

# Summerset Care Limited - Summerset Falls

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## Introduction

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

The audit has been conducted by 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:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset Falls
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 7 September 2018      End date: 7 September 2018
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	47

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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 Falls provides rest home and hospital levels of care for up to 85 residents. During the audit there were 47 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.

The village manager and care centre manager are appropriately qualified and experienced. There are quality systems and processes established. Feedback from the residents and families was very positive about the care and services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed the two shortfalls identified from the previous certification audit around interRAI assessments and interventions.

This surveillance audit identified an improvement required in relation to medication charts for respite care.

The service has maintained a continuous improvement rating around the reduction of respiratory infections.

## 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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Regular contact is maintained with families including if a resident is involved in an incident or has a change in their current health. There is an established system for the management of complaints, which meets guidelines established by the Health and Disability Commissioner.

## 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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Services are planned and coordinated, and are appropriate to the needs of the residents. A village manager is responsible for the entire facility and a care centre manager is responsible for the day-to-day operations of the care facility. Quality and risk management processes are established. Strategic plans and quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes. Adverse, unplanned and untoward events are documented by staff. The health and safety programme meets current legislative requirements. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. A staff education and training programme is embedded into practice. Registered nursing 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.

## Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses are responsible for each stage of provision of care. Assessments, resident care plans, and evaluations were completed by the registered nurses within the required timeframes. Risk assessment tools and monitoring forms were available and implemented. Resident care plans were individualised and included allied health professional involvement in resident care.

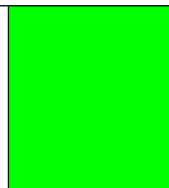
Two recreational therapists coordinate an integrated activity programme. The activities meet the individual recreational needs and preferences of the resident groups. There are outings into the community and visiting guests/entertainers.

There are medicine management policies in place that meets legislative requirements. Staff responsible for the administration of medications complete annual medication competencies and education. The general practitioner reviews the medication charts three monthly.

The food service is contracted to an external company. Resident's individual dietary needs were identified and accommodated. Staff have attended food safety and hygiene training.

## 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.

The building has a current building warrant of fitness. A planned maintenance programme is being implemented. All electrical equipment is tested and tagged annually. Preferred contractors for essential services are available 24/7.

## 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.

Staff receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers. A register is maintained by the restraint coordinator. No residents were using restraints or enablers at the time of the audit.

## 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.

The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This included audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Summerset facilities.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	1	14	0	0	1	0	0
<b>Criteria</b>	1	39	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0



# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms for lodging informal complaints (feedback) and formal complaints are readily available.</p> <p>Information about the complaints process is provided on admission. Interviews with six residents (three rest home level of care and three hospital level of care) and family members, confirmed their understanding of the complaints process. Six staff interviewed (three caregivers, one registered nurse (RN), one sous chef and one cook) were also able to describe the process around reporting complaints.</p> <p>An electronic complaint register is maintained using VCare. The village manager also retains a hard copy complaint register as a back-up. Six complaints have been received in 2018 (year to date). Complainants are informed about the role of advocacy services.</p> <p>Two formal complaints around cares were selected for review. Evidence was sighted to confirm that each complaint had been managed in a timely manner including acknowledgement, and a comprehensive investigation. All six complaints were logged as resolved.</p> <p>Complaints received are linked to the quality and risk programme and are communicated to staff, evidenced in meeting minutes.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>An open disclosure policy describes ways that information is provided to residents and families. The admission pack includes a comprehensive range of information regarding the scope of services provided to the resident on entry to the service, and any items they have to pay for that is not covered by the agreement.</p> <p>Regular contact is maintained with families including when an incident or care/health issues arises, evidenced in all 10 accident/incident reports that were randomly selected for review. Interviews with four families (three with family at rest home level of care and one with family at hospital level of care) confirmed that they are kept informed.</p> <p>A formal agreement is in place with an external provider for interpreter and translation services. The information pack is available in large print and can be read to residents. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Summerset Falls provides rest home and hospital levels of care in their care centre for up to 41 residents. All of the rooms in the care centre are certified for dual purpose. There are also 44 serviced apartments certified to provide rest home level care. On the day of the audit, the care centre was full, with 41 residents in the care centre (16 residents at rest home level and 25 residents at hospital level). Five rest home level residents and one hospital level resident were in the serviced apartments. The hospital level resident had received dispensation from the Ministry of Health for hospital level of care until a bed becomes available in the care centre (dated 23 August 2018). All residents were under the aged residential care contract (ARCC), with the exception of one private paying respite resident (rest home level).</p> <p>Summerset Falls has a site-specific 2018 business plan that is reviewed regularly. Goals are measurable and include initiatives and action plans. Business goals are regularly reviewed and updated.</p> <p>The experienced village manager has been in the role since April 2016. The village manager is supported by a care centre manager/registered nurse (RN). The care centre manager has been in the position for two years and has a background in aged care nursing. A clinical nurse lead/RN assists the care centre manager.</p> <p>Village managers and care centre managers attend two-day organisational forums annually. They have both attended at least eight hours of professional development relevant to their roles.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established,</p>	<p>FA</p>	<p>The quality and risk management programmes are established through the Summerset head office. Policies and procedures reflect evidence of regular reviews as per the document control schedule. New and/or revised policies are made available for staff to read and sign that they have read and understand the changes. The village manager and care centre manager are held accountable for their implementation.</p> <p>The monthly collating of quality and risk data includes (but is not limited to) residents' falls, infection rates, skin tears and pressure areas. Data is collated and analysed to identify trends. Residents/relatives surveys are completed</p>

<p>documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>each year with corrective actions implemented where areas are identified for improvements. The last survey (November 2017) reflected improvements from the previous year around personal care, staff, activities and communication. The overall rating of satisfaction was 97%.</p> <p>Corrective actions are developed where opportunities for improvements were identified following internal audits, and the recent resident satisfaction survey.</p> <p>Falls prevention strategies are being implemented. This includes interventions on a case-by-case basis to minimise future falls. Sensor mats and physiotherapy services are utilised.</p> <p>The health and safety programme is overseen by a health and safety officer, and is supported by a health and safety team. A contractor induction programme is in place. Hazard identification forms and a hazard register are being implemented.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The service collects a comprehensive set of data relating to adverse, unplanned and untoward events, which is linked to the quality and risk management system. This includes, (but is not limited to), the collection of adverse event data. Immediate actions taken are documented on accident/incident reports, which are generated electronically on VCare (effective July 2018). Each reported adverse event is reviewed and investigated by an RN (clinical events) or by the village manager. If risks are identified, these are processed as hazards and are reported to the health and safety committee for evaluation at health and safety meetings.</p> <p>Discussions with the village manager and care centre manager confirmed their awareness of statutory requirements in relation to essential notification. This information is also provided by the Summerset organisation as reference material. Examples were provided including reporting outbreaks to public health authorities and pressure injures (grade three, four and unstageable) to HealthCert.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Reference checks are completed before employment is offered. Job descriptions are in place for all relevant positions that describe staff roles, responsibilities and accountabilities. Five staff files (one RN and four caregivers) were reviewed and all had relevant documentation relating to employment. Performance appraisals had been completed annually.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. A list of current</p>

<p>accordance with good employment practice and meet the requirements of legislation.</p>		<p>practising certificates is maintained. Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>There is an annual education plan that is being implemented. Core competencies are completed, and a record of completion is maintained. There is a minimum of one staff available at all times with a current certificate in CPR and first aid. Six RNs are interRAI trained.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Staffing levels and skills mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery.</p> <p>The village manager and care centre manager each work 40 hours per week (Monday to Friday) and are available on call for any emergency issues or clinical support. A clinical nurse leader is available Sunday through Thursday. She was on leave during this spot surveillance audit.</p> <p>At the time of the audit, the care centre was at full capacity with 41 residents. Staffing included a minimum of one staff RN on the AM, PM and night shifts. A further RN is rostered on the AM shifts with a full-time RN vacancy recently filled (effective 24 September 2018) to provide increased RN hours on the AM shifts. Four long shift caregivers and one short shift caregiver cover the AM shifts, three long shift caregivers and one short shift caregiver cover the PM shift and two caregivers cover the night shift.</p> <p>There are 44 beds approved for rest home level of care in the serviced apartments. At the time of the audit, five rest home level and one hospital level resident were living in the serviced apartments. Written dispensation had been received for the resident assessed at hospital level of care in the serviced apartments. The second resident approved by the Ministry for hospital level of care in the service apartments has now moved to a bed in the care centre. Note: both hospital level residents in the serviced apartments were residing in serviced apartments that were on the same physical level as the care centre. Staffing levels in the serviced apartments includes two caregivers on the AM shift and one caregiver on the PM and night shifts. Interviews with two caregivers who regularly work in the serviced apartments confirmed that they regularly check on the residents, in particular the hospital level resident, and that all of the residents are able to use their call bells. The hospital level resident in the serviced apartment was interviewed and confirmed that she receives regular checks. She had access to a call bell if assistance was needed.</p> <p>There are separate cleaning and laundry staff, seven days a week. One diversional therapist and one recreational therapist share activities cover, seven days a week.</p> <p>Caregivers interviewed confirmed that staff absences are filled. The care centre manager reported that there are times that she uses agency staff to ensure that staff numbers are adequate to meet the needs of the residents. This was recently needed during a norovirus outbreak in August.</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>PA Moderate</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. The RNs in the care centre and caregivers in the serviced apartments are responsible for the administration of medications and have completed medication competencies and annual education. Registered nurses have completed a syringe driver competency.</p> <p>Regular medications and 'as required' medication are checked on delivery by an RN and are entered into the electronic medication system. Any discrepancies are fed back to the supplying pharmacy. There were no self-medicating residents. All medications were stored correctly. All eye drops had been dated on opening. The medication fridge is monitored weekly. All impress medication is checked regularly for expiry dates.</p> <p>Nine resident medication charts on the electronic medication system and corresponding medication administration sheets were reviewed. There was no medication chart or script for the respite resident. The medication charts reviewed had photograph identification and allergy status recorded. Staff recorded the time, date and effectiveness of 'as required' medications. All 'as required' medications had an indication for use. All medication charts had been reviewed by the GP 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>The service has a contracted company for the provision of all meals on-site. The service has a food control plan that was verified 24 May 2018. The seasonal menu has been reviewed by a dietitian. The menu meets the resident preferences and resident dietary requirements. Dislikes are known and accommodated. Special diets such as gluten free and diabetic desserts are provided. Meals are delivered in a scan box to the care centre kitchenette where meals are served from the bain marie. The food service staff serves the meals. The chef receives a dietary profile for each resident and is notified of any changes including weight loss and provides smoothies and added calories such as cream/ice-cream to foods.</p> <p>The fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures, cooling and serving temperatures are taken and recorded daily. All foods are stored correctly, and date labelled. Cleaning schedules are maintained. Staff were observed wearing correct personal protective clothing. The chemical provider completes a functional test on the dishwasher monthly.</p> <p>Contracted staff have food handling certificates and completed chemical safety training. Residents have the opportunity to feedback on meals through direct feedback and resident meetings. Residents and relatives commented positively on the food services and meals.</p>
<p>Standard 1.3.6: Service</p>	<p>FA</p>	<p>When a resident's condition changes, the RN initiates a review and if required a GP or nurse specialist consultation. Relatives interviewed stated their relative's needs are met and they are kept informed of any health changes. There was documented evidence in the resident progress notes of family notification of any changes to health, including</p>

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>infections, accidents/incidents, medication changes, GP visits and family meetings. Residents interviewed stated their needs are being met.</p> <p>Adequate dressing supplies were sighted. Initial wound assessments with ongoing wound evaluations and treatment plans were in place for five residents with wounds. One chronic wound was linked to the long-term care plans. There was one facility acquired stage three pressure injury. There is access to wound nurse specialist advice and support at the DHB. Adequate pressure injury resources were sighted.</p> <p>Contenance products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed.</p> <p>Monitoring forms are completed on the electronic resident system. Worklogs entered onto the system alert staff of monitoring requirements and these are signed off as completed. Registered nurses review the monitoring charts, which include pain monitoring, neurological observations, bowel monitoring, two hourly re-positioning and restraint/enablers monitoring. Weight monitoring is completed monthly or more frequently for residents identified with unintentional weight loss. Interventions have been implemented for one rest home and one hospital resident with unintentional weight loss. Food and fluid intake monitoring had been completed and care plans updated to include interventions for weight loss. The previous finding around interventions for weight loss has been addressed.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs one diversional therapist (Tuesday to Saturday) and one recreational therapist (Sunday and Monday) to implement the seven-day week integrated rest home and hospital programme. Activities staff were not available for interviews on the day of the audit.</p> <p>The programme is planned one month in advance and includes activities such as exercises, village walks, word games, bowls, colouring therapy, music, movies and happy hours. For residents who choose not to join in activities or are unable to participate, there are pampering sessions and one-on-one time. International days are celebrated and there is entertainment and community visitors including school children and pet therapy. Regular church services are held on-site and there are chaplain visits.</p> <p>There is a recreational assessment and activity plan in place for long-term resident files reviewed. The residents and relatives interviewed expressed satisfaction with the programme. There are monthly resident meetings which provide an opportunity for residents to provide feedback and suggestions for the programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service</p>	<p>FA</p>	<p>All initial care plans were evaluated by the registered nurses within three weeks of admission. There is evidence of resident and family involvement in the evaluation of the initial care plan and six-monthly care plan evaluations. Multidisciplinary team reviews have input into the written evaluations, which document if the resident goals have</p>

<p>delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>been met or unmet. The GP completes three monthly 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>	<p>FA</p>	<p>The building has a current building warrant of fitness that expires on 1 February 2019. A full-time property manager and property assistant maintain a planned maintenance programme and attend to daily maintenance and repairs. All electrical equipment is tested and tagged each year (22 May 2018). Clinical equipment has had functional checks/calibration annually. Hot water temperatures are tested and recorded monthly with readings below 45 degrees Celsius. Preferred contractors for essential services are available 24/7.</p> <p>The care centre is located on the first floor. Serviced apartments are on the ground and first floor. Corridors are wide in all areas to allow residents to pass each other safely. There is safe access to all communal areas and outdoor areas. There is an outdoor balcony on the first floor with seating and shade. The external areas are well maintained.</p> <p>The caregivers and registered nurses interviewed reported that they have all the equipment required to safely provide the care documented in the care plans.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>CI</p>	<p>The infection control policy includes a surveillance policy, including a surveillance procedure, process for detection of infection, infections under surveillance, outbreaks and quality and risk management. Infection events are collected monthly and entered into the electronic system. The infection control coordinator (registered nurse) provides infection control data, trends and relevant information to the infection control committee who meet quarterly. The monthly infection events, trends and analysis are reviewed by management, and data is forwarded to head office for benchmarking. Areas for improvement are identified corrective actions developed and followed-up. Infection control audits are completed, and corrective actions signed off. Surveillance results are used to identify infection control activities and education needs within the facility. The service identified an opportunity to reduce respiratory tract infections following a respiratory tract outbreak in July 2017. The relevant authorities had been notified.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively</p>	<p>FA</p>	<p>Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. The restraint coordinator is the clinical nurse lead/RN. She was not available on the day of the audit. There were no residents using restraints or enablers.</p> <p>Staff receive mandatory training around restraint minimisation that includes annual competency assessments.</p>

minimised.		Restraint minimisation training begins during care staff orientation.
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA</p> <p>Moderate</p>	<p>Nine medication charts of long-term residents on the electronic medication system met legislative prescribing requirements. The signing charts corresponded with the prescription. The GP had reviewed the medication charts three monthly. There was a blister pack of medications and a signing sheet in place for the respite care resident, however there was no medication chart or script in place for the administration of medications. A pharmacy paper-based script was obtained on the day of audit; therefore, the risk was reduced from high to moderate.</p>	<p>There was no medication chart or pharmacy script in place for the respite care resident. Medications were being administered from a blister pack and signed for on a paper-based signing sheet. A pharmacy paper-based script was obtained on the day of audit; therefore, the risk was reduced from high to moderate.</p>	<p>Ensure respite care residents have a medication chart in place for the administering of medications.</p> <p>30 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
Criterion 3.5.7 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.	CI	The service identified an area for improvement around reducing the rate of respiratory tract infections after a respiratory tract outbreak in 2017. An action plan included a focus on the influenza campaign to encourage staff to have the vaccine for the prevention of the spread of infection.	An action plan was developed to reduce respiratory infections over the winter season for 2018. The action plan included encouraging staff to participate in the influenza vaccination programme through education and information. The infection control public noticeboard had eye catching posters and relevant information. Information on the flu vaccine were posted in different languages so as to reach all staff including community visitors. The low number of staff receiving flu vaccines (12) in 2017 was also due to staff being unable to attend the set times (due to their schedules) for vaccinations in the care centre. The infection control coordinator arranged for “walk-ins” at the medical centre or pharmacy. The action plan has been successful in reducing the spread of respiratory tract infections. There were 98% of residents vaccinated and 30 staff in 2018. The rate of respiratory tract infections has remained below the organisational KPI for respiratory infections at four infections for 2018 to date. The service has maintained a continuous improvement around infection surveillance.

End of the report.