Presbyterian Support Southland - Peacehaven Village

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity:	Presbyterian Support Southland
Premises audited:	Peacehaven Village
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 22 May 2019 End date: 22 May 2019

Proposed changes to current services (if any): Reconfiguration to re-introduce ten previously decommissioned psychogeriatric beds. The opening is planned for 30 June 2019. This will increase the psychogeriatric beds from 10 to 20.

Total beds occupied across all premises included in the audit on the first day of the audit: 106

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.

General overview of the audit

PSS Peacehaven provides care for up to 119 residents across four service levels (rest home, hospital [medical and geriatric], dementia and psychogeriatric care). On the day of audit, there were 106 residents in total.

The purpose of this partial provisional was to verify the previously decommissioned ten bedded psychogeriatric (PG) unit. The service is planning to reopen the wing and admit residents from the 30 June 2019. This will increase beds numbers to 129 total beds and increase psychogeriatric beds from 10 to 20.

There has been recent restructure of the management team at Peacehaven. A newly appointed facility manager and clinical manager (from another PSS facility) are commencing at Peacehaven from beginning of June 2019. Both are experienced registered nurses in aged care and working with people with dementia.

This audit identified the environment, draft staff rosters, equipment requirements, established systems and processes are appropriate for the increase in residents in the psychogeriatric unit.

Two of four previous audit shortfalls within service delivery have been addressed, these are around activity plans, and medication management. Further improvements are required around continuity of care and care plan interventions. No further shortfalls were identified in regards to this partial provisional audit.

Consumer rights

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Organisational management

There has been a recent management restructure with a new facility manager and clinical manager recently appointed. The clinical manager (RN) will fulfil the manager role during a temporary absence. Peacehaven has well developed policies and procedures that are structured to provide appropriate care for residents that require psychogeriatric, dementia, hospital/medical, and rest home level care.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development.

The orientation programme has been reviewed and provides new staff with relevant information for safe work practice. An annual education schedule has been implemented. A staffing roster is in place for all areas of the facility and a prospective roster that includes the additional unit.

Continuum of service delivery

The registered nurses complete interRAI assessments, risk assessments, care plans and evaluations within the required timeframes. Care plans demonstrate service integration.

The activity team provide an activities programme in the rest home and hospital and a separate programme in the psychogeriatric and dementia care unit. There were 24-hour activity plans for residents in the dementia care and psychogeriatric care units that were individualised for their needs.

The medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines. The service uses two weekly robotic packs and an electronic medication management system. There is a secure treatment room in the dementia unit. The medication trolley for the psychogeriatric unit will be stored in a locked cupboard.

The menu has been audited and approved by an external dietitian. The large spacious kitchen included freezers, stand-up fridges and walk-in pantry.

Safe and appropriate environment

Peacehaven has a current building warrant of fitness. The wing has carpet tiles throughout with vinyl surfaces in resident rooms, bathrooms/toilets and kitchen areas. There is adequate space in the wing for storage of mobility equipment. There are sufficient communal areas within the psychogeriatric areas that include lounge and dining areas, and smaller seating areas that allow for the safe use of mobility equipment. Each resident room has a shared ensuite and has been designed for the use of mobility equipment. The pager call bell system is available in all areas. Call bells are available in all resident areas. All areas are appropriately heated and ventilated by radiators.

There is a secure external courtyard with suitable pathways and seating and shade provided. New equipment has been purchased for the wing.

Restraint minimisation and safe practice

A restraint policy includes comprehensive restraint procedures. The documented definition of restraint and enablers aligns with the definition in the standards. There are three residents with enablers and no residents using restraint. Staff are trained in restraint minimisation, challenging behaviour and de-escalation.

Infection prevention and control

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	3	0	0
Criteria	0	36	0	0	3	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
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Peacehaven is one of four aged care facilities under Enliven Residential Services for Older People (SOP), a division of Presbyterian Support Southland (PSS). Peacehaven is certified to provide rest home, hospital (medical and geriatric), dementia and psychogeriatric care. The rest home and hospital have full dual-bed capacity of 81 beds. The dementia unit has 20-bed capacity and the existing psychogeriatric unit has 10 beds. On the day of audit, there were 106 residents; 34 rest home residents including one respite care, 43 hospital residents (including one LTS-CHC and two YPD) in the Elliot and Kilimos (rest home/ hospital wing). In Iona (dementia and psychogeriatric), there were 20 residents in the secure dementia wing including one on a MH contract and there were nine residents in the secure psychogeriatric wing. The purpose of this partial provisional was to verify a further ten (previously decommissioned) psychogeriatric beds as suitable PG level care. Once open the 20 bed PG units (which includes the current 10 PG beds) will operate as one unit. The service is planning to open the unit and admit residents 30 June 2019. This will increase beds numbers to 129 beds. An opening operating programme monitors progress of tasks in preparation for the

		opening of the wing. Peacehaven has set several quality goals around the opening of the facility and these also link to the organisations strategic and business plan. Since the surveillance audit, there have been changes in the management structure and quality systems at Peacehaven. The existing village manager will be moving into a new pastoral and village management role for three villages within Enliven Southland Services. He will be replaced by a new facility manager who a registered nurse with experience in managing a combined psychogeriatric and dementia unit. The new clinical manager who is an RN and has four years' experience in a clinical manager role. The dementia clinical coordinator (RN) has been in her role two years at Peacehaven, the quality manager has been made part of the management team. Peacehaven has several quality goals around the opening of the unit and these also link to the organisations 2018-2020 strategic plan and the 2019-2020 business plan. The quality manager reports monthly to the board of directors on any quality and risk matters. The Trust meets monthly. The incoming facility manager and clinical manger has exceeded the eight hours education requirements.
Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.	FA	The new clinical manager (RN) will fulfil the facility manager role during a temporary absence. The clinical manager has experience in age care and will be supported by the quality manager and long-standing staff.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	PA Moderate	Seven staff files were reviewed including four recently employed staff (3x caregivers and 1x RN). Current staff files included 1x DT who will be providing activities in the PG unit, the clinical coordinator of the dementia and PG units, and one nightshift caregiver, all working in the dementia units currently. The new wing will be staffed with existing and new staff as occupancy increases. There is adequate existing staff to cover the first stage of admissions (up to 15 residents in the whole unit). The service has an orientation programme in place that provides new staff with relevant information for safe work practice. All new staff files reviewed have a revised orientation plan in place, with a schedule of the six to eight-week orientation period. This is a staged process with part of documentation to be completed within

		timeframes. Various parts of the orientation documentation were sighted in the new files reviewed and have been completed within timeframes. This is an improvement from the previous finding. There is a minimum of one care staff with a current first aid certificate on every shift. Iona (dementia and psychogeriatric unit) has 23 care staff employed in this area and all except three new staff have completed dementia qualifications. These three outstanding and one newly employed caregiver are booked to commence dementia training in August. There are several staff members with dementia qualifications who work in the hospital and rest home area, and if required, these staff members support Iona. A record of practising certificates is maintained. There are seven RNs in total and four are interRAI trained. Registered nurses have access to external education via the DHB and hospice.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	The previous surveillance audit identified a finding around staffing. Skill mix, and protocol was discussed at the RN meeting shortly after the surveillance audit to discuss rostering and responsibilities for covering vacant shifts. The quality consultant is reviewing the policy to ensure clinical safety. The last two-week roster was sighted, and all vacant shifts have been filled. The current roster and for planned admissions for the psychogeriatric unit is; (increase in 5 residents =15 residents); Morning: 1x RN 7 am to 3 pm supported by two caregivers (2x 7 am-3 pm and 1x 7 am-11 am), Afternoon: 1x RN 2.45 pm to 11.15 pm, supported by two caregivers (1x 3 pm to 11 pm, and 1x 5 pm to 9 pm), and one activities from 3 pm to 8.30 pm. Night 1x RN supported by two caregivers 11 pm to 7 am. 20 residents (full occupancy) Morning; one RN, one enrolled nurse (EN) supported by two caregivers 7 am to 3 pm. Afternoon; one RN, one EN 7 am to 3 pm supported by three caregivers (2x 7 am to 3 pm and 1 x 5 pm to 9 pm), one activities 3 pm to 8.30 pm.

		Night; one RN supported by two caregivers. Existing cleaning and laundry hours will be increased according to occupancy. This is in the proposed for change process plan and is still in the consultation stage. There are 60 activity hours between the dementia and psychogeriatric unit, with caregivers leading activities when activities staff are not available. This will continue with the activities times moved to later in the day.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accordance with the guidelines. Peacehaven have implemented an electronic medication system. There is a contract with a local pharmacy. There is a secure treatment room in the dementia unit (shared with the PG unit) with two locked medication trolleys, one for dementia and one for the PG unit. The medication trolley for the PG unit will be stored in a locked cupboard in the unit. There are sufficient medication competent RNs/caregivers to manage the new wing. The RNs administer medications in the PG unit and complete annual medication competencies. Annual in-service education on medication is provided. The service uses two weekly robotic packs. Medications (robotic rolls) are checked on delivery against the medication chart and any discrepancies fed back to the pharmacy. Standing orders are not used. The medication fridge is monitored weekly, temperatures are within ranges. The previous audit identified gaps in checking the controlled drug register. Both controlled drug registers were reviewed. Weekly checks have continued to occur in the dementia unit. In the Elliot and Kilimos (rest home/ hospital unit), overall checks have been completed weekly and this is an improvement on previous audit.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	Peacehaven have a food control plan in place expiring on 4 May 2020. There is a large commercial kitchen and all meals are cooked on site for the entire facility. All staff working in the kitchen have food safety certificates (NZQA). Food is served from the kitchen to the adjacent dining area. Other dining areas have food transported in a bain marie to the dementia and psychogeriatric units.

		Special diets are being catered for. The menu is designed and reviewed by a registered dietitian at an organisational level. Residents have had a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review or sooner if required. The kitchen staff were aware of changes in resident's nutritional needs. Kitchen fridge/freezer temperatures and food temperatures were undertaken and documented. Kitchen staff also check and record temperatures of the fridges throughout the facility. Special equipment was available, and this was assessed as part of the initial nursing assessment. There are additional nutritious snacks available over 24 hours. Staffing will remain the same in the kitchen, as there were no changes following the decommissioning of the ten rooms.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	PA Moderate	Overall, the long-term care plans (hospital/rest home/dementia/psychogeriatric) reviewed, reflected the current needs of the residents. There were interventions included in the long-term care plans for diabetes including signs and symptoms of hyper and hypoglycaemia and unintentional weight loss. However, not all short-term care plans were in place for infections. One resident with a PICC line did not have any interventions documented to support this. Pre-populated short-term care plans are available for use to document any changes in health needs with interventions, management and evaluations which include but not limited to; antibiotic use, unusual/escalating behaviour and for wounds.
Standard 1.3.7: Planned Activities 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.	FA	One qualified diversional therapist (DT) works full time in the dementia and psychogeriatric units (PG). They are supported by another part-time DT, one part-time activities coordinator and one casual activities coordinator. Activity/quality of life assessments are completed for residents on admission. The quality of life plan in the files reviewed had been evaluated at least six-monthly with the care plan review. All residents except the respite resident had a current quality of life assessment plan and evaluation (for residents who have been in Peacehaven for more than six months). This is an improvement on the previous finding. A music therapist is employed and works across all areas of Peacehaven. The programme is delivered seven days a week including in the evening in the dementia and PG units. Residents in the dementia and psychogeriatric care units were observed being fully engaged in the group activity provided. There were 24-hour

		activity care plans documented in the one dementia and two psychogeriatric resident files sampled. K9 pet therapy and volunteers visit the facility on a regular basis. The activities hours are planned to change to be later in the day from 3 pm to 8.30 pm once the psychogeriatric unit reaches 15 residents. Activities are led by caregivers in times when the DT is not available. Residents in the psychogeriatric unit are offered to participate in the dementia group activities.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Shared sluice room between the PG unit and dementia unit is locked. Material safety datasheets were available, and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. Safe chemical handling training has been provided.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	Peacehaven has a current building warrant of fitness, which expires on 1 February 2020. Hot water temperatures are checked monthly. Medical equipment and electrical appliances have been tested and tagged and calibrated. There have been new hi/low electric beds, and two hoists (one full body hoist and one standing hoist) purchased for the re-opening of the psychogeriatric unit. There is a planned schedule for regular and reactive maintenance which is well maintained. The unit is a mirror image of the existing unit which has a long corridor with bedrooms at the end of the corridor where the two units meet are a lounge/ dining area in the existing unit, a kitchenette and a smaller lounge in the ‘new’ unit. Both lounge areas have access to the external courtyard. There is one ‘dead-end’ in the ‘new’ unit where there is a locked cupboard (where the medication cupboard will be kept) which is camouflaged with a woodland scene. There are sufficient seating areas throughout the facilities. The outdoor areas off the dementia and psychogeriatric units were well maintained secure areas with safe paving, shaded seating, lawn and gardens. There are quiet, low stimulus areas that provide privacy when required, including individual rooms. There is wheelchair access to all internal and external areas of the unit.

Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	All resident rooms have shared full ensuites with locks. Mobility aids can be managed in ensuites. Ensuite walls are tiled with wet area showers. There are easy clean flooring and fixtures, and handrails are appropriately placed. There are no communal bathrooms in the psychogeriatric unit. Visitor toilet facilities are available.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All resident rooms are large and provide adequate space for manual handling equipment and mobility aids. All floors are vinyl, and are furnished with electric hi/low beds, a recliner resident chair, a visitors chair, a bedside cabinet, chest of drawers, built in wardrobe and hand basin. Each room can be personalised to resident preferences.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	Once the wing is opened, the psychogeriatric unit will run as one whole unit. There will be two lounge areas either side of the kitchenette area in the centre of the unit, the existing lounge area is large enough to accommodate the extra ten residents. The external courtyard is secure and provides seating and shade.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are laundry policies and procedures. Cleaning procedures are available for cleaning staff. The laundry is situated in the service area. There are two doors (entry and exit) and the laundry is designed with a dirty and clean flow. The laundry can accommodate the increased resident laundry. There are areas for storage of clean and dirty laundry. The cleaners' cupboards are designated areas and lockable for storage of chemicals and are stored securely. There is an internal audit around laundry services and environmental cleaning as part of the internal audit schedule. The cleaning and laundry hours are planned to be increased and were in the consultation phase at the time of the audit.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely	FA	A fire evacuation plan is in place for PSS Peacehaven that has been approved by the New Zealand Fire Service. As the psychogeriatric unit is an existing part of the building, there will be no changes required to the fire and evacuation plan.

response during emergency and security situations.		There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, gas cooking and a generator. Short-term backup power for emergency lighting is in place. There is a staff member on each duty that has completed first aid training. There are call bells in the residents' rooms, and lounge/dining room areas. Residents' rooms were observed to have their call bells in close proximity. Staff are responsible for ensuring that the facility is secure at night. The Iona (dementia and psychogeriatric) units are secured with a keypad locking system.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All areas of the psychogeriatric unit are light and airy. All windows have reflective glass, so residents can see out, but people outside can't see in. Each resident room has an external window looking onto well maintained gardens either in the courtyard area or facility grounds. Heating is provided by radiators as part of a boiler system, residents can change the temperature in their rooms if they wish.
Standard 3.1: Infection control management 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.	FA	The IC programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. The IC coordinator provides support and advice to the registered nurses and care staff. The quality meeting representatives also include infection control as part of the standard agenda. Meeting minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The programme has been reviewed annually with a template available to assist with this review. The IC committee includes all staff and is part of the quality committee meeting and the registered nurse meetings.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is	FA	There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134. The policy includes comprehensive restraint procedures

actively minimised.		and identifies that restraint be used as a last resort. The service is currently restraint-free. There were three hospital residents with enablers. The previous audit identified not all monitoring forms had been consistently completed. The monitoring forms reviewed in this audit identified monitoring forms for the enablers were fully completed and indicate when the enabler is used. Restraint use is included in orientation for clinical staff. Challenging behaviour and restraint minimisation and safe practice education is provided.

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)
Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Moderate	A comprehensive three-year education plan with monthly requirements is provided by PSS to each of the four facilities. The village manager and clinical managers are responsible to implement the programme including training and competencies. Not all sessions have been provided as scheduled at Peacehaven. Attendance at training sessions which have been held is low. An administrator tracks completion of compulsory competencies, however not all competencies are current. The education plan has been reviewed and now contains all required training sessions. A catch-up plan of having two education sessions per month catch up has been planned. Education sessions will be provided through a variety of ways such as open book worksheets, toolbox talks, external speakers and in-house education sessions. The catch-up plan has started with code of rights worksheets handed	i) The following education sessions have not been held as scheduled: Code of Rights, cultural safety, privacy, complaint management, advanced directives, and communication. ii) Attendance at education sessions for continence, pressure injury prevention and spirituality are less than 50%. iii) Compulsory competencies have been completed for less than 50% of staff for restraint, less than 50% for manual handling for non-clinical staff and less than 60% of care staff for manual handling and hoist use	i) Ensure all education is provided as per the scheduled programme. ii) Ensure staff attend required staff training sessions. iii) Ensure all staff attain required annual competencies 60 days

		to staff for May, restraint and incidents/accident training is planned for June.		
Criterion 1.3.3.4 The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.	PA Moderate	There were progress notes completed by the caregivers at the end of each shift for the hospital, dementia and psychogeriatric files reviewed. Progress notes documented by the caregiver's report against the interventions in the long-term care plan, changes in resident condition, and provide a general overview of the resident. There was evidence of RN/EN follow up following incidents or changes in resident condition.	(i) One of two rest home files sampled had no RN clinical notes documented for a period of 22 days. (ii) One rest home resident had no clinical notes during a chest infection to evidence progression or deterioration of condition.	(i)-(ii). Ensure all residents have regular clinical notes documented to reflect current condition. 30 days
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Moderate	The seven files reviewed were reflective of long-term current needs of the resident. A new care plan has been developed around diabetes management. A resident with unintentional weigh loss had appropriate interventions documented. However, not all short-term needs were identified in either the long or short-term care plan.	(i) There was no instruction or reference to a PICC line in the care plan for a YPD resident. (ii) One YPD resident had no interventions in the long or short-term care plan around infections (pneumonia and thrush).	(i)-(ii) Ensure all current needs are identified in appropriate care plans. 30 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.