

Chatswood Lifecare Limited - Chatswood Rest Home

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, 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: 10 June 2021 End date: 11 June 2021

Proposed changes to current services (if any): New building developments currently in progress, include an additional 18 care suites to be completed in September 2021 (not verified at this audit). Due to building renovations, the service has de-commissioned 12 rest home beds. This has reduced their overall bed numbers to 95 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 69



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 up to 95 residents. Bed numbers have temporarily reduced since the previous audit as part of a renovation process. On the day of the audit there was 69 residents.

This unannounced surveillance audit was conducted against the subset of Health and Disability Services Standards and the contract with the district health board. The audit process included the review policies and procedures, the review of resident and staff files, observations and interview with management family, residents, staff and the general practitioner.

One of the directors is a registered nurse and is the operational manager. The service is managed by an experienced village manager who has strong background of managing residential care facilities and is an experienced clinical manager. Staff spoke positively about the support/direction and management of the current management team.

There is an established quality and risk management system. Residents, families and the general practitioner interviewed commented positively on the standard of care and services provided.

This audit identified one area requiring improvement relating to hazard management. There were no findings from the previous certification audit.

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.
--	--	--

The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights (the Code). Policies are implemented to support residents' rights, communication and complaints management. There is evidence that residents and family are kept informed. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
---	--	---

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 Retirement Village 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 improvement/staff meetings. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. The in-service education plan for 2021 is being implemented as per schedule. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

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.
--	--	--

Prior to entry to the service, residents are screened and approved. Registered nurses are responsible for each stage of service provision. The registered nurse assesses and reviews residents' needs when health needs change. Care plans and evaluations are completed within the timeframe and integrated to include the involvement of allied health professionals. Residents and relatives interviewed confirmed they were involved in the care planning and review process. General practitioners review residents at least three monthly or more frequently if needed. Each resident has access to an individual and group activities programme. The group programme is varied and interesting and includes outings, entertainers and community interactions.

Medication policies reflect legislative requirements and guidelines. The service uses an electronic medication system. Staff who are responsible for the administration of medicines, complete annual education and medication competencies. Medicines are stored and managed appropriately in line with legislation and guidelines. Registered nurses and caregivers administering medications have completed annual competencies. The general practitioner has reviewed the medication charts at least three-monthly. Meals are prepared on site. The menus are reviewed by a dietitian and is varied and provides meal options. Individual and special dietary needs are catered for. Residents interviewed responded that their likes and dislikes are catered for.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
--	--	--

The building has a current warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely, and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. External garden areas are available with suitable pathways, seating and shade provided.

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.
---	--	--

The restraint minimisation and safe practice policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. At the time of the audit there were no residents assessed as needing any restraint or enablers. Staff receive training on restraint minimisation and enabler use. Interviews with the staff confirmed their understanding of restraints and 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.		Standards applicable to this service fully attained.
---	--	--

Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer (registered nurse). There are infection prevention and control policies, procedures and a monitoring system in place. Training of staff and information to residents is delivered regularly. Infections are monitored and evaluated.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	1	0	0	0
Criteria	0	40	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>There is a complaints and concerns policy and procedure in place. 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. The service proactively manages all concerns and includes them 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. 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. Ten staff interviewed (five caregivers, four RNs and one diversional therapist) could all describe the complaints procedure and feedback provided at the quality improvement/staff meetings.</p> <p>Four complaints received in 2020 and one made in 2021 year to date were reviewed with evidence of appropriate follow-up actions taken. Documentation reviewed reflected the service is proactive in addressing complaints. One of the complaints received in 2020 was made through the Health and Disability Commissioner (HDC) on 2 October 2020. The service investigated the complaint and included completed corrective actions around falls management and responded to HDC on 23 October 2020. The service was requested to provide further information to HDC on 12 February 2021 which was provided on the same day. An email response from HDC on 12 February 2021 stated that they would be in touch. The complaint is still open.</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. 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. Fourteen electronic accident/incident forms reviewed across all areas of care, all identified that family are kept informed. Six relatives (five rest home and one hospital) interviewed confirmed that they are kept informed when their family member's health status changes. Five residents (four rest home and one hospital care) interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. An interpreter policy and contact details of interpreters is available. The information pack is available in large print.</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 Retirement Village provides rest home and hospital (geriatric and medical) care for up to 95 residents within a 25-bed rest home, 29 bed hospital (all dual purpose), 30 serviced apartments and studio apartments (all certified for rest home level of care), and 11 care suites (all dual purpose).</p> <p>On the day of audit there were 69 residents in total, 23 rest home (including one respite) residents in the rest home wing and 28 hospital (including one respite and two on end of life/palliative care contracts) and one rest home residents in the hospital wing. There were five rest home residents in the serviced apartments, five rest home and three hospital residents in the care suites and three rest home and one hospital level residents in the studio apartments. All other residents were under the age-related residential care services agreement (ARRC).</p> <p>Chatswood Retirement Village is privately owned and operated by two directors who are part owners. One director is responsible for the development of the company and the other director is a registered nurse (RN) and is the operations manager. The operations manager 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. The village manager (non-clinical) has been in the role for seven years and has over 10 years of aged care management experience. She is supported by a clinical manager who has been in the role for 10 years.</p> <p>There is a up to date business plan from 2019 to 2021, 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 policies/procedures from a health care consultant 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 an aged care facility.</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>PA Low</p>	<p>A quality and risk management programme is well established. Interviews with the village manager, clinical 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 have been developed by an external consultant and reviewed regularly. Key components of the quality management system link to the bi-monthly facility meetings including quality improvement/staff meetings, RN/EN meetings, level 4 caregiver meetings, health and safety committee 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 and medication errors.</p> <p>An annual internal audit schedule including specific clinically-focused audits was sighted for the service. There was 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. Corrective actions are implemented when service shortfalls are identified and signed off when completed. Quality improvements are raised for identified areas for improvement. Staff interviewed stated they are well informed and required to sign meetings minutes and new policies when read. There was a resident food satisfaction survey completed in March 2021. Corrective actions have been established around the food quality and overall dining experience. The resident and relative satisfaction survey for 2020 was postponed due to Covid-19. There was regular documented resident and relative feedback provided during 2020 with positive comments around the level of service delivery.</p> <p>The gardener is the health and safety representative and has completed level one of the health and safety training. The health and safety committee meet bi-monthly to review the accident/incident reports. There are online hazard identification forms recorded, however there was no documented hazard register in place. The health and safety committee meeting minutes had action points that required follow up, which were not all fully actioned or completed. Staff undergo annual health and safety training which begins during their orientation. Falls prevention is discussed each month and there is a specific action plan in place for falls minimisation. Individual falls minimisation is documented in resident's care plans. Caregivers interviewed confirmed that they are aware of which residents are at risk of falling and that this is discussed during staff handovers.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are</p>	<p>FA</p>	<p>Individual electronic accident/incident forms 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. Fourteen accident/incident forms for April and May 2021 were reviewed across all areas. Each event involving a resident reflected a clinical assessment and follow-up by a RN. Neurological observation forms were documented and completed for five falls with potential head injuries reviewed. All incidents logged are reviewed by the clinical manager. Monthly clinical indicator reports are provided to staff. Interviews with staff (RNs and caregivers) demonstrated an understanding of the incident reporting system and links to the quality and risk management</p>

<p>systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>system.</p> <p>Interviews with the village manager and clinical manager confirmed awareness of their requirement to notify relevant authorities in relation to essential notifications. There were three section 31 incident notifications completed since the last audit. These were for three outbreaks, a gastro related outbreak in January 2020, a respiratory outbreak in February 2020 and a food borne related outbreak in August 2020 (Link 3.5). All outbreaks were notified to the public health authorities.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files, including one clinical manager, three caregivers and one diversional therapist (DT) reviewed, evidenced implementation of the recruitment process, employment contracts, completed orientation, training, competencies and annual performance appraisals. A register of practising certificates is maintained. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type and includes documented competencies. New staff are buddied for a period of time and during this period they do not carry a resident load. Newly employed caregivers complete an orientation booklet.</p> <p>There is an annual education and training schedule for 2021 being implemented. Staff are encouraged and supported to gain unit standards. There are 39 caregivers in total. Completed Careerforce training as follows; 22 have completed level four, nine have completed level three and five have completed level two training. Toolbox talks are included as part of the staff meetings for any updates/topical concerns. Education and training for clinical staff is linked to external education provided by the district health board and through the Chatswood Retirement Village in-service programme. Registered nurses can access training through the DHB, hospice and local polytechnic. Chatswood Retirement Village has ten RNs in total and eight have completed interRAI training.</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</p>	<p>FA</p>	<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. Chatswood Retirement Village 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. Adequate RN cover is provided 24 hours a day, seven days a week. The nursing structure is designed to ensure that there is always an access to expert knowledge and advice through on duty RNs and the on call clinical manager or RN. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p> <p>There is a full-time village manager and clinical manager across the facility. Staffing is as follows:</p> <p>In the Hospital wing (29 dual purpose beds): there were 28 hospital residents and one rest home resident. On the morning shift there is one RN and six caregivers (three long and three short shifts), on the afternoon shift there is</p>

<p>service providers.</p>		<p>one RN and five caregivers (three long and two shorter shifts), on the night shift there is one RN and four caregivers (two work in the rest home and two work in the hospital) on duty. A “middle” RN is rostered each day working 1300-2130.</p> <p>In the rest home wing (25 beds): there were 23 rest home residents. On the morning shift there is one RN and three caregivers (two long and one short shift), on the afternoon shift there are three caregivers (two long and one short shift) assisted by afternoon apartment caregiver, on the night shift there are three caregivers (one is shared with the hospital) on duty. The hospital RN covers the rest home wing on the afternoon and night shifts.</p> <p>In the serviced apartments (27 beds, all certified for rest home care) and studio apartments (three dual purpose beds), there were five rest home residents in the serviced apartments and two rest home residents in the studio apartments. On the morning shift there is an apartment coordinator (enrolled nurse) and a short shift caregiver, the afternoon and night shifts are covered by a rest home caregiver.</p> <p>In the care suites (nine dual purpose beds) and studio apartments (two dual purpose beds), there were five rest home and three hospital residents in the care suites and one rest home and one hospital resident in the studio apartments. On the morning and afternoon shifts there is a care suite coordinator with support from a hospital caregiver, the night shift is covered by a hospital caregiver. The care suites/studio apartments are in close proximity to the hospital wing nurses station. The hospital RN provides supervision and oversight of hospital level residents in the care suites/studio apartments.</p> <p>The activities team consists of one full time DT and a part time activity coordinator.</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>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All medicines are stored securely. Registered nurses and caregivers’ complete annual medication competencies and medication education(sighted). The RN is responsible for medication reconciliation against the medico blister pack system for regular and ‘as required’ medications. Any discrepancies are fed back to the supplying pharmacy who are available after hours if required. Standing orders were not in use. The medication fridge temperatures and medication rooms temperature are being monitored daily and both were within acceptable limits.</p> <p>Ten medication charts on the electronic medication system were reviewed. All charts had photo identification, allergy status, required alerts and reason for medication not given documented. The effectiveness of ‘as required’ medications were recorded in the electronic medication system and automated into the progress notes All long-term medications charts had been reviewed by the GP three monthly. All eyedrops were dated on opening. Ward stock is regularly audited (monthly) for expiry dates and stock control.</p> <p>There were no medication errors for the last 12 months. A medication round was observed, and policies and procedures were followed. One resident on palliative care had regular pain assessments completed for inconsistent pain, this resulted in a review of medication. There were two residents self-medicating (one in the rest home and</p>

		<p>one in the serviced apartments) and include inhalers and laxol sachets. Current self-medication competencies are kept on file. The self-medicating competencies have been reviewed three monthly by the GP. Medications were stored securely in the residents' rooms. All RNs completed a recent syringe driver competency. Supplements are prescribed on the electronic medication chart for one resident with unintentional weight loss.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals at Chatswood Retirement Village are prepared and cooked on site. The service moved to a contracted caterer at the end of September 2020 to manage the food service. There is a six-weekly seasonal menu which has been reviewed by the caterer's dietitian. Dietary needs are known with individual likes and dislikes accommodated. All food preferences are met. Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures and food temperatures prior to the food being served to the residents are recorded. All foods were dated, labelled and stored correctly. A cleaning schedule is maintained, this was sighted. A verified food control plan is in place with an expiry date of November 2021.</p> <p>The kitchen also delivers food in hotboxes and covered trays to the residents' rooms and serviced apartments. Food is served directly to the adjacent dining room for hospital level residents; residents in the serviced apartments can enjoy their meals in their apartments or in the dining room for the serviced apartments. The kitchen manager and operational manager interviewed could describe the communication received from the clinical staff, this includes updated dietary profiles, dietician instructions and residents identified with unintentional weight loss.</p> <p>The kitchen manager is supported by a cook and two kitchen assistants; all completed the relevant food safety education. Care staff assist with delivery to and serving of food in the dining rooms. Staff were observed assisting residents (hospital level care) with their meals and drinks. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Following the results of the resident/relative survey in November 2019 and the foodborne illness outbreak in August 2020; corrective actions were made that included contracting out the management of the food service to the caterer. Subsequent food service surveys (October 2020 and March 2021) and internal audits evidence an overall improvement in satisfaction and choices provided with the meal service compared to 2019.</p> <p>Residents and relatives interviewed were satisfied with the meals and confirmed alternative food choices were offered and desserts, fruit and salads have improved since changing to the contracted caterer.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and</p>	FA	<p>Documentation, observations and interviews verified the provision of care provided to residents is consistent with residents' needs, goals and the plan of care. Residents interviewed stated their needs are being met. If a resident's condition changes, the RN initiates a GP consultation, and completes a short-term care plan for acute conditions. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The residents in the service apartments, care suites and studios are near the nurse's station, receive regular RN input (from the hospital RN) and care is consistent across the service. Residents identified as</p>

<p>appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>losing weight were referred to the resident's GP, who then decided whether a referral was needed. In all cases where a referral was made, dietician input was in place. Interview with the clinical manager, verified the service is responsive to the requests by the dietician, and residents referred had generally begun gaining weight with the addition of supplements.</p> <p>Care staff confirmed that care was provided as outlined in the documentation, handovers or verbal one to one direction. A wound log is maintained. RNs and EN have maintained wound competencies and have attended related education (wound care including pressure injury management, skin management, nutrition and hydration and pain management in March 2021). There were twenty recorded wounds across the service (including minor skin tears, two open wounds, two lower leg ulcers). There was one recorded stage one pressure injury (for 2021) which was signed off as resolved. Wound nurse specialists are available to assist with chronic wound management and advise. Wound management and Interventions sighted evidenced the services ability to manage and resolve these appropriately. Wound assessments and plans (including short term care plans) had been completed for all wounds. Evaluations and change of dressings had occurred at the documented frequency and progression was documented by the RN. Photos were taken to show progression towards healing.</p> <p>A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs. There is specialist continence advice as required. Continence assessments have been completed at least six monthly at the time of the interRAI reassessment, and adequate supplies were sighted. An education session has been held around continence and the caregivers interviewed were knowledgeable around the use and types of products available. Catheter care is managed appropriately and changed as required. Monitoring records sighted included weights, vital signs, physical checks, neurological observations, bowel records, food and fluids, blood sugar levels, and pain. Resident weights were noted to be monitored monthly or more frequently if necessary.</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 DT is employed for 40 hours a week and has been in the role for more than 10 years, she is supported by a part time activities coordinator who assists during the weekdays (Mondays and Tuesdays). Both have first aid certificates and attend on site education sessions. There are no volunteers, however weekend care staff are able to assist with delivery of activities during the weekend. There is a regular entertainer on Wednesdays and Saturdays. A resident profile is completed soon after admission by the DT. Each resident has an individual activity plan developed within three weeks, which is reviewed six monthly. A monthly planner is developed by the DT for the rest home and hospital residents and a separate activity planner for the serviced apartments; this includes residents favourite activities such as ball games, newspaper reading, floor games, crafts, quizzes, exercises, and outings.</p> <p>Church services and communion are held weekly. The activities are provided from 8am to 4.30 pm and the DT maintained activities participation register to assist with the evaluation of the program. Residents interviewed expressed satisfaction that their cultural and individual needs are met.</p> <p>There are several initiatives focussed on maintaining or improving muscle strength and balance as part of the DTs</p>

		<p>role as mobility champion and the `on the go` falls prevention strategies which include `dance to be free`, chair exercises and ball games five times a week</p> <p>There twice weekly outings available, the activities team try to accommodate residents' interests such as trips to a café for coffee, supermarket(mall) visits or community events. Special events are celebrated. One on one activities are provided for residents who choose not to participate in group activities, these include regular chats, structured walking, hand massages or whatever the resident decides they would like.</p> <p>The service receives feedback on activities through one-on-one feedback and bi-monthly residents' meetings</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The initial care plan is evaluated in consultation with the resident/relative and long-term care plans developed. Long-term care plans reviewed had been evaluated six monthly or earlier for any changes to health. The resident/relative are invited to attend the multidisciplinary review (MDT) with the manager, RN, caregiver and DT. There is a written evaluation against the resident goals that identifies progression towards meeting goals. Long-term care plans are updated with any changes to meet the resident goals and needs. Short-term care plans were evident for the care and treatment of short-term problems for residents and these had been evaluated, closed or transferred to the long-term care plan if the problem was ongoing.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current building warrant of fitness which expires 1 June 2022. Equipment has been checked and calibrated. Essential contractors are available 24-hours. There is a preventative maintenance schedule. A maintenance book is maintained and checked regularly throughout the day. Hot water temperatures are checked randomly in resident rooms and main kitchen monthly. All temperatures are within range. The facility has wide corridors with sufficient space for residents to safely mobilise using mobility aids. There is safe access to the outdoor areas and courtyards on the ground floor. Seating and shade is provided.</p> <p>There is a temporary enclosed walkway that links the rest home (separate villa) with the main building. New building developments are currently in progress to include an additional 18 care suites to be completed in September 2021. Due to building renovations, the service has de-commissioned 12 rest home beds.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. There is a comprehensive Covid-19 policy related to all levels of pandemic management including current schedules of vaccinations for prevention. Monthly infection data is collected for all infections, based on signs and symptoms of infection. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and compared month by month. Outcomes and actions are discussed at quality/staff meetings and results published for staff to view.</p>

<p>objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>If there is an emergent issue, it is acted upon in a timely manner. Surveillance data are in a tabled format, trends are identified through graphs and benchmarked against other ARC facilities and use to plan quality initiatives. The service identified soft tissue infections as currently above external benchmarking rate and is direct related to the number of reported skin tears. A monthly goal is set and discussed with staff (quality meeting minutes viewed) to identify where improvements can be made (focus on education on skin management and hydration), this is ongoing.</p> <p>The following three outbreaks were reported to Public Health and HealthCERT for the period 2019 to current:</p> <p>i) there was a gastro related outbreak reported in January 2020 which affected a number of staff and residents. The duration was approximately 14 days and appropriately managed, ii) a respiratory outbreak was reported in February 2020 and coincide with Covid- 19 early lockdown levels, approximately 21 days in duration, appropriate Covid-19 testing occurred for the residents/staff and the outbreak was confined to only the rest home and iii) a food borne illness affected two residents in August 2020, MPI was involved in the investigation, the microorganism was isolated and associated with uncooked poultry products.</p> <p>All outbreaks have been managed effectively, efficiently and opportunities for improvement were established at outbreak and debrief meetings. This included standard precautions education, improve communication of infection control precautions and change of management of food service.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<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. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. At the time of the audit there were no residents using any restraint or enablers. Staff receive training on restraint minimisation and enabler use, last completed in September 2019. Interviews with the staff confirmed their understanding of restraints and enablers.</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 1.2.3.9</p> <p>Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:</p> <p>(a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;</p> <p>(b) A process that addresses/treats the risks associated with service provision is developed and implemented.</p>	PA Low	The health and safety committee meet bi-monthly to review the accident/incident reports. There are online hazard identification forms recorded, however there was no documented hazard register in place. Three out of five health and safety committee meeting minutes reviewed had action points that required follow up, which were not fully actioned or completed	There are online hazard identification forms recorded, however there was no documented hazard register in place. Three out of five health and safety committee meeting minutes reviewed had action points that required follow up, which were not fully actioned or completed.	Ensure that there is a documented hazard register in place and that all health and safety committee meeting minutes are fully actioned and completed.

				90 days
--	--	--	--	---------

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.