

# West Otago Health Limited - Ribbonwood Country Home

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## 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 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>	West Otago Health Limited
<b>Premises audited:</b>	Ribbonwood Country Home
<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: 9 August 2021 End date: 10 August 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>	14

# 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
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

Ribbonwood Country Home is governed by a community trust board and is part of West Otago Health. The service provides care for up to 14 residents at hospital (geriatric and medical) and rest home level care. On the day of the audit there were 14 residents.

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

There is a quality and risk management programme in place which has been implemented. Residents, relatives and the GP spoke positively about the services provided at Ribbonwood Country Home.

The business manager and the team leader (both registered nurses) run the facility, they are supported by registered nurses, and long-standing caregivers.

This surveillance audit identified shortfalls around care planning timeframes, interventions and monitoring.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

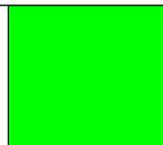


Standards applicable to this service fully attained.

The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. A system for managing complaints is in place. Relatives interviewed felt they were updated promptly of all adverse events.

## 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.

Ribbonwood home has a documented quality and risk management system that supports the provision of clinical care and support. A resident satisfaction survey has been completed in 2020. There are regular resident/relative meetings. Incidents are documented. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Registered nurses are responsible for care plan documentation. InterRAI assessments and care plans are completed and reviewed within required timeframes. Planned activities are appropriate to the resident's assessed needs and abilities. Residents and relatives were satisfied with the activities programme. The service uses an electronic medication management system. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current building warrant of fitness. Preventative and reactive maintenance occurs. The facility is spacious and provides adequate space for residents to access all communal areas using mobility aids. The external gardens are well maintained and accessible to all residents.

## 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.

The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. At the time of the audit there were no residents requiring restraints and no residents using an enabler. Staff training has been held around restraint minimisation and management of challenging behaviours.

## 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.

Ribbonwood home continues to implement their infection surveillance programme. Infection control issues are discussed at both the infection control and quality/staff meetings. The infection control programme is linked with the quality programme. Covid-19 was well prepared for. Policies, procedures and the pandemic plan have been updated to reflect Covid-19 guidelines. Hand gels are placed around the facility. Adequate supplies of personal protective equipment were sighted during the audit. There have been no outbreaks since the previous audit.

## 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	14	0	1	1	0	0
<b>Criteria</b>	0	39	0	1	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
<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>Complaints forms are available at the entrance to the facility and at the reception area of West Otago Health (which Ribbonwood is part of the building). Information around the complaints process is provided on admission. A record of all complaints, both verbal and written is maintained by the manager on the complaints register. One complaint has been received since the last audit: in 2019. Documentation and correspondence reflected evidence of responding to the complaints in a timely manner with appropriate follow-up actions taken. The staff interviewed could describe directing the complainant to the most senior person on duty. Residents and relatives advised that they are aware of the complaints procedure and how to access forms. The relatives interviewed stated they feel comfortable discussing concerns with the management.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Comprehensive information is provided at entry to residents and family/whānau. Three residents (one hospital and two rest home) interviewed stated that they were welcomed on entry and were given time and explanation about the services and procedures. Both the manager and the team leader were available to residents and relatives and they promote an open-door policy. The two relatives (one rest home, one hospital) interviewed advised that they are notified of incidents and when residents' health status changes promptly. The staff (the team leader, one registered nurse, three caregivers, one cook and the diversional therapist) interviewed, fluently described instances where relatives would be notified, incident reports reviewed, documented relative notifications. Interpreter services are available if required. During the Covid-19 lockdown period, a Facebook private page was set up. Photos were</p>

<p>conducive to effective communication.</p>		<p>uploaded to the page as a means for relatives to see what residents were doing during lockdown. This page now has more than 300 followers and includes relatives from all over the world. Relatives and residents interviewed felt the page had been a valuable addition to communication especially for relatives who are overseas.</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>Ribbonwood is community owned and provides care for up to 14 rest home and hospital (geriatric and medical) level care residents. A trust board governs the service. Board members are appointed by the community and include Māori and medical staff representation. The board meet nine times a year and receives reports from the business manager (RN) on all aspects of service delivery at Ribbonwood.</p> <p>On the day of audit, there were 14 residents - nine rest home (including one respite) and five hospital residents. All residents were under the Age-Related Residential contract (ARRC). All rooms at Ribbonwood are dual-purpose (rest home or hospital).</p> <p>The facility is attached to the West Otago Health services which provides primary and community care. A resident general practitioner (GP) provides medical care to the residents, and afterhours and on-call services are provided by the GP and PRIME trained registered nurses up until 10.30 pm. Gore hospital provides after hours support between 10.30 pm and 7 am. The service has access to a physiotherapist who works in the medical centre.</p> <p>The service has a current strategic plan and a business plan for 2021. The business plan identifies the purpose, values and scope of the business. The quality and risk management plan outlines the quality goals, which are reviewed at the combined staff quality meeting and bi-monthly management meeting. The GP and the registered nurse team leader provide clinical oversight at Ribbonwood.</p> <p>The business manager (RN) and team leader have completed at least eight hours of professional development 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</p>	<p>FA</p>	<p>The quality plan is in place which includes the values, mission and philosophy of the service. Objectives for the year include celebrating Māori language week, and encouraging staff to learn te reo Māori, investing in staff through increasing education and training opportunities. The manager reports progress to the board and attends the board meetings. A range of quality data is collated including incidents and accidents, infections, complaints/compliments, which are discussed at the three-monthly staff meetings. All current incidents and infections and interventions are discussed at handovers.</p> <p>Internal audits have occurred according to the schedule in 2021; there was a catch-up period in late 2020 to complete all internal audits for the year following the lockdown period. Audit templates included corrective actions identified, which have been signed off as completed and are discussed at staff meetings.</p> <p>Annual resident/relative satisfaction surveys are held, the 2021 survey is planned to be held later in the year. The</p>

<p>improvement principles.</p>		<p>2020 survey evidenced a high level of satisfaction around being involved in care planning, being fully informed, meals, activities, GP services and staff. There were no areas for improvement identified.</p> <p>There are monthly accident/incident and infection reports provided and these were displayed in the staff room. There is a hazard management, health and safety, and risk management programme in place. There are facility goals around health and safety. The health and safety coordinator (caregiver) was interviewed. There is a designated health and safety committee who meet six-monthly, more often if there are urgent matters to discuss. The hazard register is reviewed at each meeting. The health and safety coordinator has completed external level one training.</p> <p>Falls prevention strategies are in place including intentional rounding, post falls reviews and individual interventions.</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>The service documents and analyses all incidents/accidents. All incidents and near misses are documented on the electronic system by the registered nurses and data is included in the Board report. The caregivers document in the progress notes. Ten resident related incident/accident forms were reviewed. Individual incident reports have been completed for each incident/accident, with immediate action noted and individual resident risks were documented as followed up by the registered nurse. Neurological observations were documented for all unwitnessed falls or falls with a possible head injury.</p> <p>Discussions with the manager and team leader, confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications sent for a fire in 2020 and registered nurse shortages. There have been no outbreaks since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. A list of practising certificates is maintained. Five staff files were reviewed (the team leader, one registered nurse, and three caregivers). All had relevant documentation relating to employment, and current appraisals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists (sighted in files). Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>There is an education plan that is being implemented that exceeds eight hours annually and includes compulsory</p>

<p>practice and meet the requirements of legislation.</p>		<p>education required. There is evidence in the registered nurse files of attendance at the DHB external training. Interviews with caregivers confirmed participation in the Careerforce training programme. A competency programme is in place that includes annual medication competency for staff administering medications, manual handling, personal protective equipment/infection control, first aid and fire safety. Competency questionnaires were sighted in reviewed files.</p> <p>There are six registered nurses, three are trained in interRAI.</p> <p>All care staff are encouraged to complete New Zealand Qualification Authority (NZQA) education which is completed through Careerforce. Currently there are two caregivers with level 4, and two with level 3. A further six caregivers are in training.</p> <p>All RNs, caregivers, and the DT have a current first aid certificate.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Ribbonwood Country Home has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The manager and team leader works Monday to Friday.</p> <p>There were 14 residents on the day of the audit (nine rest home and five hospital level).</p> <p>Each shift has one caregiver and one registered nurse/team leader rostered. An extra caregiver can be added to the roster if resident acuity requires this. The manager and team leader share on call, supported by the PRIME nurse/GP on duty for the medical centre.</p> <p>Interviews with the registered nurse, caregivers and residents confirmed that there are sufficient staff to meet care needs.</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</p>	<p>FA</p>	<p>Ribbonwood Country Home have implemented an electronic medication management system. The supplying pharmacy couriers all medicines in blister packs for regular and 'as required' medications. Medications were checked and signed on arrival from the pharmacy.</p> <p>Registered nurses and senior caregivers are assessed as medication competent to administer medication. The RNs have completed syringe driver training. Standing orders were not in use. The medication fridge temperatures and room temperatures are recorded and within expected ranges.</p> <p>Ten electronic medication files were reviewed. Medication reviews were completed by the GP three-monthly. 'As required' medications were prescribed correctly with indications for use. Medications are stored securely in the locked medication room. Controlled drug medications were appropriately stored. There were two residents self-</p>

safe practice guidelines.		medicating inhalers. Both had current medication competencies in place, which were reviewed three-monthly by the GP.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals at Ribbonwood Country Home are prepared and cooked on site. There is a four-weekly seasonal menu which has been reviewed in 2020. There is a verified food control plan, completed by the local council. Fridge, freezer and chiller temperatures are taken and recorded daily. End-cooked food temperatures are recorded daily. The dishwasher is checked regularly by the chemical supplier. Fridge temperatures are recorded for the fridges in each resident dining/servery area. All staff have completed training in food safety and hygiene and chemical safety.</p> <p>The cook interviewed was aware of all residents' special dietary requirements on the day of audit. The cook is aware if residents are losing weight or not enjoying meals and she discusses with them or their families what food they would prefer, and this is provided. Supplements are provided to residents with identified weight loss issues. Individual resident likes, and dislikes are accommodated. Cultural and religious food preferences are accommodated. Resident meetings and surveys allow the opportunity for resident feedback on the meals and food services generally. The cook stated the residents also regularly provide verbal feedback. Residents and relatives interviewed were very complimentary about the food and confirmed alternative food choices were offered for dislikes.</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>	PA Moderate	<p>Overall, when a resident's condition alters, a registered nurse initiates a review and if required, GP, nurse specialist consultation. The caregivers follow the care plan and report progress at the end of each shift. The relatives interviewed stated they were notified of any changes to their relative's health. Short-term care plans were used for short term/acute changes in care. These were in place for infections in the resident files reviewed. A review of five resident files identified goals and interventions; however, not all interventions were identified.</p> <p>Neurological observations had been completed for unwitnessed falls where there was a possibility of a head injury.</p> <p>There was one wound on the day of the audit, which had a wound assessment, plan and evaluations which indicated progression towards healing of the wound. Adequate dressing supplies were sighted in the treatment room.</p> <p>Continence products were available and resident files included a urinary continence assessment, bowel management, and continence products identified. There is access to a continence nurse specialist by referral. Residents are weighed monthly or more frequently if weight is of concern.</p> <p>Monitoring forms were used for weight and vital signs, blood sugar levels, pain, challenging behaviour, and food and fluid charts, however, these were not always completed as directed.</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>There is a diversional therapist employed who works 12 hours per week, Monday – Friday, with flexibility to work hours that suit the residents’ needs. All staff incorporate activities on a daily basis as part of their caregiving/nursing roles. Each resident has an individual activities profile and assessment on admission and from this information, an individual activities plan is developed. Monthly progress notes document the resident’s involvement in activities, and progression towards meeting residents’ goals.</p> <p>An activities attendance register is maintained for each resident. A monthly plan is developed with opportunity to provide spontaneous activities that meet the residents’ needs. Activities include (but not limited to); happy hours, music therapy, weekly church service on a Sunday, group games and outings (weather permitting). The activities programme reflects the residents’ cognitive and physical abilities.</p> <p>There is a school student completing the Duke of Edinburgh programme, who visits the facility to facilitate houseie, the local play centre visit and volunteers from the community assist with games and crafts</p> <p>Residents and families interviewed commented that activities meet resident needs. There are bi-monthly resident meetings, where residents are asked for suggestions as part of planning activities for the next month. Newsletters are sent two monthly, and updates relatives of what’s been going on around the facility and upcoming events. The Facebook page has been very popular and is utilised to update relatives of activities and outings. Relatives also post photos for staff to show their resident.</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>Initial care plans reviewed for long-term residents were evaluated by the team leader or registered nurse within three weeks of admission. Long-term care plans have been evaluated six monthly or earlier if required. A multi-disciplinary team (MDT) meeting is held by the team leader or registered nurses, DT with input from the caregivers. The resident is present at the review meeting and relatives are invited to attend or updated if unable to attend. The MDT meetings document progression towards meeting the residents’ goals.</p> <p>Overall, when the residents condition changes, a short-term care plan is implemented, reviewed and evaluated in a timely manner or added to the long-term care plan, however, not all care plan interventions were current (link 1.3.6.1).</p> <p>The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes or the care plan.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an</p>	<p>FA</p>	<p>The building has a current warrant of fitness expiring on 8 January 2022. Preventative and reactive maintenance occurs, and records are maintained. Hot water temperatures are checked regularly and were within ranges. Tradesmen are available if required. Equipment has been tagged and tested.</p> <p>All areas are accessible for residents using mobility aids. There are three lounge areas with a sliding door between</p>

<p>appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>two areas, and a small lounge at the end of the corridor looking out over views of the countryside. The dining room is adjacent from the kitchen and provides adequate space for residents.</p> <p>Outdoor areas and gardens are manicured and accessible to residents and have seating and shade provided.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs and pressure injury equipment (if required), to safely deliver the cares as outlined in the residents' care plans.</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>Ribbonwood Country Home continues to implement their infection surveillance programme. Individual infection reports were completed for all infections. Three-monthly electronic report and graphs have been completed by the infection control coordinator (team leader) and included in the Board report. Infection control (IC) issues are discussed at the head of department and staff meetings, there was evidence of discussing trends in staff meetings. In-service education is provided annually and in toolbox talks when required. Infection control rates remain very low, with some months with no infections.</p> <p>Covid-19 was well prepared for, with extra staff meetings and education sessions completed. The district health board have completed a Covid-19 audit and corrective actions have been addressed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Restraint minimisation policies and procedures include definitions, processes and use of restraints and enablers. The team leader is the restraint coordinator. At the time of the audit there were no residents using restraints or enablers. Staff training has been held for management of challenging behaviours, and restraint minimisation.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	In all five resident files reviewed, initial assessments, care plans and interRAI assessments were completed within expected timeframes, however, the long-term care plans were completed before the interRAI assessment was completed. Care plans were not evidenced as reviewed following the completion of the interRAI assessment.	InterRAI assessments were completed after the long-term care plan, therefore did not inform the care plan in two hospital and three rest home files reviewed.	<p>Ensure assessments completed inform the long-term care plan interventions.</p> <p>90 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and</p>	PA Moderate	Overall the care plans reviewed included information and instructions for caregivers to provide care for the residents. The caregivers interviewed felt there was sufficient information in the care plans to guide them to provide care for the residents. However not all interventions were documented in the care plans, and not all monitoring charts had been completed as directed by the GP/care plan interventions.	(i) Interventions around management of high and low blood sugar levels and expected ranges for blood sugar levels were not documented in the care plan for one rest home level resident who is an insulin	(i) Ensure interventions include risk management such as signs and symptoms of hyper and hypo glycaemia, and the range of acceptable blood

<p>desired outcomes.</p>		<p>Short-term care plans were in use for short-term needs and had been reviewed and either resolved or transferred to the long-term care plans as required.</p>	<p>dependent diabetic.</p> <p>(ii) There were no vital signs consistently recorded for a hospital level resident with low oxygen saturations and shortness of breath.</p> <p>(iii) The long-term care plan interventions were not current around falls prevention for a rest home resident.</p> <p>(iv) The side effects of warfarin were not documented in the care plan for a rest home resident who falls.</p> <p>(v) There were no interventions documented for a resident receiving eye baths and eye cares as directed by the GP.</p>	<p>sugar ranges.</p> <p>(ii). Ensure observations are documented for changes in health status such as low oxygen saturations and shortness of breath.</p> <p>(iii)-(iv). Ensure all care plan interventions are current.</p> <p>90 days</p>
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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.