

Summerset Care Limited - Summerset by the Ranges

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 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:	Summerset Care Limited
Premises audited:	Summerset by the Ranges
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: 22 March 2018 End date: 22 March 2018
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:	49

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

Summerset by the Ranges is part of the Summerset Group and provides rest home, hospital (medical and geriatric) and dementia level care for up to 50 residents. On the day of audit, there were 49 residents.

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

Summerset by the Ranges continued implementing their quality and risk management programme. The village manager and care centre manager are appropriately qualified and experienced. Feedback from the residents and families was positive about the care and services provided.

The service has been awarded one continuous improvement rating related to surveillance of infections.

This audit identified one shortfall related to a contractual requirement around premium room charges.

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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Open disclosure principles are implemented. Complaints and concerns have been managed and a complaints register 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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Summerset by the Ranges has a comprehensive quality and risk management systems. Key components of the quality management system link to a number of meetings and outcomes of quality activities are communicated to staff, residents, external contractors and visitors.

Human resources policies including recruitment, selection, orientation, staff training, and development are implemented. Annual in-service training programme is implemented, and staff are supported to undertake external training and online training.

The health and safety programme meet current legislative requirements. Registered nursing staff cover is provided twenty-four hours a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe. Staff, residents and family members interviewed reported that staffing levels are sufficient to meet resident 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.		Standards applicable to this service fully attained.
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Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. The residents and family interviewed confirmed their input into care planning. A sampling of residents' clinical files validated timely service delivery to the residents. Where progress is different from expected, the service responds by initiating changes to the care plan or recording the changes on a short-term care plan. There is an appropriate medicine management system in place.

Planned activities are appropriate to the group setting. The residents and family interviewed confirmed satisfaction with the activities programme. Individual activities are provided either within group settings or on a one-on-one basis. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met where required.

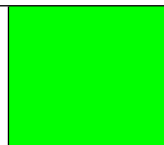
Safe and appropriate environment

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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Summerset by the Ranges has a current building warrant of fitness.

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.

Restraint minimisation and safe practice policies are in place to guide staff in the use of an approved enabler and/or restraint. Staff training has been provided around restraint minimisation and management of challenging behaviours.

Infection prevention and control

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



All standards applicable to this service fully attained with some standards exceeded.

Infection control surveillance programme is implemented. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant staff, visitors and external contractors in a timely manner.

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	1	14	0	1	0	0	0
Criteria	1	37	0	1	0	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>Summerset by the Ranges has a complaints policy that describes the management of the complaints process. Complaints forms are made available for residents, families and visitors. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints.</p> <p>Summerset by the Ranges maintains an electronic complaint register. This included the Village and the Care Centre. Complaints reviewed were being managed in a timely manner including acknowledgement and investigation. Resolution of the complaints was documented. The complaints register is up to date. There was one complaint that was lodged with the local DHB regarding premium room charges and this remains open.</p> <p>The complaints process is linked to the quality and the risk management system. Complaints were communicated to staff; this was evidenced in the staff meeting minutes.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>Summerset by the Ranges policy and procedures guide staff in the delivery of care. Informed consent is practiced prior to all procedures and personal cares.</p> <p>There are policies and procedures available for access to interpreter services for residents and their family/whānau.</p> <p>Two relatives (one rest home and one hospital) interviewed confirmed that they were kept informed of their relative's</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>wellbeing including any incidence affecting their relatives. Five sampled residents' files had evidence of timely open disclosure. On the day of audit, auditors observed a phone call to a relative following an incident affecting their relatives. Incident and accidents were also discussed at handover.</p> <p>Ten incidents/accidents forms were reviewed. The forms included a section to record family notification. All ten forms indicated family were informed or if family did not wish to be informed.</p> <p>Resident/relative meetings are held monthly with an advocate from Age Concern present at the meeting every three months. Resident interviews (two hospital and three rest home) confirmed that service maintain open communication.</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>PA Low</p>	<p>Summerset by the Ranges provides care for up to 50 residents including 30 residents in the rest home and hospital level care dual service capacity and 20 residents in the memory centre (dementia care). On the day of the audit, there were 30 residents in the dual service beds, including 11 rest home and 19 hospital residents (including one resident under the aged of 65- ACC funded). The memory centre had 19 residents. All other residents were under the ARCC agreement.</p> <p>The care centre manager stated that there is an agreement with the local DHB to provide respite level care. This includes one rest home and one dementia level care. There were no respite residents utilising these beds on the day of audit.</p> <p>The Summerset Group Limited Board of Directors have overall financial and governance responsibility and there is a company strategic business plan in place. There is also a site-specific business plan- Summerset by the Ranges, Levin Business Plan 2018. This is developed in consultation with the village manager, care centre manager and regional manager.</p> <p>The Summerset by the Ranges has a quality plan and health and safety plan for 2018.</p> <p>There are two management roles at the Summerset by the Ranges. The village manager is responsible for the retirement village and a care centre manager/RN is responsible for operation of the care facility.</p> <p>The village manager has been in the current role at Summerset for nine months and has background in rehabilitation. She has attended at least eight hours of leadership professional development relevant to the role. This training was provided by Summerset for all their managers.</p> <p>The care centre manager (RN) has been in her current role since 2014 and she has a considerable background in nursing including clinical pharmacology and palliative care. She attended several clinical education and forums as well as leadership training provided by the Summerset. There is a regional manager who is available to support the facility and staff.</p> <p>As part of the surveillance audit, auditors reviewed contractual requirements around premium room charges and</p>

		found that the services offered were appropriate and comply with ARC contract. However, discussions around premium room charges were not documented ensuring that consumers understand their rights under ARC contract.
<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>Summerset by the Ranges has a Quality Management Plan 2018 and a Health and Safety Plan 2018. The quality and risk management programme is designed to monitor contractual and standards compliance. Organisation wide policies have been reviewed regularly and updated as required.</p> <p>There is evidence that the quality system continues to be implemented at the service. Interviews with staff confirmed that quality data is discussed at monthly infection control, restraint and health and safety, RNs meetings and combined staff meetings to which all staff are invited. Care centre manager and the village manager are responsible for implementation of all quality improvement activities.</p> <p>Resident/relative meetings are held regularly and there are two-monthly residents advocate meetings. Restraint and enabler use is reported within the quality meetings.</p> <p>Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. Corrective actions were developed and implemented where opportunities for improvements were identified. These were signed off by management following implementation.</p> <p>Falls prevention strategies are being implemented. This includes the implementation of interventions on a case-by-case basis to minimise future falls.</p> <p>The health and safety programme meet current legislative requirements. Hazard identification and management is being implemented. A hazard register is maintained. Reporting is electronic and includes senior management input for high-risk events. Links are in place to ensure that the Board is kept informed of any high-risk events. Residents and staff are surveyed to gather feedback on the service provided and the outcomes were communicated to residents, staff and families.</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</p>	FA	<p>Incidents and accidents are reported in an electronic format. Ten incident and accident forms were reviewed. The RNs complete initial follow ups and then these were reviewed and signed off by the clinical lead and the care centre manager. All forms reviewed had appropriate follow up such as neurological observations, which were completed by the RN following a fall incident if a head injury is suspected. Medication errors were followed up and appropriate notifications occurred. Incident and accidents were included in the care plan evaluations and linked to the short-term care planning.</p> <p>Hazard notification occurs through incident and accident reporting. Staff are encouraged to report near misses for quality improvement and health and safety at work place. There are two staff members who completed level 1 health and safety rep training. Hazard register was last updated in February 2018 and hazards were monitored.</p>

<p>to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>Interviews with the village manager and the care centre manager confirmed that they understand their obligation to report adverse events. There was one outbreak notified to public health since 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>	<p>FA</p>	<p>Summerset has human resources management policies, and these are being implemented. Seven staff files were reviewed (the clinical lead, two caregivers, an activities coordinator, a housekeeper and two RNs). All files had included relevant checks to validate the individual's qualifications, experience and veracity. All files had completed orientation records. Annual staff appraisals were evident in five files and two files were not due yet. Copies of practicing certificates are kept.</p> <p>The in-service education programme for 2017 has been completed and a plan for 2018 is being implemented. Competency assessments are being completed by the caregivers and the RNs. All staff who administer medication have a current medication competency. Four staff members have completed online training related to dementia (The University of Tasmania's Massive Open Online Course (MOOC), Understanding Dementia). The annual training programme well exceeds eight hours annually.</p> <p>Interview with four caregivers (one dementia and three dual-service) confirmed that they have completed their orientation programme and have also buddied and supported new staff members. The clinical lead and a RN interviewed described the orientation process and confirmed that new staff are adequately orientated to the service.</p> <p>The registered nurses attend external training including online training, as well as the internal training for registered and enrolled nurses provided by the Summerset Group.</p> <p>There are 11 caregivers who work in the dementia unit (memory care centre) and have either completed (eight caregivers) or are in process of completing (three caregivers) Careerforce training. Those who have not completed the standards have not yet been at the service for 12 months.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled</p>	<p>FA</p>	<p>Policies include staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents.</p> <p>Memory care centre (19 residents) roster includes clinical nurse leader (RN) for five days from Tuesday to Saturday and an enrolled nurse Sunday to Tuesday, on morning duties. If an enrolled nurse is not available, this shift is replaced by an RN. There are at least two caregivers in the morning, afternoon and night duties. There is a dedicated house keeper for two hours a day, five days a week. There are two diversional therapists who support the memory care centre seven days a week and provide cover from 9 am to 7 pm.</p> <p>Dual service beds (11 rest home, 19 hospital) have an RN rostered 24 hour a day. The clinical nurse leader (CNL)</p>

<p>and/or experienced service providers.</p>		<p>in the memory care centre also supports the RNs as required. There are five caregivers rostered for the morning duties (three long and two short shifts), four caregivers on afternoon duties (two long and two short shifts) and two caregivers at night. Diversional therapist works five days a week including one day in weekend. There is one house keeper who works six hours a day.</p> <p>Caregivers reported that staffing levels and the skill mix are appropriate and safe, and staff absences were replaced. All family members interviewed stated that staffing levels are sufficient. The village manager and the care centre manager are available on call for emergencies and clinical support. There is at least one staff member on duty who holds a current first aid qualification.</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>	<p>FA</p>	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. RNs and caregivers who have demonstrated competency to administer are responsible for the administration of medications in the rest home/hospital and memory care unit. Medication competencies and education has been completed annually. All medications delivered were evidenced to be checked on delivery with any discrepancies fed back to the supplying pharmacy. The service has an electronic medication system. There were two residents self-medicating on the day of audit. They had been assessed by the GP as competent to do so and the medications were securely stored.</p> <p>Ten resident medication charts on the electronic medication system were reviewed. The charts had photograph identification and allergy status recorded. Indications for use were documented in all charts reviewed.</p> <p>All 10 medication charts reviewed identified that the GP had reviewed the medication chart three-monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <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>Since the beginning of March, all meals are prepared on-site by Somerset staff. There is a new four-week rotating seasonal menu which is developed by well-known Wellington chef and approved by the dietitian. The cook and assistant cook cover the week assisted by kitchen hands. Resident likes/dislikes and preferences are known and accommodated with alternative meal options. The kitchen is adjacent to the dining room and food taken in hot boxes to the memory care centre in bain marie for serving to residents in that unit. The cook receives a dietary profile for each resident and these are updated as required. Snacks are available for residents in the dementia unit 24/7.</p> <p>The chiller, fridges and freezers have daily temperatures recorded. End cooked food temperatures and temperature of food prior to serving are recorded daily. All foods are stored correctly, and date labelled. Cleaning schedules are maintained. Chemicals are stored safely within the kitchen. The facility has registered a food control plan with an audit booked for May.</p> <p>Staff working in the kitchen have food handling certificates (with the exception of one newly commenced staff</p>

		<p>member) and chemical safety training.</p> <p>Residents and relatives commented positively on the recent change in meals. The main cook attends the resident meetings and welcomes feedback on the meal service.</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>When a resident's condition alters, an RN initiates a review and if required a GP visit. There is documented evidence where care plans have been updated to reflect the changes in resident needs/supports. Short-term care plans are developed for infections and acute changes.</p> <p>Five resident files reviewed included interventions to support residents current assessed needs. There was a clear link between GP notes, allied health notes and the current care plan.</p> <p>Monitoring forms in place include (but are not limited to): monthly weight; blood pressure and pulse; food and fluid charts; behaviour logs; blood sugar levels; and pain monitoring is recorded on the electronic medication system. Progress notes document changes in health and significant events. Residents and relatives confirm their expectations are met and they are kept informed of any changes to health.</p> <p>Seventeen wounds were reviewed during the audit including (one grade I PI and one grade II PI, three chronic ulcers, nine skin tears, one lesion and two other). All wounds included a wound assessment and treatment plan and regular evaluations have been completed. The RNs have access to specialist nursing wound care management advice if required. Adequate dressing supplies were sighted in the treatment rooms.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed.</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>	FA	<p>The service employs a diversional therapist and two recreational therapists who between them provide a programme for hospital and rest home residents and a programme of activities for dementia care residents across seven days a week. There is also a volunteer who assists. The programme provides activities that are meaningful and relevant for all residents. Time is spent with residents and families to further explore their individual life goals and to aid development of new and meaningful activities. Rest home and hospital residents join together for the activity programme with a separate programme for dementia residents. However, recently there has been more intermingling (as appropriate) which has worked well. Participation of residents is monitored and documented. There are strong links with community. Group activities reflect ordinary patterns of life and include at least weekly planned visits to the community. All residents in the facility may choose to attend any of the activities offered. One-on-one time is spent with residents who are unable to participate in group activities or choose not to be involved in the activity programme.</p>

		<p>There are regular van outings for residents (as appropriate), regular entertainment and involvement in community. The activity programme is developed in advance and a calendar of activities for the month is displayed throughout the facility with a whiteboard showing the day's activities. The activity plans reviewed were well documented and reflected the resident's preferred activities and interests. Each resident has an individual activities assessment on admission and from this information, an individual activity care plan is developed. The activities plans were reviewed six-monthly. Individual plans for residents in the dementia unit include activities and routines across 24/7. Residents and families interviewed stated they enjoy the variety of activities offered and they have input into planning of the programme via daily feedback, resident surveys and at resident meetings.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed had been evaluated by RNs six-monthly, or when changes to care occurred. Written evaluations describe the resident's progress against the resident's (as appropriate) identified goals. Care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. The GP reviews residents at least three-monthly or when there is a change in health status. The family members interviewed confirmed they are invited to attend the GP visits and multidisciplinary care plan reviews.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The Building Warrant of Fitness is current.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that</p>	CI	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners and laboratory that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. Surveillance data is available to all staff. Infections statistics are included for benchmarking. Corrective actions are established where infections are above the benchmark. All infections are documented monthly in an infection control register. Results of surveillance are acted upon, evaluated and reported to relevant staff, visitors</p>

have been specified in the infection control programme.		and external contractors in a timely manner.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The policies and procedures include definitions, processes and use of restraints and enablers. On the day of audit, there were three hospital residents with restraint (bedsides) and one hospital resident using enablers (lapbelt when outside in disability scooter and bedsides). Staff training has been provided around restraint minimisation (Feb 2018) and management of challenging behaviours. Monitoring forms were evidenced at audit.

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 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	PA Low	<p>Premium room charges were reviewed as part of the audit. Discussion with the village manager and the care centre manager confirmed that residents and or family members were informed about the premium room charges and the admission agreement clearly indicates premium room charging. Furthermore, ARC contract requires 10 km rule when the occupancy is above 90% and the service must notify available non-premium rooms within 10 km distance from their facilities. There was lack of documented evidence to support if this information was provided to prospective residents and their family members. Residents and or their family members sign the admission agreement and accept the premium room charge, however, discussions around 10 km rule including vacancies within this distance has not been documented.</p> <p>It is auditors view that residents in the premium rooms receive appropriate and timely care services and this matches with the terms of the admission agreement and the ARC contract.</p>	Discussions around premium room charges were not documented.	<p>Ensure that discussion around premium room charges are documented.</p> <p>180 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>The infection control officer provides infection control data, trends and relevant information to the Infection Control Committee and clinical/quality meetings. Areas for improvement are identified, corrective actions developed and followed up. The service continues to implement projects related to infection prevention.</p>	<p>The achievement of the rating that service provides an environment that evaluates infection surveillance and makes recommendations continues to be beyond the expected full attainment. The service has conducted a number of quality improvement projects where a review process has occurred, including analysis and reporting of findings. There is evidence of action taken based on findings that has made improvements to service provision. The projects include reviewing if the improvements have had positive impacts on resident safety. For example, a norovirus outbreak in November 2017 that involved 62% of residents and 42% of staff. Outbreak management plan was followed, and an outbreak review was completed. As a result of the review, corrective actions were initiated, and outbreak bins were implemented.</p>

End of the report.