forms used to monitor the health status of residents including behaviour charts, pain assessments and monitoring tools, weight charts, bowel records, blood pressure and pulse charts, food and fluid intake charts and continence monitoring. Two of five resident care plans did not reflect the resident's current health status.	(i) One hospital resident assessed at very high risk of pressure injury did not have interventions documented to reflect the level of support required for the prevention of pressure injuries. (ii) Another hospital resident did not have any documented interventions for the management of pain as described in the GP notes.	<p>(i) and (ii)</p> <p>Ensure there are documented interventions to reflect the residents' current needs/supports.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	CI	<p>Selwyn Wilson Carlile have continued to minimise weight loss through dietary management.</p>	<p>The chef manager has developed a menu in consultation with the dietitian. The menu includes high protein drinks and smoothies available to all residents at lunch time. The service buys in textured foods of high nutritional value for use with pureed meals, but also includes them approximately three to four times a week in the main menu as additives to soups, for example potato and leek, Thai chicken noodle and pumpkin and ginger soups. Some texture modified foods are used as side dishes, for example mashed carrot and parsnip. Texture modified fruits are added to smoothies. When a resident is identified with weight loss additional high calorie foods are added including cream, ice-cream, Complan and yoghurts. Resident monthly weights over the past three months were reviewed. The four residents with insignificant weight loss were identified with medical causes such as palliative care or recent hospital admission. There have been no residents with weight loss due to inadequate dietary intake. The service has been successful in its approach to weight management.</p>

End of the report.