

Selwyn Care Limited - Selwyn Heights

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:	Selwyn Heights Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 June 2018 End date: 12 June 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:	46

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

Selwyn Heights is owned and operated by the Selwyn Foundation. The service provides care for up to 50 residents requiring rest home or hospital level care. On the day of the audit there were 46 residents. The building that previously housed rest home level residents (36 beds) has been closed since the previous audit. Rest home level residents are now located in one floor of the care centre where all beds are certified for dual-purpose.

The retirement village is managed by a village manager. The care centre is overseen by a care manager, who is a registered nurse with experience in aged care. He reports to the village manager and is supported by a senior registered nurse. Residents and relatives interviewed spoke positively about the service provided.

This surveillance audit was conducted against a subset of the relevant 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, and observations and interviews with residents, relatives, staff and management.

The service has addressed the shortfall identified from the previous certification audit around preventative maintenance.

The service has exceeded the standard around weight management, and infection control.

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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Regular contact is maintained with families including if a resident is involved in an incident or has a change in their current health. There is an established system for the management of complaints, which meets guidelines established by the Health and Disability Commissioner.

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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Services are planned, coordinated, and are appropriate to the needs of the residents. The care manager is 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 embedded. Data is collected, analysed and discussed, and changes made as a result of trend analysis. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

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 24 hours a day, 7 days a week. Residents and families report that staffing levels are adequate to meet the needs of the residents.

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.		Standards applicable to this service fully attained.
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InterRAI 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 visits the residents at least three-monthly.

The activity coordinator 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 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 off-site in the village kitchen. 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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A current building warrant of fitness is displayed in a prominent location. Reactive and preventative maintenance programmes are implemented.

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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Staff regularly receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers. A register is maintained by the restraint coordinator. Three residents were using restraints and two residents were using enablers.

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	0	0	0	0
Criteria	2	39	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are available. Information about complaints is provided on admission. Interviews with five residents (two rest home, three hospital) and relatives, confirmed their understanding of the complaints process. The care manager was able to describe the process around reporting complaints, which complies with requirements set forth by the Health and Disability Commissioner (HDC).</p> <p>There is a complaint register available. No complaints have been lodged since the previous audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>There is an accident/incident reporting policy to guide staff in their responsibility around open disclosure. Staff are required to record family notification when entering an incident into the system. The sample of adverse events reviewed met this requirement. Four family members interviewed (hospital level) confirmed they are kept informed following a change of health status of their family member.</p> <p>A communications business course was implemented following feedback from residents and family that not all staff were able to communicate effectively. An additional six staff have attended the communications business course since the last audit (April 2016), but the resident satisfaction survey has not been repeated since the last audit to measure results. The clinical manager reported that the course was successful but has been discontinued and that</p>

<p>conducive to effective communication.</p>		<p>a total of 24 staff have attended.</p> <p>There is an interpreter policy in place and contact details of interpreters were available.</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>Selwyn Heights is a Selwyn Foundation aged care facility located in Auckland. The care centre was certified to provide rest home and hospital (geriatric and medical) levels of care for up to 96 residents across two interconnecting buildings (hospital and rest home). Their rest home facility (36 beds) was closed in July 2017 and the rest home level residents (10) were relocated to one wing of the top floor of the (hospital) care home. A total of 50 beds are currently available, and all of the beds are certified for dual-purpose.</p> <p>In addition to the 10 rest home level residents, 35 residents were hospital level of care and one resident (from the retirement village and unassessed/private) was on respite. At the time of the audit, all assessed residents were on the aged related care contract and no residents were under the medical component of their hospital certification.</p> <p>The 2013-2017 organisational strategic plan documents organisational goals that are regularly reviewed by the management team and board of directors. The 2018 strategic plan is in the process of being signed off by the board (effective 1 July 2018).</p> <p>The care home is managed by a care manager who is a registered nurse (RN). He has been in his role for over one year. Prior to this position, he held managerial roles with CMDHB and ADHB.</p> <p>The care manager has maintained at least eight hours of professional development activities related to managing an aged care facility.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>An established quality and risk management system is embedded into practice. Discussions with the care manager and nine staff (four caregivers, two registered nurses (RNs) including one senior RN, a kitchen manager, one activities coordinator, and one maintenance staff) reflected staff involvement in quality and risk management processes.</p> <p>Resident meetings are monthly. Minutes are maintained. Annual resident and relative surveys have not been repeated since 15 December 2015. Plans are underway to initiate another satisfaction survey in 2018, later in the year.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. The service's policies are reviewed at a national level by the clinical governance group with input from facility staff every three years at a minimum.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance and the quality of</p>

		<p>service delivery in the facility and across the organisation. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data. This is utilised for service improvements. Key performance areas are benchmarked against other Selwyn facilities. Quality improvement plans (QIPs) are developed when service shortfalls are identified. Results are communicated to staff at staff/quality meetings and reflect actions being implemented and signed off when completed.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. Risk management, hazard control and emergency policies and procedures are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made.</p> <p>Falls prevention strategies are in place including (but not limited to): sensor mats, increased monitoring, identification and meeting of individual needs and mattress perimeter guards.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an incident/accident reporting policy that includes definitions and outlines responsibilities including immediate action, reporting, monitoring, corrective action to minimise and debriefing. Individual incident/accident reports are completed for each incident/accident with immediate action noted and any follow-up action required.</p> <p>A review of ten incident/accident forms identified that forms are fully completed and include follow-up by a registered nurse. Neurological observations are completed for any suspected injury to the head. The senior registered nurse and care lead are involved in the adverse event process.</p> <p>The care manager was able to identify situations that would be reported to statutory authorities including (but not limited to) infectious diseases, serious accidents and unexpected death. Public health authorities were notified for two infectious outbreaks in 2017.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in</p>	<p>FA</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Five staff files reviewed (three RNs, two caregivers) included a comprehensive recruitment process which included reference checking, signed employment contracts and job descriptions, completed orientation programmes and annual performance appraisals.</p> <p>Registered nursing staff and other health practitioner practising certificates are maintained on file.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. There is an</p>

<p>accordance with good employment practice and meet the requirements of legislation.</p>		<p>implemented annual education and training plan that exceeds eight hours annually. The training plan is implemented using a train the trainer model where key staff are trained to provide education sessions on subjects that cover a number of required trainings. Aspects of training are provided during full day training sessions. This area identified as a continuous improvement remains. There is an attendance register for each training session and an individual staff member record of training.</p> <p>Registered nurses are supported to maintain their professional competency. Six of the seven permanent registered nurses have completed their interRAI training. There are implemented competencies for registered nurses.</p> <p>In 2014 Selwyn improved the methods to deliver staff training and all staff are now trained using modules. The health, safety and wellbeing module covers safety in the workplace, hazard management, risk management, incident reporting, fire and emergency procedures, moving and handling, management of waste and hazardous substances, wellbeing, bullying and harassment and managing stress for wellness. The person-centred care module includes the Selwyn Foundation mission, person centred care, the Eden alternative, Code of Rights, abuse and neglect, advocacy, culturally safe care, sexuality and intimacy, care planning, maximising independence, privacy and dignity and death and dying. The clinical care module covers resuscitation, continence, pain management, skin integrity and wound management, nutrition and hydration, dementia and challenging behaviours and palliative care. The communication and documentation in practice module covers communication, listening skills, documentation, clinical records, principles of clinical documentation – paper-based and computerised, messages, incident reporting, hazard reporting, complaints and compliments and responding to feedback and privacy and confidentiality.</p> <p>Selwyn Foundation has reviewed and changed the ways in which training was delivered in 2014 and 2015. The organisation identified in early 2014 that while staff were attending all mandatory training days, they did not all appear to be implementing the material taught. Investigation into this showed that many staff struggled to learn in large groups. In response to this, core training is now delivered over four modules using a train the trainer method. A trainer's guide, handouts and questionnaires have been developed for each module and Selwyn Heights management or staff has been trained to deliver each module. Each of the modules has been delivered in small groups of four or five staff. Staff interviewed reported that they find the training methods more informative and personalised to their learning style.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably</p>	<p>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. The care manager is an RN that works Monday – Friday.</p> <p>There are four wings, with one of the four wings (top floor) dedicated to rest home level of care.</p> <p>The rest home wing (10 residents) is staffed with one caregiver on all three shifts with oversight provided by a registered nurse. On the AM shift, the caregiver (seven days a week) is rostered for a short shift (7.00 am – 1.00 pm). Either a caregiver or an RN from the hospital wings replaces this caregiver (from 1.00 pm – 3.00 pm)</p>

<p>qualified/skilled and/or experienced service providers.</p>		<p>There are three hospital wings with 13 of 15 beds occupied in the pinot wing, 12 of 14 beds occupied in the merlot wing, and 11 of 11 beds occupied in the rose wing. All three wings are located on one level. There are two RNs on the morning shift, two on the afternoon shift and one on the night shift. Five caregivers cover the AM and PM shifts and three caregivers cover hospital level residents during the night shift.</p> <p>Activities are provided seven days a week. There are separate cleaning staff and laundry services are outsourced.</p> <p>Staff were visible and were attending to call bells in a timely manner as confirmed by all residents interviewed. Staff interviewed stated that overall the staffing levels are satisfactory and that the care manager provides good support. Residents and family members interviewed reported there are sufficient staff numbers.</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 (in the rest home) responsible for the administering of medication complete medication competencies and attend annual medication education. All medications are stored safely. The medication fridge is monitored weekly and temperatures were within acceptable limits. The RN checks all medications (robotic rolls) on delivery against the medication chart. All medication sighted was within the expiry dates and all eye drops were dated on opening. There were no self-medicating residents.</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. The respite care resident had a paper-based medication chart and signing sheet.</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>Meals are provided by a contracted service who are based in the main kitchen in the village café building. The site manager oversees the food services chef and cook assistants. All staff complete food safety modules. The food control plan expires 7 April 2019. There is a six-week menu that has been reviewed by the company dietitian and meets the resident preferences. The weekly menu provides a vegetarian option, minced/moist and pureed meals. Dislikes are accommodated. Special diets such as gluten free and high protein diets are provided. There are currently five residents on the rapid eating and activity assessment programme for patients (REAP) level 2 for weight loss management. A specialised van delivers food (in bain marie pots) in hot boxes to the rest home and hospital kitchenettes where the chef serves the meals from bain maries. Serving temperatures are taken and recorded.</p> <p>Daily fridge, freezer and end-cooked temperatures are taken and recorded. Cleaning schedules are maintained.</p> <p>Residents have the opportunity to feedback on meals through resident meetings and surveys. Residents and relatives interviewed commented positively on the meals provided.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required GP or nurse specialist consultation. Care plan interventions documented support of resident needs as identified. Short-term care plans are used to document support for short-term/acute care needs. 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 five hospital residents with wounds (including one chronic wound). Photographs demonstrate healing. There were no pressure injuries on the day of audit. There were no rest home residents with wounds. The service has access to a wound nurse specialist as required.</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>There are a number of monitoring forms used to monitor the health status of resident's including ABC behaviour charts, pain assessments and monitoring tools, weight charts, bowel records, blood pressure and pulse charts, neurological observations, food and fluid intake charts and continence monitoring. Resident care plans/short-term care plans reflected the resident's current health status.</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 an activity coordinator who is currently progressing through diversional therapy qualifications. She is supported by an activity assistant to implement a seven-day week programme from 10.30 am to 3.30 pm. The integrated programme is displayed on noticeboards throughout the facility. The activity staff make daily contact with residents to ensure they are aware of the daily activities and invited to attend. Rest home residents are involved in home activities and community groups. One resident cares for the rest home balcony garden. There are volunteers who visit regularly and are involved in reading, word games and library books. Activities take place in the hospital unit and include discussions, movies, news, board games, quizzes, arts and crafts, music, baking and reminiscing. There is a "boys lounge" used for the men's group activities. There are weekly chapel services and communion. Community visitors include Tai Chi classes, clown doctors, pre-school children, baby buddies and the mobile library. The service has a van with wheelchair access for regular outings. Both activity persons have a first aid certificate.</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. Residents interviewed spoke positively about the activities provided.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Evaluation timeframes are specified in policies and procedures. Initial care plans sighted were evaluated by the RN within three weeks. There are six monthly written multidisciplinary care plan evaluations against the resident-focused goals. 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 are 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>	<p>FA</p>	<p>A current building warrant of fitness is posted in a visible location (expiry 30 Sept 2018). A programme of scheduled maintenance is undertaken for all aspects of building and equipment. This is an improvement from the previous audit.</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 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 the collecting of 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 facility and clinical meetings.</p> <p>There have been two outbreaks in the last year. The respiratory outbreak in October 2017 and the norovirus outbreak in February 2018 were notified to the relevant authorities. Case logs and all correspondence were reviewed and evidenced good outbreak management practice was implemented.</p> <p>Infections are analysed for trends and corrective actions initiated where required. The service has been successful in maintaining low urinary tract infections (UTI) rates over the past year.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate</p>	<p>FA</p>	<p>Restraint practices are only used where it is clinically indicated, and other de-escalation strategies have been ineffective. Restraint minimisation policies and procedures are comprehensive and include definitions, processes and use of restraints and enablers. The restraint coordinator is an RN who covers the PM shift.</p> <p>There were two (hospital) residents using enablers and three (hospital) residents with restraints. The file of one</p>

<p>that the use of restraint is actively minimised.</p>		<p>resident using an enabler (bedrails) was reviewed. Evidence of an enabler assessment and written consent by the resident was sighted. The resident's care plan reflected the use of an enabler. Enablers (and restraints) are reviewed every month.</p> <p>Staff training is in place around restraint minimisation and enablers, falls prevention and management of challenging behaviours.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.	CI	Selwyn Heights have continued to minimise weight loss through dietary management.	The site manager for the contracted food service (interviewed) is notified of any residents with weight loss or dietary requirements. The site manager was knowledgeable about the REAP programme and confirmed there were five residents on level 2 of the programme. The care manager (interviewed) confirmed the resident weights on the REAP programme were stable. Additional calories are added to foods for the residents on the programme at the rest home or hospital kitchenette such as cream to porridge, added butter, ice-cream and fortified foods as required. Short-term care plans for residents at risk or with weight loss were viewed and include monitoring tools such as food intake charts and more frequent weights, dietitian input and dietary supplements. Weight charts reviewed of five residents on the REAP programme identified the resident had gained and maintained a stable weight and weight loss had halted. The service has been successful in continuing to minimise weight loss.
Criterion 3.5.7 Results of surveillance, conclusions, and	CI	The service benchmarking results evidence that	The service has continued to implement preventative measures for the prevention of UTIs including good resident personal hygiene, hand hygiene practice, frequent hydration rounds (particularly over the hot summer months), toileting regimes, review of continence products to meet resident needs and ongoing resident education around hand hygiene and encouraging

<p>specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>		<p>UTI infections have remained below the lower indicator for the past year.</p>	<p>good fluid intake. This has resulted in low UTI rates below the lower indicator for the organisation for UTIs. A peak of UTIs above the higher indicator was identified to occur at the same time as the norovirus outbreak.</p>
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End of the report.