

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 - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 March 2019 End date: 15 March 2019
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	73

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 Retirement Village is privately owned and operated. The service provides rest home and hospital (medical and geriatric) level of care for up to 101 residents. On the day of the audit there were 73 residents.

There is an onsite management team consisting of an experienced village manager and experienced clinical manager. One of the directors is a registered nurse and is the operations manager of the company. The residents and relatives spoke positively about the care and support provided at Chatswood Retirement Village.

This certification audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management and general practitioners.

There are quality systems and processes being implemented that are structured to provide appropriate quality care. Quality initiatives are being implemented which provide evidence of improved services for residents. There is an orientation and in-service training programme in place that provides staff with appropriate knowledge and skills to deliver care and support. Residents and relatives interviewed all spoke positively about the care and support provided.

The service is commended for achieving continuous improvement ratings relating to good practice and infection surveillance.

This audit did not identify any areas requiring improvement.

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.

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

Chatswood Rest Home endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrated an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families.

Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

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.

Services are planned, coordinated, and are appropriate to the needs of the residents. Goals are documented for the service with evidence of annual reviews. A risk management programme is in place, which includes managing adverse events and health and safety processes.

Chatswood Rest Home is implementing the organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. A comprehensive orientation programme is in place for new staff. Ongoing education and training for staff is in place and monitored with high attendance. Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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An admission package with information on the services provided at Chatswood Rest Home is available prior to or on entry to the service. A registered nurse is responsible for assessing and developing care plans. Care plans are developed in consultation with the resident and/or family and they include support required, outcomes and goals. Resident files also included medical notes and notes of other visiting allied health professionals.

The residents' activities programme provided by the diversional therapist is varied and includes one-to-one and group activities, community involvement and outings.

Medication policies reflect legislative requirements and guidelines. Staff responsible for administration of medicines complete annual education and medication competencies. All medication charts have photo identification, allergy status and evidence of three monthly reviews noted.

All meals are prepared onsite. There is a registered food control plan in place. The menu has been reviewed by a dietitian. Individual and special dietary needs and residents' dislikes are catered for and alternative options are made available for residents.

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 building holds a current building warrant of fitness. The facility is made up of two separate buildings, the older villa which accommodates rest home care and the purpose-built hospital and apartment building. In the rest home there is a separate lounge and dining room. There are adequate communal toilets and showers. All rest home rooms have a hand basin and some rooms have shared toilet and showering facilities. The remaining rooms in the hospital and serviced apartments have full shower and toilet ensembles. Communal areas within each area are easily accessed with appropriate seating. There are adequate external areas with seating and shade to accommodate the needs of the residents. External areas are safe and well maintained.

Cleaning and laundry services are well monitored through the internal auditing system. The organisation provides housekeeping and laundry policies and procedures which are robust and ensure all cleaning and laundry services are maintained and functional at all times. Chemicals are stored securely throughout the facility and there are documented processes for waste management.

Chatswood has a documented emergency and disaster plan in place as per the health and safety programme and an approved emergency evacuation plan signed off by the New Zealand Fire Service. Six monthly trial fire evacuations are conducted, and civil defence processes are in place. Appropriate training, information and equipment for responding to emergencies is provided.

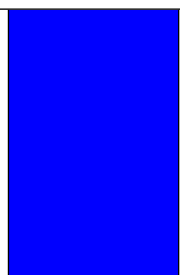
There are call bells and emergency bells in all resident rooms and communal areas. The system software is able to be monitored. General living areas and resident rooms are appropriately heated and ventilated.

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 restraint minimisation and safe practice policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Restraint is an agenda item at meetings. Interviews with the staff confirmed their understanding of restraints and enablers. On the day of audit, there were no residents assessed as needing restraint or enablers.

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.
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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 (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through

surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking externally. Staff receive ongoing training in infection control.

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	2	44	0	0	0	0	0
Criteria	2	92	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. The Code is displayed in both Māori and English versions and the pamphlets are readily accessible. Staff receive training about the Code during their induction to the service, which continues through the mandatory in-service education and training programme.</p> <p>The Health and Disability Advocacy Service pamphlets with relevant contact numbers are displayed at reception and in all service areas around the facility. Staff were aware of where to access information.</p> <p>Interviews with staff (six caregivers [across all areas and shifts], two registered nurses, clinical nurse manager, a diversional therapist and an activity coordinator), reflected their understanding of the key principles of the Code. Caregivers could describe how the Code is incorporated in their everyday delivery of care.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau</p>	FA	<p>Nine files were reviewed. All files included a general consent. There was evidence that written consent is also gained for specific procedures such as the influenza vaccine. Resuscitation orders were signed by the resident (if appropriate) and general practitioner in files reviewed.</p> <p>The two registered nurses (RN) and caregivers interviewed confirmed consent is obtained when</p>

<p>of choice are provided with the information they need to make informed choices and give informed consent.</p>		<p>delivering care. Enduring power of attorney (EPOA) documents were sighted on the resident's files reviewed. Discussion with family identified the service actively involves them in decisions that affect their relative's lives.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events and aiding to ensure that they can participate in as much as they can safely and desire to do. The clinical nurse manager is available to families. Quarterly newsletters are shared with residents and emailed to families and local medical centres and are available at reception for families and visitors. Family members and residents are invited to regular monthly multidisciplinary review meetings held for each resident. Family have input into the care planning and the activities programme to meet the needs of the individual resident concerned. Links are maintained with activities in the community being encouraged as part of the activities programme. Van outings into the community or attendance at church services at local churches is encouraged. Church services are held. School children from local schools visit the facility and read to the residents.</p>
<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>There is a comprehensive complaints and concerns policy. The complaints procedure is provided to residents and relatives on entry to the service. The service maintains a record of all complaints and concerns both verbal and written. They proactively manage all concerns and include these on the complaint register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Interviews with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are available in a visible location at reception.</p> <p>Staff interviewed could all describe the complaints procedure and feedback provided at all meetings including house meetings. Six complaints/concerns from 2018 and 2019 (YTD) were reviewed with evidence of appropriate follow-up actions taken. Documentation reviewed reflected the service is</p>

		proactive in addressing complaints. Complaints investigation reports were completed for the majority with corrective actions and recommendations. Resolution was also identified. Feedback is provided to staff and education provided where required.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The clinical nurse manager and registered nurses discuss aspects of the Code with residents and their family on admission. Regular multidisciplinary meetings also allow time for residents and family to discuss any concerns including individualised care and choice. The management team provide an open-door policy, and this is reflected in interview by residents and relatives.</p> <p>All eight residents (four rest home level and four hospital level including one hospital resident in the care suites) and ten relatives (eight hospital, including one in the care suites and two rest home) interviewed, reported that the residents' rights are being upheld by the service. Interviews with staff also confirmed their understanding of the Code and its application to aged residential care.</p>
<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>Residents are treated with dignity and respect. Privacy is ensured, and independence is encouraged.</p> <p>Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. If a resident has specific spiritual/religious affiliations, this is identified on admission as part of the information gathered by the registered nurse for the "Front Sheet" of the resident's file. Spiritual needs are identified, and church services are held. The spiritual/cultural care plan is completed by the RNs as part of the long-term care planning process.</p> <p>There is a policy on abuse and neglect and staff receive compulsory annual training. All six caregivers interviewed had received education and had a good understanding of abuse and neglect and how to report any suspected incidences to the village manager.</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</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. There is one resident whom identifies as NZ Māori living at the facility.</p> <p>There is a Māori health plan and cultural safety Māori policy, which describes the expectations when</p>

<p>individual and cultural, values and beliefs.</p>		<p>providing care and services for residents who identify as Māori.</p> <p>Māori consultation is available through the documented iwi links. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p> <p>Chatswood provides compulsory two yearly training for all staff with respect to cultural safety. Values and beliefs identified during the assessment process are taken into consideration and documented on the individual resident's care plan. All care plans reviewed were individualised to the resident and their whānau's (family's) needs, preferences and wishes.</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 respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. Picture cards and body language signing is being utilised for one resident that has limited English.</p> <p>All care plans reviewed included the resident's spiritual, cultural, social and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>A service code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Code of conduct training is also provided through the in-service training programme. Policy and procedures related to discrimination ensure residents receive services free from any discrimination, and that residents are not subjected to any form of coercion, harassment, sexual or other exploitation. Professional boundaries are defined in job descriptions. Interviews with caregivers and registered nurses confirmed their understanding of professional boundaries, including the boundaries within their roles and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>CI</p>	<p>Chatswood management and owners are committed to delivering quality care with a strong emphasis on staff education and continued improvements in the delivery of resident focused care. Policies and procedures in place have been developed by a recognised aged care consultant and are reviewed annually or as required. Policies are available to all staff either in a paper-based format or online and provide a good level of assurance that the service is adhering to relevant standards. Care staff and</p>

		<p>RNs also have access/reference to aged care best practice guidelines.</p> <p>There is a regular in-service education and training programme for staff that includes a mix of online education and inhouse in-service training. Staff interviewed have a sound understanding of aged care and stated that they feel supported by the clinical nurse manager and that they work together well as a team.</p> <p>Evidence-based practice is evident, promoting and encouraging good practice. A GP visits the facility twice weekly. The service receives support from the local district health board (DHB). Physiotherapy services are available for 3.5 hours per week. A podiatrist visits every six to eight weeks.</p> <p>The service has links with the local community and encourages residents to remain independent.</p> <p>Chatswood has been proactive around implementing quality initiatives, these are established for areas that staff/management identifies as requiring improvement and these are evaluated for effectiveness. The clinical quality improvements/outcomes are displayed on the nurse's station noticeboards for staff to view. All residents and families spoke positively about the care provided. The service has exceeded the standard in relation to nutrition and falls prevention.</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>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Management interviewed, described an open-door policy.</p> <p>Evidence of communication with family/whānau is documented and held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. A sample of 12 electronic adverse event forms reviewed across all areas of care, all identified that family are kept informed. All relatives interviewed stated that they are kept well-informed when their family member's health status changes.</p> <p>A resident-centred approach to service delivery and open communication is respected by staff. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance.</p> <p>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>The service has developed a number of information pamphlets for residents/relatives that are kept in reception. The informative Chatswood Chatter newsletter is distributed by email and hard copy several times a year.</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>Chatswood Rest Home consists of a purpose-built hospital and serviced apartment wing and a converted villa. The service is certified to provide hospital (geriatric and medical), and rest home care for up to 101 residents. Rest home level of care for up to 37 residents is provided in the separate villa and hospital/rest home level of care for up to 29 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 (certified to provide rest home level care) and 9 care suites, 2 studios and 10 apartments (certified to provide rest home or hospital level care -total of 21 dual-purpose LTO's). The apartments are attached to the hospital facility.</p> <p>On the day of audit there were 34 rest home (including one respite) residents and 28 hospital residents. There were eleven residents receiving care in the serviced apartments (six rest home and five hospital level care). All residents were under the ARCC agreement.</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 in a separate building adjacent to the facility. The other director is a registered nurse and is the operations manager who visits the site regularly 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 and is available on call at all times. The village manager, previously an enrolled nurse, has had 10 years aged care management experience. She has been in the role for five years and is supported by a clinical manager who has been in the role over seven years.</p> <p>There is a five-year business plan from 2018 to 2022, 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. There are clear lines of accountabilities and an organisational chart. There is an implemented quality and risk management system that is regularly reviewed and refined to further improve service delivery. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care and hospital (geriatric and medical).</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. The clinical nurse manager has recently completed a certificate in gerontology.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the</p>	<p>FA</p>	<p>The clinical nurse manager undertakes the village management role when required, to cover annual leave or sick leave. The clinical nurse manager is supported by the operations manager and registered nurses.</p>

<p>day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		
<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>	<p>FA</p>	<p>A quality and risk management programme is well established. Interviews with the clinical nurse manager, village manager, operations manager and staff from each area reflect their understanding of the quality and risk management system. There are procedures to guide staff in managing clinical and non-clinical emergencies. 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.</p> <p>Key components of the quality management system link to the monthly facility meetings including quality improvement/staff meetings, RN and team leader meetings, combined health and safety and infection control committee meetings. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) resident falls, infection rates, complaints received, restraint use, pressure injuries, unintentional weight loss, and medication errors. An annual internal audit schedule including specific clinical-focused audits was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including trends in data and benchmarked results are discussed in a variety of meetings, and reports are forwarded to the operations manager.</p> <p>The service participates in an external benchmarking programme against industry standards. Staff interviewed stated they are well informed and required to sign meetings minutes/reviewed policies when read. Internal audits are completed as scheduled. Corrective actions are implemented when service shortfalls are identified and signed off when completed. Quality improvements are raised for identified areas for improvement.</p> <p>An annual resident and relative satisfaction survey is completed. The August 2018 results demonstrated a positive outcome from both the residents and relatives survey. Corrective actions were established where results indicate improvement is required.</p> <p>The maintenance manager is a health and safety representative who has completed level two of the health and safety qualifications and booked to complete level three in May. The health and safety committee review accident/incident reports monthly and the hazard register is reviewed six monthly. Staff undergo annual health and safety training which begins during their orientation. Contractors are required to be inducted into the facility.</p> <p>Strategies are implemented to reduce the number of falls (link 1.1.8.1). This includes, (but is not limited to), physiotherapy and physiotherapy assistants input and intentional rounding. Residents at risk of falling have a falls risk assessment completed with strategies implemented to reduce the number of</p>

		falls. Caregivers interviewed confirmed that they are aware of which residents are at risk of falling and that this is discussed during staff handovers. Interviews with staff and review of meeting minutes/quality projects/summary reports, demonstrate a culture of quality improvements.
<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>Individual electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Corrective actions are clearly documented and signed off when completed. Shortfalls identified are used as an opportunity to improve service delivery and all information is shared with staff as confirmed in meeting minutes sighted.</p> <p>A sample of twelve accident/incident forms from February 2019 were reviewed across all areas. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Incidents are benchmarked and analysed for trends. All incidents logged are reviewed by the clinical nurse manager. Monthly clinical indicator reports provided to staff and interviews with staff (registered nurses and caregivers) demonstrated an understanding of the incident reporting system and links to the quality and risk management system. Interviews with the operations manager, village manager and clinical nurse manager confirmed awareness of their requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Nine staff files (three RNs, four caregivers, cook and diversional therapist) reviewed, evidenced implementation of the recruitment process, employment contracts, completed orientation, training, competencies and annual performance appraisals. A register of practising certificates is maintained.</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, caregiver) and includes documented competencies. New staff are buddied for a period of time and during this period they do not carry a resident load. The caregivers when newly employed, complete an orientation booklet. A Careerforce assessor visits Chatswood fortnightly and all staff are encouraged and supported to gain unit standards. Currently 95% of caregivers have a recognised qualification. A ten-module palliative care training course is implemented at Chatswood. Two care staff have completed the course and a further ten are actively working on the course.</p> <p>There is an annual education and training schedule being implemented. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the district health board and through the Chatswood in-service programme. Training is well</p>

		supported with high attendance recorded at compulsory education sessions. RNs can access training through the DHB, hospice and local polytechnic.
<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>There is a staffing rationale and skills mix policy, which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery.</p> <p>Chatswood ensures staffing meets the recommended requirements set down in the ARRC contract in its rostering for nurses and care staff in all levels of care. Where residents' needs for safe care require a higher level of nursing, additional hours are rostered as required. Adequate RN cover is provided 24 hours a day, seven days a week. The nursing structure is designed to ensure that there is an access to expert knowledge and advice at all times through on duty registered nurses and the on call clinical manager or operations manager (RN with considerable clinical expertise). Interviews with the residents and relatives confirmed staffing overall was satisfactory. Interviews with six caregivers and two registered nurses confirmed that staffing levels were good across all areas.</p> <p>There is a full-time clinical manager across the facility.</p> <p>Hospital: 28 residents</p> <p>AM shift – One RN and five caregivers (three long and two short shifts), PM shift – one RN, four caregivers (two long and two shifts), night shift – one RN and two caregivers.</p> <p>Rest Home – 34 residents</p> <p>AM shift – One RN, three caregivers (two long and one short shift), PM shift – two caregivers (one long and one short shift) assisted by afternoon apartment staff, night shift – two caregivers for the full shift. One RN works 1300-2130 shift daily in the Hospital.</p> <p>Apartments – three rest home</p> <p>AM shift – Apartment coordinator and a short shift caregiver, PM shift – one caregiver, night shift – covered by rest home.</p> <p>Care suites – Five hospital and three rest home residents, AM shift – care suite coordinator, PM shift – one caregiver with support by hospital staff, night shift – covered by rest home and/or hospital.</p> <p>The activities team consists of one full time diversional therapist and a part time activities coordinator. Staff reported there are usually sufficient part time staff to cover unexpected leave. Agency staff use is monitored as part of business quality indicators and is identified as low.</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>	<p>FA</p>	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in a designated locked area.</p> <p>Residents' files demonstrate service integration. Entries are legible, timed, dated and signed by the relevant caregiver or registered nurse, including designation.</p>
<p>Standard 1.3.1: Entry 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>FA</p>	<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 pack includes all relevant aspects of the service. The admission agreement reviewed aligns with a) - k) of the ARC agreement. Nine admission agreements viewed were signed, including one admission agreement for a respite resident.</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>The facility uses the yellow envelope system for transfer documentation with a copy of details being 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. There are policies to describe guidelines for death, discharge, transfer, documentation and follow-up.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>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. The medication fridge temperature is monitored daily and is maintained between 2-8 degrees Celsius. All eye drops were dated on opening. All medications were securely stored.</p> <p>There were two residents self-medicating on the day of the audit. Self-medication competencies had been reviewed three-monthly by the GP. Standing orders were not in use. Eighteen resident medication charts on the electronic medication system and corresponding medication administration sheets were reviewed. The medication charts had photograph identification and allergy status recorded. Staff recorded the time and date of 'as required' medications. All 'as required' medications had an indication for use. All medication charts had been reviewed by the GP three monthly. A medication</p>

		round was observed, and policies and procedures were followed.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All food is prepared and cooked on-site at Chatswood Lifecare. A qualified chef manages the kitchen five days per week and a qualified cook covers the other two days. They have completed food safety units. A verified food control plan is in place with an expiry date of 19 December 2019. The menu has been reviewed by a dietitian and is seasonal and rotating. Meals are served from the kitchen directly to residents in the hospital dining room and via a hot box system to the rest home. The cook receives notification of any resident dietary changes and requirements. Dislikes, texture modified foods, food allergies and preferences are known and accommodated.</p> <p>Fridge and freezer temperatures are recorded daily. There is evidence that food temperatures are taken and recorded daily. All foods were date labelled and stored correctly. A cleaning schedule is maintained, this was sighted. Residents and family members interviewed were generally happy with the food, some of those interviewed said that the food had improved.</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>	FA	<p>If entry is declined, Chatswood management communicates directly with the referring agencies and family/whānau as appropriate. The reason for declining entry to the service 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>	FA	<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 all permanent resident files reviewed. The respite resident had a number of paper-based assessments completed which were reflected in the initial care plan. 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</p>	FA	<p>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 they are involved in the care planning and review process when interviewed. There was evidence of allied health</p>

<p>continuity of service delivery.</p>		<p>care professionals involved in the care of the resident.</p> <p>Short-term care plans were used for changes in health status and either resolved or transferred to the long-term care plan.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<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 confirmed 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.</p> <p>There were 25 wounds receiving treatment on the day of audit. These included: two surgical wounds, three ulcers, 13 skin tears, one blister, one pressure injury and six other. Wound assessments and management plan had been completed for all wounds. 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. 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>	<p>FA</p>	<p>The service employs a qualified diversional therapist, five days a week. An activities assistant is also employed seven hours a day, two days per week. Both staff have a current first aid certificate.</p> <p>The activity programme is provided Monday to Friday to meet the physical and psycho-social needs of the residents. The programme is flexible and provides a variety of activities. There are regular entertainers. There is community involvement with the local school and other organisations. There are regular van outings into the community. There is weekly on-site communion for residents and a monthly church service is available. There is also live entertainment every Saturday afternoon.</p> <p>A diversional therapy resident profile is completed on admission. An activity plan is developed and reviewed six monthly. The diversional therapist liaises regularly with the RN regarding residents' activities.</p>

		Feedback regarding activities and outings is obtained at monthly resident meetings and from the resident satisfaction survey. Residents interviewed spoke positively about the activity programme provided.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	All initial care plans for long-term residents were evaluated by an RN within three weeks of admission and long-term care plans developed. Written evaluations identified if the desired goals had been met or unmet and the care plan was updated to reflect the resident's current health status. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. The GP reviews the residents at least three monthly or earlier if required.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Referral documentation was maintained on resident's files. Residents' and/or their family/whānau are involved as appropriate when referral to another service occurs. Registered nurses interviewed described the referral process and related form should they require assistance from a wound specialist, physiotherapist, continence nurse, speech language therapist, nurse practitioner and dietitian.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	Policies and procedures are 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. Gloves, aprons and protective face masks or 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.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical	FA	There is a current building warrant of fitness with an expiry of 1 June 2019. 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 tested and tagged annually.

<p>environment and facilities that are fit for their purpose.</p>		<p>Residents were observed safely mobilising 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. The hospital nurses station is close to the apartments and studios and all files are kept in this nurse's station.</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>	<p>FA</p>	<p>All hospital rooms and apartments/suites have full ensuite access. There are communal bathrooms near lounges in all areas. There are adequate communal showers and toilets in the rest home. There are 10 ensuites in the rest home, each shared between two people. 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 stated their privacy and dignity are maintained while staff attend 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 consumer group and setting.</p>	<p>FA</p>	<p>Bedrooms across all areas including apartments/suites are spacious, and residents can manoeuvre mobility aids around the bed and personal space. Caregivers interviewed reported that all resident rooms across the facility have enough 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>
<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>	<p>FA</p>	<p>In the rest home there is one main lounge and a dining room and in the hospital wing there is a large lounge and several smaller lounges. All areas are easily accessible for the residents. Furnishings and seating are appropriate for the resident group. Residents were seen moving freely within the communal areas during the days of the audit. Residents interviewed reported they can move freely around the facility and staff assist them if required. There is a separate area communal lounge and dining room with a small kitchenette area for the apartments and a separate communal lounge area for the care suites.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with</p>	<p>FA</p>	<p>All linen and personal clothing 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 can access clean linen stores without entering the main laundry. The chemical provider monitors the laundry machines</p>

<p>safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>and chemicals on a monthly basis. Personal protective clothing is available and used by laundry staff including gloves, aprons and face masks. Laundry staff and cleaners are trained in chemical safety. There are dedicated cleaners employed Monday-Sunday. 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>	<p>FA</p>	<p>The organisation has a documented emergency and disaster plan in place as per the Health and Safety programme. Six monthly trial fire evacuations are conducted. Fire and emergency training is included in staff orientation and regular ongoing sessions are undertaken throughout the year. Civil defence and emergency supplies are checked every quarter. The service ensures there is emergency food and water for a minimum of three days. There is sufficient stored emergency water in tanks and as bottled water to meet emergency requirements. There is a barbeque, gas bottles and a gas-powered generator on site.</p> <p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. There are staff employed across 24/7 with a current first aid certificate.</p> <p>Staff are required to ensure doors and windows are securely closed at night. There are documented security procedures. The fire alarms are linked between the two buildings and staff carry a mobile phone to request assistance when required. There are call bells and emergency bells in all resident rooms and communal areas. The system software can be monitored. Staff complete night security checks.</p>
<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>	<p>FA</p>	<p>Communal spaces 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 stated the environment is comfortable.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of</p>	<p>FA</p>	<p>The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and reporting. The infection control coordinator (ICC) is a registered nurse and she is responsible for infection control across the facility. The programme is developed by an external contractor and the ICC committee in conjunction with the quality team, is responsible for the review of the infection control</p>

<p>infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>programme. The infection control programme is well established at Chatswood. The infection control committee consists of a cross-section of staff and there is external input as required from general practitioners as needed.</p> <p>There has been one gastric outbreak since the previous audit in October 2018. A case log was maintained, and Public Health notified. An outbreak summary report was completed post outbreak. Interviews and documentation reviewed identified the outbreaks were well managed.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme at Chatswood. The infection control (ICC) coordinator has been in the role for seven years who has maintained best practice by attending infection control updates through the local DHB. The infection control committee is representative of the facility. The ICC consults with Public Health regarding outbreak questions, and with their medical team and CDHB specialist nurses for questions regarding the care of individuals. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<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 manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control committee, training and education of staff and scope of the programme.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers,</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Orientation package includes specific training around (but not limited to) hand hygiene and standard precautions. Infection control training is part of the mandatory training programme and regularly held to ensure all staff attend at least annually.</p> <p>The ICC coordinator has received education both in-house training and by an external provider to</p>

support staff, and consumers.		<p>enhance her skills and knowledge. The infection control coordinator has access to resources, guidelines best practice and simple solutions benchmarking.</p> <p>A number of toolbox talks have also been provided at handovers.</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>	CI	<p>The IPC programme and management policy describes and outlines the purpose and methodology for the surveillance of infections. Identifying infections (for surveillance purposes) document, provides a link to surveillance data gathered. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service participates in a benchmarking programme with a number of other ARC facilities and can review performance against other facilities on a daily basis. These are analysed, trends identified, and corrective actions established where needed.</p> <p>Effective monitoring is the responsibility of the IPC coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. There is close liaison with the general practitioners that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>A monthly report is provided to the quality team related to infection control. This includes benchmarking outcomes, data analysis and recommendations. Graphs are on noticeboards in each nurses' station.</p> <p>The service identified there was potential to further reduce the rate of all infections with a focus on urinary tract infections and have done significant improvement work on staff education and establishing additional processes.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint minimisation and safe practice policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation is reviewed through staff and quality meetings. Interviews with the staff confirmed their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, there were no residents using restraint or enablers.</p>
<p>Standard 2.2.3: Safe Restraint Use</p>	FA	Click here to enter text

Services use restraint safely		
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>In January 2018 the service identified an opportunity to improve individual outcomes of residents with reduced mobility and or at risk of falling. Chatswood also identified that residents with weight loss could be identified and interventions implemented at earlier time than policy currently</p>	<p>Chatswood has been proactive around implementing quality initiatives, these are established for areas that staff/management identifies as requiring improvement and these are evaluated for effectiveness. There have been a number implemented including (but not limited to);</p> <ol style="list-style-type: none"> 1. A specialised project designed to identify specific residents at risk of falls and improve their mobility while at the same time reducing their fall risk. The project was implemented following a review of fall rates and trends of specific residents. Improvement work has included: further staff education with six staff given a full day training to enhance their knowledge and physiotherapy skills and along with the diversional therapist become mobility champions. The mobility role is documented and includes a flow chart showing involvement of the CNM, DT, physiotherapist, physiotherapist aid and trained caregivers. The rosters have been reviewed and a mobility champion is rostered on each morning and afternoon shift. A physiotherapy aid position has been implemented with two hours per afternoon specifically for one-on-one individual attention and encouragement. The project group members along with the CM identify residents with declining mobility and/or a history of falls and maintain a mobility list. Residents on this list are commenced on a short-term care plan for individual planning and therapy. The activities programme has been enhanced to include additional exercise sessions. Results have resulted in significant improvement for some residents - one resident who had not walked for some time is

		<p>guidelines. The service has been successful in reducing falls and improving mobility and reducing weight loss.</p>	<p>now mobilising sufficiently to walk his daughter down the aisle. All residents on the programme have improved not just in mobility, but also improved mental status and general well-being. Feedback from GPs, residents, relatives and staff were positive during the audit around the programme and the results. Formal evaluation of 14 residents on the programme shows significant improvement for seven residents and maintenance of mobility or slight improvement for the other seven.</p> <p>2. Nutritional assessment and stabilisation programme is promoted as being a best practice pathway for people at risk of weight loss. The service identified that the early identification of at risk residents with weight loss could prevent further deterioration. A nutritional champion position was established to overview residents weight monitoring in association with the clinical manager and implement a programme to prevent this continuing. In consultation with a dietitian, a new criterion was implemented to provide early response management guidelines. Care staff and the nutritional champion received additional training from an external dietitian to identify residents with less than optimum intake and recognise the symptoms of weight loss. Care staff became actively interested and involved in assisting residents to have a good dietary intake. The threshold for weight loss for these residents was one kilogram over two months. The action plan including commencing the resident on a food and fluid chart and a short-term care plan is implemented. Fortified smoothies are provided from the kitchen and weekly weighs are commenced. The resident's medications are reviewed. If the weight loss continues the resident is referred to the dietitian and GP.</p> <p>Six hospital residents and seven rest home residents commenced on the programme in 2018, all remained stable or increased weight over a period of twelve months.</p>
<p>Criterion 3.5.7 Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are</p>	<p>CI</p>	<p>Chatswood has participated in external benchmarking with a number of other aged care providers through an on-line tool which provides real time monitoring against a number of other similar aged care facilities.</p>	<p>Chatswood has an ongoing goal to achieve the lowest infection rates possible for residents. The infection control coordinator (ICC) actively analyses all infection control data and works closely with staff (as reported by the caregivers) to reduce rates. An RN was appointed as an infection control nurse champion in addition to the ICC with the emphasis of the role on staff and resident education and leadership. A documented job description for the role included but was not limited to three monthly staff hygiene audits, close monitoring of all individual infections and care planning to specifically include preventative measures. Personal hygiene practises of residents were reviewed on an individual basis and education incorporated into activities of daily living and care planning. The staff training programme was reviewed and enhanced to include an understanding of infection development, in particular those residents who have recurrent infections. Initiatives have included developing a pictorial spreadsheet enabling the staff to see at a glance how many infections were occurring each month alongside how many residents were</p>

<p>acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>		<p>Chatswood results have been consistently well below the benchmark throughout 2017 and show a continued decrease in 2018.</p>	<p>identifying as having recurrent infections.</p> <p>These interventions, a continuing focus on ongoing education of both staff and residents and active addressing of any small unwanted trend mean that Chatswood has consistently remained below the benchmark for all infections, except for a gastrointestinal outbreak in later 2018.</p>
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End of the report.