

Oceania Care Company Limited - Redwood Retirement Village

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 Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Redwood Rest Home and Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 24 July 2017 End date: 25 July 2017
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	62

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Redwood Lifestyle Care and Village can provide care for up to 84 residents. There were 62 residents at the facility on the first day of the audit.

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

The business and care manager is responsible for the overall management of the facility including clinical care and is supported by a clinical manager, and the regional and executive management teams. Service delivery is monitored.

There were three previous corrective action requirements relating to complaints; corrective actions and assessments which have been implemented. There are three new corrective requirements that relate to essential notification reporting; interRAI assessment timeframes and service provision intervention meeting assessed needs.

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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Family are updated if any changes occur in a resident's condition in a timely manner. Resident and family meetings are held every two months. Interpreter services are accessed when required and a multicultural staff mix enables interpretation by staff where appropriate.

Open communication between staff, residents and families is promoted and confirmed.

A complaints register is maintained and is up to date. Complaints are investigated within the required timeframes and documentation is maintained.

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.		Some standards applicable to this service partially attained and of low risk.
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Oceania Healthcare Limited is the governing body and is responsible for the service provided at Redwood Lifestyle Care and Village. The business and care manager is a registered nurse and holds a current practising certificate, and is qualified and experienced in management systems and processes. The clinical manager is supported by the clinical and quality manager

(regional), the operations manager (regional) and the senior clinical and quality manager (national) regarding oversight of the service and clinical care.

Oceania Healthcare Limited has a documented quality and risk management system that supports the provision of clinical care at the service. Quality and risk performance is reported through meetings at the facility and monitored by the organisation's management team through the business status reports. Benchmarking reports are produced that include incidents/accidents, infections, complaints and clinical indicators. Policies are reviewed at support office and are current. Resident information is identifiable, accurately recorded, current, confidential, accessible when required and securely stored.

There are human resource policies implemented around recruitment, selection, orientation, staff training and development. Staff, residents and family confirmed that staffing levels are adequate and residents and relatives have access to staff when needed.

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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The registered nurses are responsible for the development of care plans with input from the residents, staff and family member representatives. The initial care plans and the initial risk assessments are developed within the required timeframes, which meet the needs of the resident and contractual requirements. The residents' long-term care plans are evaluated six monthly. The short-term care plans are developed for short-term problems and evaluated in a timely manner.

Planned activities are appropriate to the residents assessed needs and abilities. Residents expressed satisfaction with the activities programme in place.

There is a medication management system in place and medication is administered by staff with current medication competencies. There was one resident self-administering medications at the facility on audit days and did so according to policy and guidelines.

Nutritional needs are provided in line with nutritional guidelines and residents with special dietary needs are catered for.

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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There is a current building warrant of fitness. There have been no building modifications since the last audit. Fire damaged rooms are being refurbished and are not in use.

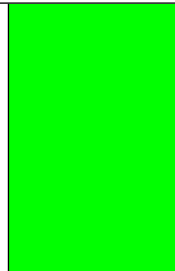
Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The restraint minimisation and safe practice policies and procedures record the safe use of restraints and enablers and comply with this standard. There were four residents using restraints and five residents requesting the use of enablers on audit days. Staff interviewed demonstrated an understanding of restraint and enabler use and receive ongoing restraint education.

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 prevention and control surveillance activities are appropriate to the size and scope of the services provided. Infection prevention and control management systems are in place to minimise the risk of infection to residents, visitors and staff. Infection data is collated monthly, analysed and reported to Oceania Healthcare Limited support office, management and staff. Results of the surveillance are acted upon, evaluated and reported.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	13	0	1	2	0	0
Criteria	0	36	0	1	2	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The organisation's complaints policy and procedures are in line with the Code and include periods for responding to a complaint. Complaint forms are available at the entrance of the facility. The business and care manager is responsible for managing complaints. Residents and family confirmed complaints are dealt with as soon as they are identified.</p> <p>A complaints register is in place and the register includes: the date the complaint is received; the source of the complaint; a description of the complaint; the outcome and agreed action. The complaints register includes documentation of verbal complaints. Evidence relating to each complaint lodged is held in the complaints folder. Complaints reviewed in 2017 indicated complaints are investigated promptly with the issues resolved in a timely manner.</p> <p>Residents and their families confirmed at interviews that they can raise any issues they have during resident meetings. Projects have been completed as a result of identifying shortfalls through review of complaints, adverse events monitoring and suggestions from residents. Improvements required from the previous audit have been implemented.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate</p>	FA	<p>Information in regard to the Health and Disability Commission Code of Health and Disability Services Consumers' Rights (the Code), advocacy services, interpreter services, complaints process and the fee</p>

<p>effectively with consumers and provide an environment conducive to effective communication.</p>		<p>structure is provided to residents and their families as part of the admission pack. The resident admission agreement, signed by residents or their representative on entry to the service, details information about the services that are included in service provision, including details of services that will incur cost outside the subsidy agreement.</p> <p>Family members stated they are kept informed of any change in the resident's condition and incidents/accidents that occur. Communication with family members is recorded in the residents' progress notes and on family communication forms. Open disclosure policy and procedures are in place to ensure staff maintain open, transparent communication with residents and families. There was evidence of resident/family input into the care planning process. Staff interviewed demonstrated understanding of the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. Two monthly residents' meetings provide a forum for discussion.</p> <p>Interpreter services are available through the district health board (DHB), if required. Staff knew how to access this service if needed but reported this was rarely required, as the facility has a multicultural staff mix, which enables staff to act as interpreters.</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>Redwood Lifestyle Care and Village is part of Oceania Healthcare Limited (Oceania) with the executive management team including the chief executive, general manager, regional manager, operations manager and clinical and quality managers providing support to the service.</p> <p>There are values, goals and a philosophy documented in the strategic overview of the service. The strategic plan also includes a marketing plan and a strengths, weaknesses, opportunities, and threats analysis. These are communicated to residents, staff and family through information in booklets and in staff orientation and the web site.</p> <p>Communication between the service and managers takes place on at least a monthly basis. The operations manager, senior clinical and quality manager and the clinical and quality manager provided support during the audit.</p> <p>The facility can provide care for up to 84 residents. During the audit there were 62 residents living at the facility including 29 residents requiring rest home level of care; 19 residents requiring hospital level. There are 12 residents in care suites requiring rest home and hospital care and 2 requiring respite care, these numbers include 1 young person with disabilities requiring hospital level of care.</p> <p>The business and care manager (BCM) is responsible for the overall management of the facility and had been in the role for 18 months. The BCM has had previous management experience in district health boards and primary care organisations.</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>The organisation has a risk management programme. The facility has a documented quality risk management framework incorporated in the business plan, to guide practice.</p> <p>The service has implemented organisational policies and procedures to support service delivery. All policies are subject to reviews as required with all policies current and in alignment with the document review policy. Policies are linked to the Health and Disability Service Standards, current and applicable legislation, and evidenced-based best practice guidelines. Policies were noted to be readily available to staff in the staff room. New and revised policies are signed by staff to confirm they have read and understand them.</p> <p>There are staff; quality; health and safety; and infection control monthly meetings. Minutes of all these meetings are documented and demonstrate issues are resolved. All staff interviewed reported they are kept informed of quality improvements.</p> <p>Health and safety policies and procedures are in place for the service. This includes a documented hazard management programme and a hazard register for each part of the service. There is evidence that any hazards identified are signed off as addressed and risks minimised or isolated. Service delivery is monitored through complaints, review of incidents and accidents, surveillance of infections and implementation of an internal audit programme. The internal audit programme is guided by the annual audit plan, which includes, for example, health and safety; code of rights; clinical assessments; training; practising certificates and a facility clinical check.</p> <p>Quality improvement data is analysed for opportunities to improve service delivery.</p> <p>The previous improvement in regard to corrective action plans has been implemented.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>PA Low</p>	<p>The business and care manager is aware of situations in which the service would need to report and notify statutory authorities. An improvement is required in reporting.</p> <p>Incident/accident reports reviewed had a corresponding note in the progress notes to inform staff of the incident/accident. Information gathered around incidents and accidents is analysed with evidence of improvements put in place. Incident/accident reports are signed off by the business and care manager. Staff receive education at orientation and as part of the ongoing training programme on the incident and accident reporting process. Staff understand elements of the adverse event reporting process and could describe the importance of recording near misses.</p>
<p>Standard 1.2.7: Human</p>	<p>FA</p>	<p>Human resource policies and processes are in place and implemented. All registered nurses (RN) hold current annual practising certificates and visiting practitioners' practising certificates reviewed were</p>

<p>Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>current. Visiting practitioners include: general practitioners; pharmacists; a dietitian and a podiatrist. Staff files include employment documentation such as: job descriptions; contracts; and appointment documentation. Police and drug checks are completed and an annual appraisal process is in place with all applicable staff having a current performance appraisal.</p> <p>All staff have completed a comprehensive orientation programme. Staff could articulate the buddy system that is in place and confirmed the competency sign off process is completed.</p> <p>Mandatory training is identified on a training schedule. A training and competency file is held for all staff. Electronic documentation of all training and folders of attendance records are maintained and include external training programmes. The service has a varied approach to ensuring that staff receive annual training that includes attendance at training sessions and annual individualised training around core topics. The training register and training attendance sheets demonstrated staff completion of annual medication competencies.</p> <p>All seven RNs employed at the facility have completed InterRAI training. Staff completed training around pressure injuries in 2017.</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>Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflected staffing levels meet resident acuity and bed occupancy. The staffing policy is the foundation for workforce planning.</p> <p>There are 54 staff, including clinical staff, staff who facilitate the activities programme and household staff. There is an RN on each shift. The business and care manager is on call. If the business and care manager is on leave, the clinical manager takes the on-call role.</p> <p>Evidence reviewed and observations confirmed residents requiring hospital level of care are well supported with a RN on duty at all times. Residents requiring rest home level of care are encouraged to be as independent as possible.</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>	FA	<p>The medication management system is implemented to ensure that residents receive medicines in a secure and timely manner. The medication entries sampled on the electronic system complied with legislation, protocols and guidelines. The e-prescribing electronic system is accessed by use of individual passwords and generic facility log in. Allergies are clearly indicated and photographs uploaded for easy identification on the computer.</p> <p>The pre-packaged medication are checked by the RN on delivery to the facility. Medications are stored in</p>

<p>safe practice guidelines.</p>		<p>a safe and secure way. Medication reconciliation is conducted by the RNs or the GP. All medications are reviewed every three months and as required by the GP.</p> <p>An annual medication competency is completed for all staff administering medications and medication training records were sighted. An observed medication round evidenced safe administration of medicines. The drug register is current and correct. Weekly and six monthly stock takes are conducted and all medications are stored appropriately. The medication fridge temperatures are monitored. A system is in place for returning expired or unwanted medications to the pharmacy.</p> <p>There was one resident self-administering medication at the time of the audit and adhered to policy and guidelines.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Meals are prepared on site and served in the respective dining areas. The menu has been reviewed by a dietitian. The kitchen staff have current food handling certificates. Diets are modified as required and the cook confirmed awareness of dietary needs of the residents. The residents have a nutritional profile developed on admission which identifies dietary requirements, likes and dislikes.</p> <p>The kitchen and pantry were observed to be clean, tidy and stocked. Records of temperature monitoring on refrigerators and freezers are maintained, as are the food temperatures. Regular cleaning is undertaken and all services comply with current legislation and guidelines. The residents and family/whanau interviewed indicated satisfaction with the food service.</p> <p>Redwood food control plan was audited in June 2017 by external auditing company with 100% compliance.</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 documented interventions in short-term care plans and long-term care plans are sufficient to address the assessed needs and desired goals/outcomes. Progress notes are completed on every shift. Monthly observations are completed and are up to date.</p> <p>Adequate clinical supplies were observed and the staff confirmed they have access to the supplies and products they require. The review of wound care management documentation evidenced the wounds requiring photo documentation; wound assessments and reviews are completed.</p> <p>There is an area requiring improvement relating to ensuring the assessment findings are reflected in provision of services.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme covers the physical; social; recreational; emotional and cultural needs of the residents. The residents and relatives interviewed reported overall satisfaction with activities provided.</p> <p>The residents' activities programme was developed by a diversional therapist (DT) who had resigned from their position two months prior to the audit. Previously the activities programme was implemented five days a week, however, in May 2017 the programme commenced to be provided seven days a week. Two activities assistants have been employed to provide the programme under the guidance of the business and care manager. One of the activities assistants has commenced diversional therapy training.</p> <p>The residents' activities assessments are conducted by the activities assistants within the three weeks of the residents' admission to the facility and resident's interests are gathered during an interview with the resident and their family. The activity care plan is part of the long-term care plan completed a registered nurse and reflects the resident's preferred activities of choice. Residents' attendances at activities is monitored.</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>Residents' long-term care plans and activity plans are evaluated at least six monthly and updated when there are any changes (refer to 1.3.3.3). Relatives and staff input is sought in all aspects of care. The evaluations record how the resident is progressing towards meeting their goals and responses to interventions. Short-term care plans are developed when needed and signed and closed out when the short-term problem has resolved.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness is posted in a visible location at the entrance to the facility. There have been no building modifications since the last audit.</p> <p>The recently fire damaged rooms are being refurbished and are not in use. The refurbishment of these rooms is not affecting residents or staff. The improvements required from the previous audit have been implemented.</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</p>	<p>FA</p>	<p>The infection prevention and control surveillance policy identifies the requirements around the surveillance of infections and the type of surveillance to be undertaken.</p> <p>The infection surveillance programme is appropriate for the size and complexity of the organisation. Infection logs are maintained for infection events and collated monthly by the clinical manager. The clinical manager is the infection control nurse. The collated data is analysed to identify any significant trends or common possible causative factors. The collated infection control information is communicated as clinical</p>

programme.		<p>indicators to the Oceania support office, management and staff. The clinical indicators are reviewed by the Oceania clinical quality team and reported to the Oceania board.</p> <p>Residents' files evidenced the residents' who were diagnosed with an infection had short-term care plans in place. In interviews, staff reported they are made aware of any infections of individual residents by way of feedback from the registered nurses, verbal handovers, short-term care plans and progress notes. This was evidenced during attendance at the staff handover and review of the residents' files.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The Oceania restraint minimisation and safe practice handbook and policies comply with this standard and relevant legislation and include methods for minimising restraint and approved alternatives. The definitions of restraint and enablers are consistent with this standard.</p> <p>There were five residents requesting the use of enablers and four residents requiring restraint. The assessment, approval, monitoring and review process is the same for both restraints and enablers.</p> <p>The restraint coordinator is a registered nurse, with the position description signed. The restraint register is maintained and current. The required documentation relating to restraint and enabler use is recorded. The residents' documentation relating to enabler use confirmed the enablers have been requested by the residents, are the least restrictive options and promote the residents' independence and safety.</p> <p>Staff receive restraint education via the Oceania study days, as well as registered nurse study days.</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 1.2.4.2</p> <p>The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.</p>	PA Low	The business and care manager is aware of the statutory and/or regulatory obligations and the correct authority to notify, however, a pressure injury requiring reporting via a section 31 was not reported, however this notification was sent to the HealthCERT on the day of the audit.	The pressure injury section 31 was not sent to HealthCERT.	<p>Ensure all staff understand statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.</p> <p>7 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and</p>	PA Moderate	The review of the rest home residents' clinical files evidenced (two of the three files) risk reassessments were not conducted within the six month timeframe. Three additional rest home residents' files were reviewed relating to risk reassessments and all showed the six monthly timeframe of review was not adhered to.	InterRAI reassessments and risk reassessments are not consistently	Provide evidence interRAI reassessments and risk reassessments are completed within the required

<p>exit) is provided within time frames that safely meet the needs of the consumer.</p>		<p>The review of the interRAI reassessments log evidenced four residents had not had their six monthly interRAI reassessments completed. This was confirmed at RN and clinical manager interviews.</p>	<p>completed within the required six month timeframes.</p>	<p>timeframes. 90 days</p>
<p>Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Moderate</p>	<p>For one resident (refer 1.3.3 hospital tracer) a nutritional and hydration assessment was conducted in February 2016 and indicated a moderate risk level. However, there was no evidence of interventions put in place following this finding. The resident developed unstageable pressure injury in November 2016. The six monthly nutritional and hydration assessments following the assessment in February 2016 could not be sighted. In June 2017 the nutritional reassessment indicated a high risk level.</p> <p>The clinical file of this hospital resident does not record that the resident was referred to a dietitian, commenced on a high protein diet or that they were receiving additional nutrients for healing. The pressure injury care plan records the resident was to have a high protein diet, however, this had not been implemented.</p> <p>Discussion was held with the clinical manager on day of audit following this finding. The clinical manager sent a referral to the dietitian; highlighted the high risk level on the risk assessment form; amended the long-term care plan to include a high protein diet and informed the kitchen staff.</p>	<p>A high risk assessment for one resident with a pressure injury had not been followed through with appropriate interventions.</p>	<p>Ensure risk assessment findings are reflected in the provision of services to meet the resident's needs. 90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.