

Chatswood Lifecare Limited - Chatswood Rest Home

Introduction

This report records the results of a Certification 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:	Chatswood Lifecare Limited
Premises audited:	Chatswood Rest Home
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 March 2016 End date: 16 March 2016
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	62

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Chatswood Rest Home and Retirement Village is privately owned and operated. The service provides rest home and hospital level of care for up to 65 residents. On the day of the audit there were 62 residents.

One of the directors is a registered nurse and is the operations manager of the company. She is supported by an experienced village manager and experienced clinical manager. The residents and relatives spoke positively about the care and support provided at Chatswood Rest Home.

This certification audit was conducted against 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 resident and staff files, observations and interviews with family, management, staff and the general practitioner.

Improvements are required around interRAI assessments and progress notes, documented interventions, wound care documentation, evaluations of short-term care plans and indications for use for 'as required' medications.

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 services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on notice boards. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents and/or their family/whānau. Residents are encouraged to maintain links with the community. Complaints processes are implemented and complaints and concerns are managed appropriately.

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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Chatswood Rest Home has a quality and risk management system in place. Key components of the quality management system include: management of complaints, implementation of an internal audit schedule, annual satisfaction surveys, incidents and accidents, review of infections, review of risk and monitoring of health and safety including hazards. The monthly quality/staff meeting includes discussion around quality data. Human resources policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and there is sufficient staff on duty at all times. There is an implemented orientation programme that provides new staff with relevant information for safe work practice. Regular training is provided for all staff.

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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There is an admission package available prior to or on entry to the service that includes information on the services provided at Chatswood Rest Home. The registered nurse is responsible for each stage of service provision. The registered nurse assesses and develops care plans that include support required, outcomes and goals in consultation with the resident and/or family. Resident files included medical notes and notes of other visiting allied health professionals.

The diversional therapist provides an interesting and varied activities programme for the residents that includes (but not limited to) outings and community involvement.

Medication policies reflect legislative requirements and guidelines. Staff responsible for administration of medicines completes annual education and medication competencies. Medication charts have photo identification and allergy status noted.

All meals are prepared on-site. Individual and special dietary needs are catered and alternative options are available for residents with dislikes. The menu has been reviewed by a dietitian.

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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The service has implemented policies and procedures for fire, civil defence and other emergencies. The rest home and the hospital/serviced apartment building both have a current building warrant of fitness. Rooms were individualised. External areas were safe and well maintained. The facility has a van available for transportation of residents. There is a main lounge, separate dining room and several smaller lounges in the hospital wing with each room having full ensuite facilities. In the rest home wing, there is a separate lounge and dining room. There are adequate communal toilets and showers. Fixtures, fittings and flooring are appropriate for rest home and hospital level care. Cleaning and laundry services were well monitored through the internal auditing system. Chemicals were stored securely. The temperature of the facility was comfortable and constant and able to be adjusted in resident's rooms to suit individual resident preference.

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 maintains a restraint free environment. There are policies and procedures to follow in the event that restraint or enablers are required. There were no residents using restraints or enablers. The clinical manager is the restraint coordinator. Staff received training around maintaining a restraint free environment, including the management of behaviours that challenge.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (clinical manager) is responsible for coordinating education and training for staff. The infection control coordinator has attended external training. There is a suite of infection control policies and guidelines to support practice. The infection control coordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility.

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	41	0	3	1	0	0
Criteria	0	89	0	3	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Five residents (four rest home and one hospital level of care) and six relatives (five hospital and one rest home level of care) interviewed confirmed that information has been provided around the Code of Rights and their rights are respected when receiving resident related services and care. There is a resident rights policy in place. Code of Rights training was last completed in November 2015. Discussion with six caregivers (across the rest home and hospital areas and who work morning and afternoon shifts) identified they were aware of the Code of Rights and could describe the key principles of residents rights when delivering care.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and</p>	FA	<p>Written informed consent is gained for general consents and were sighted in the resident files sampled. Written consent is also gained for specific procedures such as the influenza vaccine. Resuscitation orders had been signed by the resident and general practitioner in all files reviewed. Residents interviewed confirm they were given good information to be able to make informed choices. The two registered nurses (RN) and six caregivers interviewed stated the family are involved with the consent of the resident. Enduring power of attorney (EPOA) documents were sighted on the resident's files reviewed. Discussion with family identify the service actively involves them in decisions that affect their relative's lives.</p>

give informed consent.		
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Residents and families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Resident advocates are identified during the admission process. Pamphlets on advocacy services are available at the entrances to both the rest home and hospital buildings. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services. Staff receives education and training on the role of advocacy services. Caregivers and RNs interviewed are aware of the resident's right to advocacy services and how to access the information.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	The service has an open visiting policy and family and friends are encouraged to visit the home and are not restricted to visiting times. All residents interviewed confirmed that family and friends are able to visit at any time and visitors were observed attending the home. Residents and relatives verified that they have been supported and encouraged to remain involved in the community. The service has a van and group outings are provided. Community groups visit the home as part of the activities programme.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the village manager using a complaints' register. There have been seven complaints made in 2015 and one to date for 2016. All complaints have been managed in line with Right 10 of the Code. A review of complaints documentation evidence resolution of the complaint to the satisfaction of the complainant and advocacy offered. Residents and family members advised that they are aware of the complaints procedure. Discussion around concerns, complaints and compliments were evident in facility meeting minutes.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The service has available information on the Code of Health and Disability Services Consumers' Rights. Advocacy pamphlets and the Code of Rights (in English and Māori) are clearly displayed at the main facility entrance of both buildings (hospital and rest home). There is a welcome information folder that includes information about the Code of Rights. The resident, family or legal representative has the opportunity to discuss this prior to entry and/or at admission with the village manager. The RN /operations manager (part owner) and village manager are available to discuss concerns with residents and families at any time. Residents and two family members (hospital level) interviewed state they receive sufficient verbal and written information to be able to make informed choices on

		matters that affect them.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service provides physical and personal privacy for residents. During the audit, staff were observed treating residents with respect and ensuring their dignity is maintained. Staff interviewed were able to describe how they maintain resident privacy. Staff sign a non-disclosure declaration on employment. Staff attend privacy and dignity in-service as part of their annual training plan. Staff attended abuse and neglect in-service in August 2015. Resident's cultural, social, religious and spiritual beliefs are identified on admission and included in the residents care plan/activity plan to ensure the resident receives services that are acceptable. Care staff interviewed state they promote independence with daily activities where appropriate.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There is a Māori health plan and cultural safety policy to guide staff in the delivery of culturally safe care. The policy includes references to other Māori providers that are available and interpreter services. The Māori health plan identifies the importance of whānau. On the day of the audit, there were no residents that identified as Māori. Care staff were able to describe how to access information and provide culturally safe care for Māori.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and</p>	FA	<p>The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Staff recognises and respond to values, beliefs and cultural differences. Residents are supported to maintain their spiritual needs with regular on-site church services and are supported to attend other community groups as desired. Cultural awareness training is incorporated in the annual training day that all staff attends.</p>

respect their ethnic, cultural, spiritual values, and beliefs.		
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	The staff employment process includes the signing of a service Code of Conduct. Professional boundaries are defined in job descriptions. Staff are observed to be professional within the culture of a family environment. Staff are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Registered nurses have attended the NZNC Code of Conduct training as offered. Interviews with caregivers could describe how they build a supportive relationship with each resident. Residents interviewed stated they are treated fairly and with respect.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	The owners and management are committed to providing services of a high standard, based on the service philosophy of care and shared goals "to be the best". This was observed during the day with the staff demonstrating a caring attitude to the residents. All residents and families spoke positively about the care provided. The service has implemented policies and procedures from a recognised aged care consultant that provide a good level of assurance that it is adhering to relevant standards. Care staff and RNs also have access/reference to aged care best practice guidelines. Staff have a sound understanding of principles of aged care and state that they feel supported by management. Monthly quality improvement meetings, health and safety/infection control and clinical meetings enhance communication between the teams and provided consistency of care. The care staff and RNs rotate between the rest home and the hospital. The service contract a physiotherapist who visits fortnightly or as required to complete resident assessments and provide safe manual handling training for staff.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Management promote an open door policy. Relatives are aware of the open door policy and confirm on interview that the staff and management are approachable and available. Residents/relatives have the opportunity to feedback on service delivery through annual surveys. Results and corrective actions/areas for improvement are discussed at resident meetings (sighted in minutes). There are regular resident meetings that are open to families to attend. Meeting minute's evidence previous matters are discussed and closed out as concerns are resolved. Relatives confirmed on interview they receive regular newsletters. Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Relatives interviewed state they are notified promptly of any changes to resident's health status. Residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement. The information pack is available in large print and advised that this can be read to

		residents. An interpreter service is available if required.
<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>Chatswood Rest Home provides rest home level of care for up to 37 residents in a separate building on the site and hospital/rest home level of care for up to 28 residents (dual purpose beds) in a purpose built facility on the same site. Both facilities are connected by an open walkway as well as separate main entrances. There are 14 serviced apartments attached to the hospital facility which have been certified to provide rest home level of care.</p> <p>On the day of audit there were 37 rest home residents and 28 hospital residents. There were no residents receiving rest home level of care in the serviced apartments. All residents were under the ARCC agreement. Medical services are not included under the current certification.</p> <p>Chatswood Rest Home is privately owned and operated by two directors who are part owners. One director is responsible for the development of the company and is based at the head office. The other director is a registered nurse and is the operations manager who visits the site three times a week to meet with the village manager. The operations manager has extensive experience in aged care management at organisational and national level. The operations manager provides clinical governance for the company. The village manager, previously an enrolled nurse, has had 10 years aged care management experience. She has been in the role for 15 months and is supported by a clinical manager who has been in the role 3 years.</p> <p>There is a five year business plan from 2012 to 2017 which identifies the philosophy of care, mission statement and business objectives/goals and values of the company. The board of directors regularly review the business plan.</p> <p>The village manager has maintained at least eight hours annually of professional development related to managing a rest home and has achieved the national diploma of business level four and five.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to</p>	FA	<p>During the temporary absence of the village manager or clinical manager the operations manager/RN provides clinical and management oversight of the facilities including the on-call requirement. A current practicing certificate for the operations manager/RN was sighted.</p>

consumers.		
<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>The service has a quality risk management plan in place that is reviewed annually. The service has in place a range of policies and procedures to support service delivery that are developed by an external consultant and reviewed regularly. Facility meetings held monthly include: quality improvement/staff meetings, RN and team leader meetings, combined health and safety and infection control committee meetings. Meetings minutes sighted evidence there is discussion around quality data including complaints, compliments, health and safety, accident/incident, infection control, internal audits and survey results. The service participates in an external benchmarking programme against industry standards. Staff interviewed state they are well informed and required to sign meetings minutes/reviewed policies when read. Internal audits are completed as scheduled. Corrective actions and re-audits are completed for internal audit results below 95%. Quality improvements are raised for identified areas for improvement. Quality improvements implemented include (but not limited to); (i) the introduction of an electronic medication system that has reduced medication errors and (ii) review of meal service as a results of survey outcomes.</p> <p>The maintenance manager is a health and safety representative who has completed level four of the health and safety qualifications. The health and safety committee review accident/incident reports monthly and the hazard register is reviewed six monthly. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls.</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>As part of risk management and health and safety framework, there is an accident/incident policy. The service collects incident and accident data and reports monthly to the health and safety/infection control combined committee meetings and the quality improvement meetings. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted.</p> <p>Sixteen incident forms were reviewed from January 2016. All incident forms identified timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for unwitnessed falls and any known head injury. The next of kin had been notified for all incidents/accidents. The caregivers interviewed could discuss the incident reporting process. The clinical manager collects incident forms, investigates and reviews and implements corrective actions as required.</p> <p>The operations manager and village manager interviewed could describe situations that would require reporting to relevant authorities. The service has reported three major events to the Ministry of Health and Work Safe NZ.</p>
Standard 1.2.7:	FA	There are human resources policies to support recruitment practices. The register of RN's practising certificates

<p>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>and allied health professionals is current. Eight staff files were reviewed (facility manager, clinical manager, two RNs, one caregiver, one diversional therapist, one cook and one housekeeper). All files contained relevant employment documentation including current performance appraisals and completed orientations. The orientation programme provides new staff with relevant information for safe work practice. The first day of employment covers health and safety induction, infection control and organisational policies and protocols. Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>Caregivers commence Careerforce aged care qualifications following appointment and are supported by an external assessor. Registered nurses are supported to attend external education. Four RNs (including the clinical manager) have completed their interRAI training. Two other RNs are currently progressing through the interRAI training. Staff attends a full training day annually that includes mandatory training requirements. Staff completes competencies relevant to their roles.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The village manager (non-clinical) and the clinical manager/RN are on duty during the day Monday to Friday. The clinical manager provides the on-call requirement for clinical concerns. There is a RN on duty in the hospital 24 hours. The rest home has either a RN or senior medication competent caregiver on duty each shift and a team of caregivers. There is a separate staffing roster for each facility (rest home and hospital) on the site. There are two caregivers on duty in the rest home. There are sufficient staff numbers in the hospital facility to safely deliver care.</p> <p>Residents and relatives state there were adequate staff on duty at all times. Staff state they feel supported by the clinical manager and village manager who respond quickly to after-hour calls.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>There are resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident register. Resident clinical and allied health records are integrated. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. All entries in the progress notes are legible, dated and signed with the designation.</p>
<p>Standard 1.3.1: Entry</p>	FA	<p>Prior to entry potential residents have a needs assessment completed. The service has an admission policy, admission agreement and a resident information pack available for residents/families at entry. The information</p>

<p>To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>pack includes all relevant aspects of the service. The admission agreement reviewed aligns with a) -k) of the ARC agreement. Eight admission agreements viewed were signed.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>There are policies to describe guidelines for death, discharge, transfer, documentation and follow up. A record is kept and a copy of details is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Follow up occurs to check that the resident is settled, or in the case of death, communication with the family is made and this is documented</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 Low</p>	<p>Medication policies align with accepted guidelines. The RNs and caregivers responsible for the administration of medications have completed annual competencies and medication education. A signed medication reconciliation form evidences medications are checked on arrival by the registered nurse. Any pharmacy errors are recorded and fed back to the supplying pharmacy. There were no self-medicating residents on the day of audit. Standing orders were not in use.</p> <p>The medication fridge temperature is monitored daily and is maintained between 2-8 degrees Celsius. Sixteen medication charts on the electronic medication system were reviewed. All medication charts had photo identification and allergy status. A shortfall was identified around the prescribing of indications for the administration of 'as required' medication. All medication charts had been reviewed three monthly by the GP.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids</p>	<p>FA</p>	<p>All food is prepared and cooked on-site at Chatswood Lifecare. There is a qualified chef managing the kitchen five days per week and a qualified cook that covers the other two days. They have completed food safety units. There is a seasonal four weekly rotating menu that has been reviewed by a dietitian. The meals are served from the kitchen directly to residents in the dining room in the hospital and via a hot box system to the rest home. The cook receives notification of any resident dietary changes and requirements. Dislikes and food allergies are known and accommodated.</p>

<p>and nutritional needs are met where this service is a component of service delivery.</p>		<p>Fridge and freezer temperatures were recorded daily. Food temperatures had been taken and recorded daily. All foods were date labelled and stored correctly. A cleaning schedule is maintained. Residents interviewed spoke positively about the food provided.</p> <p>Resident survey January 2016 identified concerns around meal temperatures. A corrective action has been raised and improvements implemented. The service will repeat the survey in April 2016.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>Chatswood records the reason for declining entry to residents should this occur and communicates this to residents/family/whānau and refers the resident/family/whānau back to the referral agency. The reason for declining entry would be if there were no beds available or the service could not meet the assessed level of care.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Nursing and risk assessments were completed in timely manner using appropriate tools to meet all the resident's needs. InterRAI assessments, assessment notes and summary were in place for three of the eight resident files reviewed (link 1.3.3.3.). The long-term care plans in place reflected the outcome of the assessments.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of</p>	<p>FA</p>	<p>The care plans describe the resident goals, supports and interventions required to meet desired goals as identified during the ongoing assessment process. There is documented evidence of resident and/or family input ensuring a resident focused approach to care. Residents/relatives confirmed on interview they are involved in the care planning and review process. There was evidence of allied health care professionals involved in the care of the resident.</p> <p>There were examples sighted where short-term care plans were used for changes in health status. (link 1.3.6.1).</p>

service delivery.		
<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>	PA Low	<p>When a resident's condition alters, the registered nurse initiates a review and if required, arranges a GP or nurse specialist visit. There is evidence of three monthly medical reviews or earlier for health status changes. Residents and relatives interviewed confirm care delivery and support by staff is consistent with their expectations. Families confirmed they were kept informed of any changes to resident's health status. Resident files reviewed included communication with family records.</p> <p>Staff report there are adequate continence supplies and dressing supplies. On the day of the audit supplies of these products were sighted. There were seven skin tears, one surgical wound, three grazes and no pressure injuries being treated at the time of audit. Wound assessments had been completed for all wounds. A shortfall was identified around wounds evaluations and short-term care plans for wounds. The RN interviewed could describe the referral process to a wound specialist or continence nurse. There was evidence of GP, dietitian and specialist wound care involvement in the wound management of one chronic wound. Appropriate pressure injury prevention interventions were documented in the care plans for residents identified at risk of pressure injury.</p> <p>Resident care plans (short-term and long-term) document appropriate interventions to manage clinical risk such as poor mobility, falls, skin integrity and nutrition. There were no documented interventions for one hospital resident with recent weight loss. Caregivers interviewed confirmed they are updated of any changes in resident's care or treatment during handover sessions at the beginning of each shift. Active short-term care plans are placed on the front of the resident files for staff awareness.</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 qualified diversional therapist for 40 hours per week for 5 days a week. An activities assistant is also employed for 16 hours on 2 days per week. Both staff has a current first aid certificate. The activity team meets informally with activities staff from other facilities and attends on-site education. The activity programme is provided from Monday to Friday.</p> <p>The programme is flexible and provides a variety of activities that are meaningful to the residents. Residents have the opportunity to provide suggestions for activities and outings at monthly meetings. There is community involvement with local schools and kindergartens. There are regular entertainers and van outings to community events such as concerts and clubs. Residents are encouraged to maintain links with community groups such as the library, concerts, local churches and inter-home visits.</p> <p>Residents attend fortnightly church services as desired on-site and are supported to attend their own church in the community.</p> <p>Residents have an activity profile completed on admission. Activity plans are reviewed six monthly and the diversional therapist is involved in multidisciplinary meetings.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>PA Low</p>	<p>The initial nursing assessment/care plans sighted have been evaluated by the RN within three weeks of admission. Long-term care plans were reviewed at least six monthly in seven out of eight files viewed. One resident had not been at the service six months. The GP completes a one-three monthly resident review. The families are invited to attend the care plan review meeting. Evaluations indicate if resident goals have been met or unmet and the care plan updated to reflect the residents current health status.</p> <p>Four short-term care plans reviewed had not been evaluated regularly by the RN.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The RN could describe the referral process to other medical and non-medical services. Referral documentation was maintained on resident files. The service provided an example of where a resident's condition had changed and a re-assessment for change in level of care was completed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances,</p>	<p>FA</p>	<p>There are policies in place for waste management, waste disposal for general waste and medical waste management. All chemicals are labelled with manufacturer labels. Chemical product use and safety data sheets are available. Chemicals are stored safely. Safety data sheets and product sheets are available. Gloves, aprons and goggles are available for staff. Staff were observed to be wearing appropriate personal protective clothing when carrying out their duties. The maintenance person described the safe management of hazardous material.</p>

generated during service delivery.		
<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>Both buildings (hospital and the rest home) display a current building warrant of fitness which expires on 1 June 2016. There is a reactive and planned maintenance programme in place. Hot water temperature checks are monitored and recorded monthly and are between 44 and 45 degrees Celsius. Medical equipment has been calibrated by an external contractor. Electrical equipment has been serviced and tagged annually.</p> <p>Residents were observed to safely mobilise throughout the facility with easy access to communal areas. There is safe access to outdoor areas. The external area is well maintained with safe paving, outdoor shaded seating, lawn and gardens. Interviews with staff confirmed there was adequate equipment to provide safe and timely care.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All hospital rooms have full ensuite access. There are adequate communal showers and toilets in the rest home. There were two bedrooms in the rest home with shared toilet ensuite. All bedrooms have hand basins. The toilets and showers are identifiable and include vacant/in-use signs. Fixtures, fittings, floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the</p>	FA	<p>Bedrooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. Caregivers interviewed report that hospital level rooms have sufficient space to safely manoeuvre hoists if required to allow cares to take place. The bedrooms are personalised. The bedroom furnishings and seating were appropriate for the resident group</p>

consumer group and setting.		
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There was one main lounge and a dining room in the rest home and a large lounge and several smaller lounges in the hospital wing. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the resident group. Residents were seen to be moving freely within the communal areas throughout the audit. Residents interviewed report they can move freely around the facility and staff assist them if required.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Personal clothing and all linen are laundered on-site by experienced laundry staff. The laundry has defined clean/dirty areas and an entry and exit door with keypad access. Care staff could access the clean linen stores without entering the main laundry. The chemical provider monitors the effectiveness of laundry processes. There is an effective lost clothing process. Personal protective clothing is available and used appropriately. Residents and relatives expressed satisfaction with cleaning and laundry services. Laundry staff and cleaners are trained in chemical safety. There are dedicated cleaners employed for four hours a day Monday-Friday. The cleaning trolley is stored safely when not in use.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. Civil defence supplies include civil defence boxes set up in each area with radios and torches. There are two tanks of water and bottled water totalling 1500 litres. The kitchen holds enough food storage for up to three days. There is a barbeque, gas bottles and a gas powered generator on site.</p> <p>The maintenance manager ensures all new employees complete a health and safety induction which includes fire safety training and emergency evacuation. Six monthly fire evacuations are held. There is an approved fire evacuation plan dated 20 May 2014. The fire alarm system is linked between the two buildings. There is a first aider on duty at all times.</p> <p>Resident's rooms, communal bathrooms and living areas all have call bells. The call bells ring to corridor lights</p>

		placed around both facilities. The staff carry a mobile phone to summon additional staff if required. Security policies and procedures are documented and implemented by staff. The buildings are secure at night.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed state the environment is comfortable.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control coordinator (clinical manager) oversees infection control for the facility and is responsible for the collation of infection events. The infection control coordinator has a defined job description for infection control responsibilities. Infection events are collated monthly and reported to management and the infection control committee.</p> <p>There is an infection control programme that has been reviewed annually and linked to the internal audit programme.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents are offered the influenza vaccine.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources</p>	FA	The infection control coordinator has attended an external three day recognised infection control and prevention course. The combined infection control/health and safety team are representative of staff across all services and meet monthly. The infection control coordinator has access to GPs, local laboratory, the infection control and public health departments at the local DHB for advice, gerontology specialist and an external infection control consultant.

to implement the infection control programme and meet the needs of the organisation.		
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control policies include a comprehensive range of standards and guidelines including defining roles and responsibilities for the prevention of infection, training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies are developed by an external consultant and are reviewed regularly.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Hand hygiene competencies and infection control questionnaires are completed annually.</p> <p>Resident education is expected to occur as part of providing daily cares as appropriate.</p>
<p>Standard 3.5: Surveillance</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in</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>the facility. Individual infection report and short-term care plans are completed for all infections. Infections are entered into an online system where events are graphed by type and benchmarked by an external aged care consultant. Graphs and relevant information is displayed for staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at both the management and staff meetings. Trends are identified and preventative measures put in place. Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. The clinical manager is the restraint coordinator. Chatswood home expanded in 2014 by adding 28 new dual purpose beds and 14 studio apartments. The restraint coordinator confirms that the service has remained a restraint-free environment. Strategies identified to prevent falls and remain restraint-free included the purchase of all ultra-low beds and fall-out mats for the dual purpose rooms. The GP and gerontology nurse specialist were involved in resident assessments and provided input into maintaining the restraint-free environment. On the day of the audit there were no residents on restraints or enablers. Restraint education is included in the two yearly training programme and last occurred in August 2015.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</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>	PA Low	The signing sheets for regular and as required medications corresponded with the instructions on the medication chart. Regular medications were prescribed correctly. As required medications did not always have indications for use prescribed on the medication chart. Sixteen of sixteen medication charts had been reviewed by the GP three monthly.	Two of 16 medication charts with as required medications did not have indications for use of morphine and codeine.	<p>Ensure the prescribing of all as required medications meets legislative requirements.</p> <p>90 days</p>

<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	<p>PA Moderate</p>	<p>All resident files reviewed had initial assessments and risk assessments completed on admission. The long-term care plan had been developed within 21 days of admission in all files reviewed. Three of the files reviewed had interRAI assessments completed. Progress notes had been maintained on each shift by the caregivers. RN entries were only evident following GP visits.</p>	<p>(i) One resident (rest home) admitted for permanent care after 1 July 2015 did not have an interRAI assessment developed within the required timeframe. (ii) Two hospital residents did not have an interRAI assessment completed as part of the six monthly review processes from 1 January 2016, and (iii) Progress notes do not evidence regular RN clinical assessments or resident reviews (one hospital resident who had increasing health concerns and two rest home residents whose conditions were stable).</p>	<p>(i) Ensure interRAI assessments are developed within 21 days of admission, (ii) Ensure interRAI assessments are completed as part of the six monthly review process, and (iii) Ensure there are regular RN entries in the progress notes.</p> <p>90 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Low</p>	<p>Wound assessments were completed for 11 of 11 wounds. The wound plan included dressing type and timeframes for review. A wound evaluation and review form was attached with each wound assessment, however not completed at the required frequency documented. There were no short-term care plans in place for the wounds. Nutritional status is assessed on admission and at six monthly reviews. There is dietitian input for residents at risk of weight loss and losing weight. The service implement appropriate interventions such as dietary supplements, high protein/high calorie diets and weekly weigh.</p>	<p>(i) Evaluations for six of nine hospital resident's wounds had not been completed at the required frequency: (ii) There were no short-term care plans that linked to current wounds: and (iii) There was no short-term care plan (interventions) in place for a hospital resident with a 10 kg weight loss over 4 months.</p>	<p>(i) and (ii) Ensure all wounds have short-term care plans in place and evaluations are completed at the required frequency: (iii) Ensure interventions for weight loss are documented.</p> <p>90 days</p>
<p>Criterion 1.3.8.2</p> <p>Evaluations are</p>	<p>PA Low</p>	<p>Examples of short-term care plans were sighted (link 1.3.6.1). Overall appropriate interventions were documented to guide the staff in the delivery</p>	<p>Four short-term care plans reviewed have not been reviewed regularly by the RN to indicate if the problem was resolved or</p>	<p>Ensure short-term care plans are reviewed</p>

<p>documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.</p>		<p>of care and supports for residents with short term needs. However, reviews were not documented for short-term care plans in a timely manner.</p> <p>Four short-term care plans reviewed have not been reviewed regularly to indicate if the problem was resolved or ongoing.</p>	<p>ongoing.</p>	<p>regularly.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.