

# Summerset Care Limited - Summerset Mountain View

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## Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset Mountain View
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 16 September 2021    End date: 17 September 2021
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	60

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Summerset Mountain View provides rest home and hospital (geriatric and medical) level care for up to 72 residents (including 20 serviced apartments certified for rest home level care). On the day of the audit there were 60 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and general practitioner.

The village manager is appropriately qualified and experienced and is supported by a care centre manager (registered nurse) who oversees the clinical services. There are quality systems and processes being implemented. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care. The residents and relatives interviewed spoke positively about the care and support provided.

This audit has identified an area for improvement around implementation of interventions.

## 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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The service functions in a way that complies with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and related services are readily available to residents and families. Policies are available that support residents' rights. Cultural assessment is undertaken on admission and during the review process. Residents and family interviewed verified ongoing involvement with the community. Care plans accommodate the choices of residents and/or their family. Complaints processes are being addressed in line with HDC requirements.

## 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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Summerset Mountain View has an established quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including (but not limited to) monthly quality improvement and weekly executive meetings. Annual surveys and regular resident meetings provide residents and families with opportunities for feedback about the service. Quality performance is reported to staff at meetings and includes discussions relating to incidents, infections and internal audit results. There are human resources policies that cover recruitment, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care. There is a staffing policy with safe staffing levels implemented.

## 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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There is an admission/welcome pack available for potential residents and families. The registered nurses complete risk assessments, interRAI assessments, initial and long-term care plans and evaluations within the required timeframes. Allied health professionals are involved in the care of the residents. The general practitioner reviews residents at least three-monthly.

A team of diversional therapists for the care centre provides a varied and interesting programme seven days a week. Residents can attend integrated activities in the village. The activities meet the individual recreational needs and preferences of the residents. There are outings into the community and visiting entertainers.

There are medicine management policies in place that meets legislative requirements. Staff responsible for the administration of medications complete annual medication competencies and education. The general practitioner reviews the medication charts three monthly.

All meals are prepared on site by a contracted service. The menu is reviewed by a dietitian. Resident's individual dietary needs were identified and accommodated. Food services staff have attended food safety and hygiene training. Residents commented positively on the meals provided.

## 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.

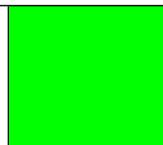


Standards applicable to this service fully attained.

There were documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals were stored safely throughout the facility. The building has a current warrant of fitness. Resident apartments are spacious and personalised. Resident rooms in the care centre were spacious enough for the use of mobility and transferring equipment. All communal areas including the gardens and grounds were easily accessible and seating and shade is provided. There are procedures for civil defence and other emergencies. Adequate civil defence supplies were sighted. There is one person on duty at all times with a current first aid certificate. Housekeeping/laundry staff maintain a clean and tidy environment. Laundry and linen for rest home residents are laundered on site. There is plenty of natural light in all rooms and the environment is comfortable with adequate ventilation and heating.

## 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.

There are documented policies and procedures around restraint use and use of enablers. During the audit, there were four residents using restraint and no residents using an enabler. Staff training around the use of restraint and enablers is provided. Restraint is only used as a last resort.

## 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.

The infection control programme is appropriate for the size and complexity of the service. The infection control coordinator/RN is responsible for overseeing the infection control programme, collation of infection events, coordinating and providing education and training for staff. The infection control coordinator is supported by personnel at head office and an infection control committee. The infection control manual outlined the scope of the programme and included a comprehensive range of policies and guidelines including Covid outbreak management. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Somerset facilities.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	49	0	0	1	0	0
<b>Criteria</b>	0	100	0	0	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation.	FA	Discussions with twenty staff (twelve caregivers, three registered nurses (RNs), one diversional therapist, one kitchen manager, one property manager, one laundry and one housekeeper) confirmed their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and its application to their job role and responsibilities. Observations during the audit also confirmed this in practice.
Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	There are policies and procedures to guide staff regarding informed consent, resuscitation and advance directives. Informed consent is discussed with residents and families on admission. Written general consent (including photographs for identification, display and media) was obtained and sighted in the eight electronic resident files reviewed (four rest home, including one respite care resident and four hospital level residents, including one ACC respite care resident). The admission agreement also includes permissions granted. Specific consents were signed for influenza and Covid vaccines. Care staff interviewed confirmed consent is obtained when delivering cares.  Resuscitation orders had been appropriately signed by the resident and general practitioner. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. Advance directives and copies of enduring power of attorney were available on the resident file as applicable.

		Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. Eight admission agreements sighted (including the two short-stay residents) were signed.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Residents are provided with a copy of the Code on entry to the service. Residents interviewed confirmed they are aware of their right to access independent advocacy services and advocacy pamphlets are available at reception. Discussions with relatives confirmed the service provided opportunities for the family/enduring power of attorney (EPOA) to be involved in decisions. The resident files include information on residents' family/whānau and chosen social networks.</p> <p>The designated health advocate (interviewed) lives near the retirement village. They have an education and managerial background and can tap into their knowledge and awareness of professional boundaries to ensure that a professional approach is undertaken. Positive initiatives (albeit delayed by Covid lockdowns) since this individual accepted the advocate role include a buddy system between village and care centre residents to enhance social networks and community engagement.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Visitors were observed coming and going during the audit. Interviews with staff, residents and relatives confirmed residents are supported and encouraged to remain involved in the community and external groups. Relatives and friends are encouraged to be involved with the service and care. The service promotes community visitors to the village and encourages resident involvement. Community links are primarily within the village. Visitors to the facility include pet therapy, entertainers and the local Catholic church. Volunteer visits had been temporarily suspended due to Covid restrictions.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are readily available. Information about complaints is provided on admission. Interviews with residents and family members confirmed their understanding of the complaints process.</p> <p>There is an electronic complaint register that includes verbal and written complaints and evidence to confirm that complaints are being managed in a timely manner including acknowledgement, investigation, timelines, corrective actions (when required) and resolutions. In the year to date there were three complaints received with evidence of robust follow-up actions taken and feedback provided in staff meetings including corrective actions (if any).</p> <p>Complainants are provided with information on how to access advocacy services through the Health and Disability Commissioner if resolution is not to their satisfaction.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service provides information to residents that include the Code, complaints and advocacy. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Seven relatives (five rest home and two hospital) and three residents (one hospital and two rest home) were interviewed, confirming the services being provided and have been well informed of resident rights in line with the Code. Three monthly resident meetings are held with the activities staff and the care centre manager, and monthly residents' meetings are held with the facility advocate. These meetings provide the opportunity for residents to raise concerns. An annual residents/relatives survey is completed.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Care staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House rules and a code of conduct are signed by staff at commencement of employment. Contact details of spiritual/religious advisors are available. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an elder abuse and neglect policy. Staff education and training on abuse and neglect last occurred in May and July 2021 with 38 attending.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Summerset has a Māori health plan that includes a description of how they achieve the requirements set out in the contract. There are supporting policies that provide recognition of Māori values and beliefs and identify culturally safe practices for Māori. At the time of the audit there was one resident who identified as Māori. Links are established with Tui Ora, a local Māori health provider for the Taranaki area. A local kaumātua was consulted on the current Māori health plan. Staff interviewed were able to describe how they can ensure they meet the cultural needs of residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which</p>	FA	<p>An initial care planning meeting is carried out where the resident and/or whānau as appropriate/able are invited to be involved. Individual beliefs and values are further discussed and incorporated into the care plan. Six monthly multi-disciplinary team meetings occur to assess if needs are being met. Family is invited to attend. Discussion with family/whānau confirmed values and beliefs are considered. Residents interviewed confirmed that staff take into account their culture and values.</p>

recognise and respect their ethnic, cultural, spiritual values, and beliefs.		
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Staff job descriptions include responsibilities and staff sign a copy on employment. The monthly staff meetings include discussions on professional boundaries and concerns as they arise. Management provides guidelines and mentoring for specific situations. Interviews with managers and staff confirmed their awareness of professional boundaries.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Residents and relatives interviewed spoke positively about the care and support provided. Staff have a sound understanding of principles of aged care and stated that they feel supported by the village manager and care centre manager. All Summerset facilities have a master copy of policies which have been developed in line with current accepted best practice and are reviewed regularly. The content of policy and procedures are sufficiently detailed to allow effective implementation by staff.  There is a quality improvement programme that includes performance monitoring against clinical indicators and benchmarking against like services within the Summerset group of aged care facilities. There is evidence of education being supported outside of the training plan. There are implemented competencies for caregivers and registered nurses including (but not limited to): insulin administration, medication, wound care and manual handling.  Examples of quality initiatives implemented over the past year include a project addressing falls documentation and neurological observations, the increase of influenza vaccine take up and the Covid-19 vaccine rollout.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	An open disclosure policy describes ways that information is provided to residents and families. The admission pack gives a comprehensive range of information regarding the scope of service provided to the resident and their family on entry to the service and any items they are to pay for that are not covered by the agreement. Regular contact is maintained with family including if an incident or care/health issue arises. Family members interviewed stated they were well informed. Eighteen incident/accident forms were reviewed, and all identified that the next of kin were contacted.  There are monthly resident's meetings chaired by a resident advocate where any issues or concerns to residents are able to be discussed. Minutes are maintained and show follow-up actions for resolution of matters raised.

		<p>The service has policies and procedures available for access to DHB interpreter services. The information pack is available in large print and can be read to residents.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</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>	FA	<p>Summerset Mountain View provides rest home and hospital level care for up to 52 residents in the care centre with rooms being approved for both rest home and hospital level residents. There are also 20 apartments in the same building which are certified for rest home level of care. On the day of the audit there were 52 residents in the main care centre- 33 rest home level and 19 hospital level. Of the 20 apartments certified, 8 were occupied by residents receiving rest home level of care, giving a total occupancy of 60 residents. All residents were under the aged residential care contract (ARCC) apart from one respite, and one long term resident funded by ACC.</p> <p>There is a retirement village attached (with no certified apartments) as part of the complex with overall management of the site provided by a village manager who has been employed at Summerset for over 6 years and has a background in banking. The village manager attends ARC meetings and villager manager meetings and related education sessions. The village manager is supported by a care centre manager/RN.</p> <p>The care centre is managed by a care centre manager (RN) who has been in her role for one year, having practised as an RN and midwife in New Zealand and overseas for over 35 years. She is assisted by two clinical nurse leaders (CNL). The care centre manager has completed a site induction and a role specific orientation. The care centre manager has completed a post graduate qualification in leadership and management.</p> <p>There is a quality and risk management plan for 2021 which plan is updated each year with evidence of regular review of the facility's goals and objectives throughout the year. Quality is overseen by the organisation's regional quality manager who was available during the audit.</p> <p>The village manager and care centre manager have maintained greater than eight hours of professional development activities related to managing an aged care facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an</p>	FA	<p>During the temporary absence of the care centre manager, the CNLs provide clinical leadership/oversight and the village manager is delegated operational responsibilities. The regional operations manager and the regional quality manager provide oversight and support.</p>

<p>efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</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>Summerset Mountain View is implementing an organisational quality and risk management system. There are policies and procedures being implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies and procedures reflect evidence of regular reviews as per the document control schedule. New and/or revised policies are made available for staff to read and sign that they have read and understand the changes. Village managers and care centre managers are held accountable for their implementation.</p> <p>The Summerset group has a 'clinical audit, training and compliance' calendar. The calendar schedules the training and audit requirements for the month. The village manager and care centre manager complete monthly reports confirming completion of requirements.</p> <p>The service is implementing an internal audit programme that includes environmental, infection control, health and safety, consumer rights and aspects of clinical care. Corrective action plans and re-audits are completed if audit results are less than expected. Staff are kept informed of audit findings and quality initiatives, evidenced in the range of meeting minutes (e.g., quality, RN, caregiver). There are monthly accident/incident benchmarking reports completed by the care centre manager that break down the data collected across the rest home and hospital. Infection control is also included as part of benchmarking across the organisation. Data is analysed and corrective actions are required based on benchmarking outcomes. The regional quality manager is alerted automatically through the RMSS system of any high-level accident/incidents (resident, staff and environmental).</p> <p>A meeting schedule was sighted which included monthly quality improvement meetings, staff meetings, registered nurse meetings and care staff meetings. The infection control coordinator provides a monthly report and health and safety committee meetings are held. Quality data such as infections, accidents/incident, hazards, restraint, audit outcomes, concerns/complaints are discussed and documented in meeting minutes. The monthly collating of quality and risk data includes (but is not limited to) residents' falls, bruising, skin tears and infection rates. Meeting minutes and quality data reports and graphs are available to all staff.</p> <p>A resident satisfaction survey is conducted each year. Results for 2020 reflect high levels of resident satisfaction with the services received.</p> <p>There is a health and safety and risk management programme in place including policies to guide practice that is generated from the national health and safety committee. The service has a health and safety officer (interviewed) who is the village manager, with external health and safety qualifications. The health and</p>

		<p>safety committee review incidents/accidents/hazards and near misses and provide a report to the quality improvement meeting. Staff interviewed confirmed they are informed when health and safety meetings are due and have the opportunity to provide input into health and safety. Each month there is a focus on one of the golden rules of safety. All staff and contractors receive a health and safety induction. Data relating to health and safety is entered into the electronic Risk Management Support System (RMSS). Hazard identification forms and a hazard register (reviewed July 2021) are in place.</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>	FA	<p>The service collects a comprehensive set of data relating to adverse, unplanned and untoward events. This includes the collection of incident and accident (events) information. The reporting system is integrated into the quality and risk management programme. Eighteen incident reports, held electronically, were sampled (eleven unwitnessed falls, one pressure injury, three medication errors, and three soft tissue injuries (skin tear/bruises). All eighteen events sampled evidenced clinical follow-up. Adverse events are reviewed and investigated by the care centre manager. If risks are identified these are processed as hazards.</p> <p>Discussions with the village and care centre confirmed their awareness of statutory requirements in relation to essential notification. Section 31 notifications since the previous audit have included two instances of threatening behaviour, two outbreaks, and change of care centre manager.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies to support recruitment practices. A list of RN and allied health practising certificates is maintained. Nine staff files were reviewed (two caregivers, three RNs including CNLs, one diversional therapist, two housekeepers and one laundry). Evidence of signed employment contracts, job descriptions, completed orientation that is specific to their job duties, and attendance at greater than eight hours of education and training annually were sighted. Annual performance appraisals for staff are conducted annually. Interviews with the care centre manager and caregivers confirmed that the orientation programme includes a period of supervision.</p> <p>The service has an orientation programme in place for each role that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. The plan had been fully completed for 2020 and is on track currently for 2021. There are good attendance numbers and staff who do not attend are required to read the education material and sign the reading sheet. The training programme is flexible enough to add additional in-services relevant to the service, including externally facilitated training such as palliative care, syringe drivers and wound care. Caregivers undertake Careerforce education and to date eight have achieved level 4, ten level 3, thirteen level 2 and fourteen</p>

		<p>have started on the qualification pathway at level 0. Of the registered nurses, six are interRAI trained.</p> <p>A competency programme is in place with different requirements according to work type (e.g., caregivers, registered nurse and kitchen). The competencies for registered nurses include (but are not limited to), medication, restraint, syringe driver and insulin administration. A record of core competency completion is maintained on staff files and online.</p> <p>There are job descriptions available for all relevant positions that describe staff roles, responsibilities and accountabilities. The practising certificates of nurses are current. The service also maintains copies of other visiting practitioners practising certificates including GP, pharmacist and physiotherapist.</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 service has a documented rationale for determining staffing levels and skill mixes for safe service delivery.</p> <p>At the time of the audit there were 60 residents (19 hospital level and 41 rest home level, including 8 in serviced apartments). The care centre manager is a registered nurse who is rostered Monday – Friday. She is supported by two RNs on the AM shift (one clinical nurse lead [CNL] and one RN), two RNs on the PM shift (or one RN and one enrolled nurse [EN]) and one RN on the night shift.</p> <p>Eight caregivers are rostered on the AM shift (six long shifts and two short shifts). Six caregivers are also rostered on the PM shift (four long and two short shifts) and three caregivers are rostered on the night shift. With any increase in resident numbers and/or an increase in resident acuity, short shift caregivers have the flexibility to have their shifts extended. Additionally, there is a full shift caregiver rostered for the serviced apartments on the lower floor AM and PM. Relatives and residents confirmed there were sufficient staff on duty.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. Care plans and progress notes are documented electronically. Resident files demonstrate service integration.</p>
<p>Standard 1.3.1: Entry To</p>	FA	<p>All residents have a needs assessment completed prior to entry that identifies the level of care required. The care centre manager (CCM) or clinical nurse leader on duty screens all potential enquiries to ensure the</p>

<p>Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>service can meet the required level of care and specific needs of the resident. There is an admission/welcome booklet that outlines the services provided at Summerset Mountain View.</p> <p>Residents and relatives interviewed stated that they received sufficient information on admission and there was discussion regarding the admission agreement. The admission agreement reviewed aligns with a) - k) of the ARC contract.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>An exit discharge and transfer policy describes guidelines for death, discharge, transfer, documentation and follow-up. All relevant information is documented and communicated to the receiving health provider or service. Follow-up occurs to check that the resident is settled or, in the case of death, communication with the family is made.</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>	FA	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice. Medication competent RNs, EN and senior caregivers are responsible for the administration of medications in the care centre and the rest home residents in the serviced apartments. They have completed annual competences and medication education. The RNs have completed syringe driver competency. Medications for the care centre and serviced apartments are stored safely in the main medication room. Regular medications (in robotic rolls) and as required (in blister packs or bottles) are checked on delivery by an RN against the electronic medication chart and signed in as pack checked. Any discrepancies are fed back to the supplying pharmacy. There are monthly checks for stock level and expiry dates of 'as required' and hospital stock. Eye drops had been dated on opening. There was one rest home resident self-medicating with a current self-medication competency. The medication fridge and medication room air temperature are monitored daily, and temperatures recorded were within acceptable limits. An air conditioning unit in the medication room is set on 21 degrees Celsius.</p> <p>Sixteen electronic resident medication charts (eight rest home and eight hospital) were reviewed. Medication charts had photograph identification and allergy status recorded. Staff recorded the effectiveness of 'as required' medications. All medication charts reviewed identified that the GP had reviewed the medication chart three monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	FA	<p>A contracted company is responsible for the provision of meals on site, and to the village café. The kitchen manager/chef (interviewed) is supported by a team of cooks, assistant cook, dishwashers and café staff. There is a four-week rotating seasonal menu which has been reviewed by a dietitian last May 2021. There</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>are two options for the midday main meal and a savoury tea menu. The kitchen manager receives a dietary requirement form from the RN for each resident and is notified if there are any changes to dietary requirements or residents with weight loss. Dislikes and food allergies are accommodated. Pureed meals are provided as required. Lip plates and specialised utensils are available as required. Meals are plated and delivered in hot boxes to the serviced apartment dining room. Meals are delivered in hot boxes and served by food services staff from the bain-marie in the care centre satellite kitchenette.</p> <p>The food control plan expires August 2022. All food is stored safely and dated. All temperatures for fridges, freezers, end cooked foods, inward chilled goods and cooling food is recorded on the electronic food safety system. There are daily opening and closing checks completed including cleaning duties. Chemicals are stored safely within the kitchen. Staff were observed wearing correct personal protective clothing.</p> <p>The kitchen manager has direct contact with residents during meals and receives feedback from residents and surveys. The contracted service also completes an independent survey. There is ongoing consultation and discussion around food services. Residents and relatives interviewed confirmed an improvement in meals and were satisfied with the food services.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The reason for declining service entry to potential residents should this occur, is communicated to the potential resident or family/whānau and they are referred to the original referral agent for further information. The reason for declining entry would be if there were no beds available or the service was unable to meet the residents assessed level of care.</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>FA</p>	<p>The initial assessment and clinical risk assessments are developed with information received on admission, including discussion with the resident and relatives. Clinical risk assessments are completed on admission where applicable and reviewed six-monthly as part of the interRAI assessment. Outcomes of assessment tools are used to identify the needs, supports and interventions required to meet resident goals. Care plans identify links to the interRAI assessments.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery</p>	<p>FA</p>	<p>Long-term care plans describe the individual support and interventions required to meet the resident goals for daily activities, mobility, nutritional, cognitive, cultural, spiritual needs and medical supports. Changes to supports and needs are updated on the care plans as they occur. Short term care plans are used for short-</p>

<p>plans are consumer focused, integrated, and promote continuity of service delivery.</p>		<p>term problems and are regularly reviewed. Ongoing problems are transferred onto the long-term care plan. Care plans demonstrate service integration and include input from allied health practitioners.</p> <p>There is documented evidence of resident/family involvement in the care planning process and six-monthly MDT review. Residents/relatives interviewed confirmed they participate in the care planning process. A long-term care plan acknowledgement form is signed.</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 Moderate</p>	<p>The RN initiates a review and if required, a GP or nurse specialist consultation when a resident's condition changes. Short term care plans are developed to guide staff for any resident short term health changes. These are reviewed regularly to monitor progress against resident needs and supports. Relatives interviewed stated their relative's needs are met and they are kept informed of any health changes. There was documented evidence in the resident files of family notification of any changes to health, including infections, accidents/incidents, appointments, GP visits and medication changes. Residents interviewed stated their needs are being met.</p> <p>Adequate dressing supplies were sighted. A monthly wound register is maintained. Electronic wound assessments with ongoing wound evaluations and treatment plans were in place for 22 residents (skin tears, skin conditions, lesions, one surgical, blister and three pressure injuries). The wound size and photographs are used as part of the wound assessment and evaluation process. Short-term care plans are in place for wounds. There are three residents with facility stage 2 pressure injuries (one heel, one toe and one sacrum). The GP reviews the wound at least three monthly and as required. An RN is the wound nurse for the facility and has access to a wound nurse specialist at the DHB as required. There was adequate pressure injury equipment in use and in storage viewed on the day of audit.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed.</p> <p>There are a number of monitoring forms and charts available for use including (but not limited to) pain monitoring, observations, blood sugar levels, weight, food and fluid intake, fluid balance, bowel monitoring, turning charts, restraint, neurological observations and behaviour charts. Not all interventions/monitoring had been implemented.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a</p>	<p>FA</p>	<p>There is a team of three diversional therapists who coordinate and implement the activity programme for the care centre over seven days a week from 9 am to 4 pm. There is an activity coordinator for the serviced apartments and village. The programme is planned a month in advance and residents receive a copy of the weekly programme. Some activities and entertainment are integrated with the village. Rest home residents</p>

<p>consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>in serviced apartments can choose to attend the rest home or the serviced apartment activities.</p> <p>The programme for the rest home residents is displayed and includes (but not limited to): word games and puzzles, newspaper reading, sing-a-longs, arts and crafts, movies, exercises, walks, bowls, card groups and happy hours. There are church services, entertainers and weekly pet therapy however these have been on hold due to Covid restrictions. There is a men's group with monthly outings to places of interest, and a lady's group who enjoy outings, cafes and high teas. The sensory group is a small group for residents with memory loss who focus on sensory activities including the Inmu touch which is beneficial in reducing anxiety and enhances the emotional wellbeing in residents. The DTs make daily contact with residents who choose to stay in their rooms and ensure their recreational needs are being met.</p> <p>There are scenic drives on Saturdays and a group outing weekly. All the DTs have a current first aid certificate, van hoist competency and medication competency.</p> <p>Residents are encouraged to maintain their former community links. Festive events and national days are celebrated.</p> <p>There are resident meetings which are open to family to attend. Residents have the opportunity to feedback suggestions for activities and outings.</p> <p>The diversional therapist completes activity assessments and plans and is involved in the multidisciplinary review, which includes the review of the activity plan. Residents and relatives interviewed were happy with the activities offered.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>There is evidence of resident and family involvement in the evaluation of long-term care plans. The initial care plan is evaluated prior to the development of the first long-term care plan within 21 days. Written MDT evaluations had been completed six-monthly with input from the GP, DT, resident/relative and care staff. InterRAI reviews are completed prior to the care plan evaluations. Families are offered a copy of the care plan for their information. The GP completes three monthly reviews. The DT evaluates the activity plan at the same time as the care plan evaluation.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Referrals seen were to visiting neurologist, community Parkinson's educator, speech language therapist and clinical nurse specialist rheumatologist. The service provided examples of where a resident's condition had changed, and the resident was reassessed for a higher level of care from independent living to rest home level of care and from rest home level to hospital level of care.</p>

and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.		
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Chemicals were stored safely throughout the facility. Safety data sheets and product charts were readily accessible for staff. There are three sluice rooms in the care centre and a sluice area in the laundry. Personal protective clothing was readily available for staff. Staff were seen to be wearing appropriate personal protective clothing when carrying out their duties on the day of audit. Relevant staff have completed chemical safety training.</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 building has a current building warrant of fitness that expires on 6 September 2022. There is a full-time property manager who oversees the village and serviced apartments. He is supported by a property assistant and gardening team. The property manager is available on call for urgent facility matters. There is a maintenance log book in the care centre and yellow tag system for repairs. Work orders are generated through the electronic system and signed out as completed. There are essential contractors available 24 hours, seven days a week. The planned maintenance schedule is set out by head office and includes internal, external, clinical and environmental maintenance. Electrical equipment is tested and tagged annually or at least two-yearly. Hot water temperatures in resident areas are tested and recorded monthly and maintained below 45 degrees Celsius.</p> <p>Corridors are of sufficient width in all areas to allow residents to pass each other safely. There is safe access to all communal areas and outdoor areas. Outdoor areas provide seating and shade. External areas are well maintained by the gardening team. Refurbishment of vacant rooms are completed as required.</p> <p>The caregivers and RNs (interviewed) stated they have all the equipment required to safely provide the care documented in the care plans.</p>
Standard 1.4.3: Toilet, Shower, And Bathing	FA	<p>Serviced apartment rooms have full ensuites of an appropriate design to meet the needs of the residents. All resident rooms in the care centre with the exception of six standard rooms have a full ensuite. There are</p>

<p>Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>communal toilet/showers closely located to the standard rooms. There are adequate numbers of communal toilets located near the communal areas. There is a shower room that is large enough to accommodate a shower trolley if required. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. Communal toilet/shower facilities have a system that indicates if it is engaged or vacant.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>There is adequate room to manoeuvre mobility aids and transferring equipment safely, such as a hoist and hospital lazy boy chairs. The doors are wide enough for ambulance trolley or evacuation chair access. Residents and families personalise their apartment or rooms as viewed on the day of audit.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas within the facility include a main lounge, two family rooms (with tea/coffee making facilities) and dining room in care centre. There are spacious communal areas on the ground floor/serviced apartments including a dining room and café. There are seating alcoves within the facility. The communal areas and outdoor gardens and grounds are easily accessible for residents.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is laundered on site by a designated laundry person from 8 am-4.30 pm seven days a week. There is a defined clean/dirty area with an entry and exit door. Laundry is delivered in bags down the chute from the care centre laundry collection room which is locked.</p> <p>There are two housekeepers in the care centre for 7.5 hours a day seven days a week. Cleaning trolleys sighted were well-equipped and kept in designated locked cupboards when not in use. The serviced apartment trolley has a locked chemical box and, in the care centre the housekeepers take their caddy of chemicals with them when cleaning. There is a chemical mixing system and adequate personal protective clothing available. Internal audits monitor the effectiveness of laundry and cleaning processes. The</p>

		chemical provider monitors the use of chemicals and provides chemical safety training.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There is an emergency and civil defence plan to guide staff in managing emergencies and disasters. Emergencies and first aid are included in the mandatory in-service programme. There is a first aid trained staff member on every shift. Somerset Mountain View has an approved fire evacuation plan and fire drills occur six-monthly with the most recent on 27 July 2021. Smoke alarms, sprinkler system and exit signs are in place. The service has alternative cooking facilities (barbeque and gas hob) available in the event of a power failure. There are five 1000 litre tanks and stored bottled water for use in an emergency. The service holds at least three days of food storage. Emergency power is used for lighting and call bells for up to two hours with torches readily available and solar lights that can be accessed from the garden areas. The site has access to a company owned generator in case of power outage.</p> <p>Call bells were evident in resident's rooms, lounge areas, and toilets/bathrooms. The facility is secured at night.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Visual inspection evidenced that the residents have adequate natural light in the bedrooms and communal rooms, safe ventilation, and an environment maintained at a safe and comfortable temperature with central heating throughout the building.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The infection control coordinator/RN has been in the role for one year and has a job description that outlines the responsibility of the role. The infection control programme is linked into the quality management system and it is reviewed monthly via zoom meetings held with the regional quality manager. The infection control coordinator is supported by an infection control committee who meet monthly.</p> <p>Visitors are asked not to visit if they are unwell. Covid screening and health declarations remain in place. The service is currently operating under level 2 Covid restrictions. Influenza and Covid vaccines are offered to residents and staff. Hand sanitisers and masks are readily available throughout the facility.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator has completed infection prevention and control online learning via the DHB in July 2021 and is registered to attend the infection prevention and control conference for 2022 (due to cancellation this year). The infection control committee meet monthly and are representative of the clinical, activities, laundry and cleaning areas. There is access to expertise within the organisation, DHB, public health, laboratory and GPs. There have been regular conference calls with the DHB in regard to outbreak management and preparedness. Summerset has a Covid plan for alert levels that has been updated August 2021 with new restrictions. Resource information was available from the Ministry of Health and DHB. There are seven outbreak kits readily available for a resident in isolation. There is a storage cupboard with sufficient personal protective equipment.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are infection control policies that are current and reflected the Infection Control Standard: NZS 8134:2008 legislation and good practice. These are across the Summerset organisation and were reviewed last in April 2021. The infection control policies are available on the intranet and a hard copy manual is available to staff.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating and providing education and training to staff. The orientation package includes specific training around hand washing competencies, standard precautions and use of personal protective equipment. Ongoing training occurs annually as part of the training calendar set at head office. There has been additional training provided around Covid outbreak management, pandemic planning, alert levels and correct use of personal protective equipment/donning and doffing. Staff had been kept informed through regular memos and daily handovers.</p> <p>Resident education occurs as part of providing daily cares. Care plans can include ways to assist staff in ensuring this occurs. Residents and families were kept informed on Covid alert levels and visitor restrictions through email, phone and regular newsletters. Updates/signage were displayed at reception.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The infection control policy includes surveillance procedures. Infection events that meet the standard definitions are collected monthly and analysed for trends. The infection control coordinator provides infection control data, trends, graphs and relevant information to the infection control committee, regional quality manager, clinical and facility meetings. The facility is benchmarked against other Summerset facilities of similar size and benchmarking results are fed back to the infection control coordinator. Infection control audits are completed, and corrective actions signed off. Surveillance results are used to identify infection control activities and education needs within the facility. There have been two influenza-like illness outbreaks with one in June 2021 and one in July 2021. Influenza A and B and Covid swabs were negative. Daily case logs and notification to HealthCERT and the DHB were sighted for both outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies around restraints and enablers. The service had four (three hospital and one rest home) residents assessed as requiring the use of restraint (all bedrails) and no residents requiring an enabler. The care plans provide the basis of factual information in assessing the risks of safety and the need for restraint. Ongoing consultation with the resident and family/whānau are identified. Staff receive training around restraint minimisation that includes annual competency assessments.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>A restraint approval process and a job description for the restraint coordinator are in place. The restraint coordinator role is delegated to a registered nurse. They have been in this role for one year. All staff are required to attend restraint minimisation training annually.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of</p>	FA	<p>Only registered nursing staff can assess the need for restraint. Restraint assessments are based on information in the resident's care plan, discussions with the resident and family and observations by staff. The restraint assessment tool meets the requirements of the standard. All four residents' files where restraint was being used were reviewed. Each file included a restraint assessment and consent form that</p>

consumers is undertaken, where indicated, in relation to use of restraint.		was signed by the resident's family. Restraint use is linked to the resident's care plan and is regularly reviewed.
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	A restraint register is in place. This register identifies the residents that are using a restraint, and the type(s) of restraint used. The restraint assessment identified that restraint is being used only as a last resort. The restraint assessment and ongoing evaluation of restraint use includes reviewing the frequency of monitoring residents while on restraint. Monitoring forms are completed when the restraint is put on and when it is taken off and indicate monitoring at the frequency described in each resident's care plan.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	Restraint use is reviewed monthly during restraint meetings and three-monthly by the restraint coordinator. The review process includes discussing whether continued use of restraint is indicated.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	The restraint programme, including reviewing policies and procedures and staff education, is evaluated annually by the Somerset head office.

## 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>	<p>PA</p> <p>Moderate</p>	<p>There are a number of monitoring forms available which were in use on the day of audit to monitor resident's progress against resident goals, however there was no interventions/monitoring in place for two rest home residents, one hospital resident and one hospital respite resident as documented in the care plans.</p>	<p>1) There was no food and fluid monitoring in place (as per care plan) for one rest home resident with unintentional weight loss.</p> <p>2) Unintentional weight loss for another rest home resident had not been identified and there was no monitoring in place.</p> <p>3) There was no turning chart in place (as per care plan) for a hospital respite resident post fracture neck of femur.</p> <p>4) The behaviour management plan did not describe the behaviours exhibited, triggers, de-escalation/distraction</p>	<p>1,2 and 3) Ensure monitoring charts are implemented as documented in care plans.</p> <p>4) Ensure behaviour management plans include behaviour type, triggers and de-escalation/redirection including activities.</p> <p>90 days</p>

			techniques including activities as described in the behaviour chart entries.	
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.