

Oceania Care Company Limited - Eversley Rest Home and 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:	Eversley Rest Home and Village	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care	
Dates of audit:	Start date: 15 October 2020	End date: 16 October 2020
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:	48	

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

General overview of the audit

Eversley Rest Home and Village provides rest home hospital level and dementia care for up to 50 residents. There were 48 residents at the facility on the first day of the audit.

This unannounced surveillance audit was conducted against the relevant Health and Disability Services Standards and the service contract with the district health board.

The audit process included review of policies and procedures, resident and staff files, and observations and interviews with residents, family members, management, staff and a general practitioner.

An area identified as requiring improvement relates to planned activities.

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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Information about the Health and Disability Commissioners Code of Health and Disability Services Consumers Rights is provided to residents and families and available within the facility. Residents and family members confirmed their rights are being met, staff are respectful of their needs and communication is appropriate.

Open communication between staff, residents and families is promoted, and documentation confirmed it to be effective. There is access to interpreter services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

A complaints register is maintained with complaints resolved promptly and effectively.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Oceania Healthcare Limited is the governing body responsible for the services provided at this facility. The mission, vision and values of the organisation are documented and communicated to all concerned.

An experienced business and care manager oversees the facility with the support of a regional clinical manager. A clinical manager supervises the clinical services supported by a regional clinical manager. Both the business and care manager and clinical manager are registered nurses with current practising certificates.

The facility implements Oceania Healthcare Limited's quality and risk management systems that include collection and analysis of quality improvement data and identifying trends that lead to improvements. Quality and risk performance is monitored through the organisation's reporting systems. An internal audit programme is implemented.

Policies and procedures support service delivery, are current, align with legislation and support good practice guidelines. Monthly reports to the national support office allow for the monitoring of service delivery.

The Oceania Healthcare Limited human resource policies and procedures are documented and implemented by Eversley Rest Home and Village. Newly recruited staff undertake orientation appropriate to their role. Practising certificates for staff and contractors who require them, are validated annually. Staffing levels within the facility are sufficient to meet the needs of the resident's acuity needs.

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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Resident's files evidence risk assessments and initial care plans are completed on admission. Desired outcomes and goals of residents were clearly documented. The general practitioner documentation is consistent with regular reviews and timely interventions. The general practitioner stated there is regular resident and family communication including three monthly reviews. Family communication is documented in the resident's clinical file. Residents' progress notes and observation charts are maintained. Clinical handovers occur at the beginning of each shift.

All interRAI assessments were completed within the required timeframes. There was evidence the interRAI assessment informs the long-term care plan.

Rest home and hospital care planned activities are appropriate to the residents both on a one-on-one basis and in a group setting.

A medication management system is in place. There are in-service education sessions for all staff responsible for medication management and administration. Staff responsible for medicine management have current competencies completed annually.

Food and nutritional needs of residents are delivered in-line with accepted nutritional guidelines. There is a central kitchen and on-site staff providing the food service. Records of staff training validated completion of food safety training. The food control plan is current.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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A current building warrant of fitness is displayed. There had not been any alterations to the building since the last audit.

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 service uses Oceania Healthcare Limited policies and procedures that meet the standards for restraint minimisation and enabler use. There are systems in place to ensure enabler use is voluntary. Assessments of residents are undertaken prior to restraint or enabler use. Restraint and enabler use is documented in the resident's care plans.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control policies, procedures and guidelines are incorporated into the facility minimisation programme.

Staff are familiar with current infection control measure requirements. New employees are provided with training in infection prevention and control.

The infection control programme, content and detail are appropriate for the size, complexity and degree of risk associated with the service. Surveillance of infections includes collation of data, analysis and benchmarking within the organisation.

Ministry of Health Covid-19 guidance and information provide awareness of changes to maximise facility surveillance and risk. Eversley Rest Home and Village Covid-19 guidance and information, demonstrated compliance with health screening and managing visits to minimise the risk of Covid-19.

Specialist infection prevention and control advice can be accessed from the district health board microbiologist, general practitioners and infection control specialists if required.

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	15	0	0	1	0	0
Criteria	0	40	0	0	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The BCM is responsible for complaints management. The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so. The complaints forms are displayed and accessible within the facility. Staff interviewed confirmed their awareness of the complaints process.</p> <p>The complaints register reviewed showed that two written complaints have been received over the past year. The actions taken, through to an agreed resolution, were documented and completed within the timeframes. Action plans showed that any required follow up and improvements have been made.</p> <p>The acting BCM advised that there had been no complaints with external agencies since the previous audit.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective	FA	<p>Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Health and Disability Code of Health and Disability Services Commission Rights (The Code).</p> <p>Residents and family members stated they were kept well informed about any changes to their relative's status and were advised in a timely manner about any accidents/incidents and outcomes of any urgent medical reviews. This was supported in residents' records reviewed.</p>

communication.		<p>Resident reported that they are informed of two-monthly residents' meetings and that they receive the facility newsletter. Review of meeting minutes evidenced information is shared with residents, such as verbal complaints, survey results and that there is an opportunity to provide feedback on services. The business and care manager (BCM) is the current chairperson of the meeting (refer 1.3.7.1). Interviews with residents and family advised that the BCM has an open-door policy, is approachable and were satisfied with responses received.</p> <p>Residents needs for interpreting services are discussed at the time of entry to services. Access to interpreters is organised through families, community groups or the district health board. Specific care arrangements made for residents with communication impairments are observed. There were no residents that did not speak English at the time of audit.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Eversley Rest Home and Village (Eversley) is part of Oceania Healthcare Limited (Oceania). The organisation's values were visible and on display in the entrance of the building.</p> <p>Eversley follows the overarching direction and strategic plans of Oceania. These are reviewed by the organisation's board and senior management team each financial year. Oceania has an overarching business plan and Eversley has a business plan specific to the facility.</p> <p>The BCM was on leave at the time of audit. A BCM from another local facility was the acting facility BCM at the time of the audit. A regional clinical manager (CM) and regional operations manager provides support to the facility. The BCM provides the executive management team with monthly progress against identified indicators.</p> <p>The BCM has been in the role for seven years and has been employed by Oceania since 2008, previous experience includes management of other facilities for the Oceania group. The BCM is supported by a CM who has been in the role for 12 months. The BCM and CM maintain their knowledge of the sector through representation and participation in aged-care forums and seminars. The BCM and CM are registered nurses (RN) with current annual practising certificates (APC).</p> <p>The facility can provide rest home, hospital level and dementia care for up to 50 residents. The facility is certified for 33 dual purpose beds and 17 dementia care beds.</p> <p>At the time of the audit there were a total of 48 residents in the facility, 24 receiving rest home care, 7 receiving hospital level care and 17 dementia care residents. Included in these numbers was 1 person under 65 years of age receiving rest home level care under the mental health contract.</p> <p>The facility contracts with the district health board (DHB) for the provision of hospital and rest home level of care, long-term support, respite and day care services, dementia (excluding psychogeriatric) and mental health services.</p>

		There were no residents on the days of audit receiving care under the respite and day care services contracts.
<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>	FA	<p>Eversley utilises Oceania quality and risk system, that reflects the principles of continuous quality improvement.</p> <p>Oceania management group reviews all policies with input from relevant experts. Policies reviewed cover the necessary aspects of the service and contractual requirements, including reference to the interRAI long-term care facility assessment and process. Policies include references to current best practice and legislative requirements. New and revised policies are presented to staff at staff meetings and policy updates are also provided as part of relevant in-service education. Staff interviewed confirmed that they are provided with new and revised policies and opportunity to read and understand the policy.</p> <p>The documented control system ensures a systematic and regular process, including the approval, distribution, and removal of documents.</p> <p>Service delivery is monitored through the organisation's reporting systems this includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, clinical incidents including infections, falls, medication errors, sentinel events, weight loss and wounds. Clinical indicators are collated monthly and benchmarked against other Oceania facilities.</p> <p>The internal audit programme is documented and implemented as scheduled. Internal audits cover all aspects of the service and are completed by the CM. Audit data is collected, collated and analysed. Where improvements are required following internal audits, corrective actions are developed. Interviewed staff reported that they are kept informed of audit activities and results at staff meetings.</p> <p>Facility meetings are conducted monthly, examples include: general staff, quality improvement, RNs and resident meetings. Minutes of meetings evidenced communication with staff around aspects of quality improvement and risk management.</p> <p>A review of the quality management data evidenced corrective actions plans were completed using the Oceania template. Documentation included the person responsible for implementation and time frames required when required adhered to and evaluated as to the effectiveness of the plan.</p> <p>Eversley has a risk management programme in place. Health and safety policies and procedures are documented along with hazard management programme. There was evidence of hazard identification forms completed when a hazard was identified and that hazards are addressed and risks minimised. The maintenance personal is the health and safety office and has received health and safety training. A current hazard register was sighted on-site. Staff interviewed confirmed awareness of the process to report hazards.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Essential notification of reported events is the responsibility of the BCM. The acting BCM demonstrated in interviews of situations in which the service would need to report and notify statutory authorities including: police visiting the facility; unexpected deaths; sentinel events; notification of a pressure injury, disease outbreaks and changes in key managers. Staff interviewed understood the adverse event reporting process in relation to their professional practice and regulatory requirements. They were also able to describe the importance of reporting near misses.</p> <p>Staff who witness an event or are first to respond to an event, document the adverse, unplanned or untoward accident/incident in an electronic management system. The system creates an automatic log of tasks to do such as neurological observations, falls assessments as appropriate, and contact family members. The system automatically develops a report of incomplete tasks at the end of each shift. The BCM and CM are responsible for reviewing the lodged clinical accident/incident forms and receive notification via email once the accident/incident is lodged. Results from accidents/incidents inform quality improvement processes and are discussed at facility meetings. Family interviewed confirmed that they are notified where the resident has had an accident/incident or a change in health status.</p> <p>There have been no section 31 events reported 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 practice and meet the requirements of legislation.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications, a position specific job description, signed employment contract and APCs, where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Professional qualifications are validated and there are systems in place to ensure that APCs and practitioners' certificates are current. Current certificates were evidenced for all staff and contractors that require them.</p> <p>A copy of a current driver's license and first aid certificates are obtained for all drivers of the van.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff records reviewed show documentation of completed orientation.</p> <p>The organisation has a documented role specific mandatory annual education and training module/schedule. The mandatory continuing education includes but not limited to moving and handling, infection control and restraint/enabler use. Interviews confirmed that all staff, including RNs undertake relevant education per year and that an appraisal schedule is in place. Staff education records evidenced that on-going training and education is completed. Four of the eight RNs were identified as interRAI competent, the other four are currently receiving training.</p>

		Staff files reviewed show consistent documentation of annual performance reviews.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The BCM uses a regional Oceania pre-populated roster that documents a process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, 7 days a week. The facility adjusts staffing levels to meet the changing needs of residents and staff illness by flexing the current roster.</p> <p>Registered nurses and health care assistants (HCA) interviewed confirmed there were adequate staff available to complete the workload and specific tasks allocated to them. Residents and family interviewed support this.</p> <p>Review of a four-week roster cycle confirmed staff cover is provided in line with the DHB contract, with staff replaced in any unplanned absence. A RN is rostered on each shift and at least one staff member on duty has a current first aid certificate.</p> <p>The BCM, CM and or a senior RN are on call after hours and weekends seven days a week to support the facility with emergency matters.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication storage room included a secure medicine dispensing system in accordance with legislation and standards.</p> <p>The medications were stored in their original dispensed packs in secure trolleys.</p> <p>Drug registers are maintained and there was evidence of weekly checks, and six-month physical and pharmacist stock takes. There is an agreement with one pharmacy.</p> <p>The medication fridge temperatures are conducted and recorded, no vaccines are stored on-site. The medicines room temperature complies with the guidelines for safe storage. There is an appropriate process for expired medications.</p> <p>All staff authorised to administer medications have current competencies. The medication round was observed and demonstrated the staff member was knowledgeable about the medications administered. Protocols and procedures were followed. There was consistent evidence of controlled drugs outcomes documented.</p> <p>Electronic medication charts evidence current resident's photograph identification. The regular medications for each resident is recorded (including the name of the medication, dose, frequency and route).</p> <p>As required (PRN) medication, indications for use and maximum doses were recorded. Allergies were recorded, and three-monthly reviews were conducted by the GP. There were no residents self-administering</p>

		medications.
<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>The cook and kitchen staff interviewed confirmed they were aware of the resident's individual dietary requirements. The resident's dietary requirements were identified on admission, documented and communicated to kitchen staff. All resident's dietary needs were reviewed as needed. Nutritional supplements made up in the kitchen were dated and expiry dates were evidenced. There was sufficient emergency food for three days.</p> <p>There was evidence sighted of dietitian input into the food plan, menus are changed six-monthly.</p> <p>Residents are also given the opportunity to feedback about the food at the residents' meeting.</p> <p>The residents' files evidenced monthly recording of individual resident's weights. In interview residents stated they were satisfied with the food service and their individual dietary preferences were met. The residents' also stated there were adequate amounts of food and fluids provided.</p> <p>Food temperatures are recorded. Fridges, chillers and freezer temperatures are recorded and documented. All decanted food is dated and expiry dates are recorded. The kitchen was clean and fit for purpose. Food was stored off the floor and there were separate chopping boards for different food types. Hand washing equipment, gloves and hats were available. There was documented evidence that a kitchen cleaning roster was implemented. There was adequate crockery and evidence of specialised equipment for residents who required them.</p> <p>Food safety training is recorded and current.</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>	FA	<p>The resident's care plans evidence interventions based on assessed needs and individualised desired outcomes.</p> <p>Interviews with residents and family confirmed care and treatment delivered met their needs and contact and links to community services is maintained. Staff interviewed evidenced familiarity with the needs of the residents they were allocated to. Family communication is recorded in the resident's file. Progress notes, GP records and observation charts are current.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of</p>	PA Moderate	<p>There is one trained DT and one assistant providing a total of 36 planned activities per week. In the dementia unit HCAs and RNs provide six additional hours of one-on-one and social activities. The monthly activities programme is reviewed and changed monthly. There is a DT meeting quarterly and this includes input from</p>

the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.		<p>clinical staff.</p> <p>There is one activities programme which includes rest home, hospital and dementia residents. The programme includes weekly exercises delivered by the physiotherapist, including cognitive, social, one-on-one and group activities. Religious events are celebrated.</p> <p>Residents are encouraged to attend but the activities programme is voluntary.</p> <p>There are current individualised activities assessments and care plans, this is evidenced in the resident's file.</p> <p>Feedback is encouraged from family and residents at monthly residents' meetings</p>
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	<p>There was evidence that care planning evaluations are documented and implemented. The resident's care plans were current and reviewed six-monthly.</p> <p>There is evidence of resident, family, allied health and GP input into the care plan evaluations. Interviews with family confirmed their participation in care plan evaluations, sudden changes in health status and three-monthly GP reviews.</p> <p>Wound care plans evidenced current evaluations. Resident's progress notes were entered on each shift. When a resident's health status changed there was evidence of GP and family communication. Short-term care plans were current. There was evidence of additional input from other health professionals and specialists if required.</p>
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	<p>A current building warrant of fitness is publicly displayed. There have not been any structural alterations to the building since the last audit.</p>
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that	FA	<p>The infection control coordinator (ICC) is the CM who is responsible for the surveillance programme at the facility. There is a signed and current job description for the ICC. Monthly analysis is completed and reported at monthly clinical meetings.</p> <p>All infections are collated monthly, including urinary tract, upper respiratory and skin. This data is analysed for trends and the figures are reported to the quality and routine staff meetings. The surveillance is appropriate to</p>

have been specified in the infection control programme.		<p>the size and complexity of the service.</p> <p>To keep staff informed, residents files identify all infections, assessments, short-term care plans, progress notes and verbal handovers.</p> <p>The organisation implements guidance from the Ministry of Health in regard to surveillance monitoring for Covid-19, including screening and health assessment.</p> <p>There has been one scabies and one diarrhoea and vomiting outbreak since the last audit. These were reported to the DHB medical officer of health.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Eversley uses the Oceania restraint minimisation and safe practice policies, and practices comply with legislative requirements. The restraint policy includes clear definitions of restraint and enablers. Enablers are described in accordance with the Health and Disability Services Standards requirements.</p> <p>The CM is the restraint coordinator. The responsibilities of the restraint coordinator are defined in the position description which was signed. Staff received training in restraint and education updates were up-to-date.</p> <p>Restraints are minimised by using de-escalation and other interventions to prevent the use of restraint. High/low beds in in place for residents at risk of falling, sensor mats are in place to alert staff to residents who mobilise/transfer without assistance who are at high risk of falls.</p> <p>The restraint meetings are held three-monthly and education to update staff is provided.</p> <p>There were no restraints in use at the time of the audit.</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)
Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.	PA Moderate	There is documentation of individual assessments. There is inconsistent evidence that the PCCP and planned activities for dementia residents include a description of challenging behaviours and strategies and activities to minimise and manage these over a 24 hour period. Staff interviewed demonstrated a clear understanding of the dementia residents, challenging behaviours and management techniques.	Care plans and activities for residents with dementia do not reflect how challenging behaviours will be minimised or managed over a 24 hour period.	Ensure that each resident in the dementia unit has a care plan that reflects management of challenging behaviours including minimisation and management strategies over a 24 hour period. 180 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.

No data to display

End of the report.