

# CHT Healthcare Trust - CHT Acacia Park

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## Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	CHT Healthcare Trust
<b>Premises audited:</b>	CHT Acacia
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 12 March 2018 End date: 13 March 2018
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	40

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

CHT Acacia is owned and operated by the CHT Healthcare Trust. The service cares for up to 48 residents requiring hospital (geriatric and medical) and rest home level care. On the day of the audit, there were 40 residents.

This unannounced surveillance audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included the review of residents and staff files, observations and interviews with residents, staff and management.

A unit manager, who is well qualified and experienced for the role oversees the service and is supported by the area manager. Residents, relatives and the GP interviewed spoke positively about the service provided.

One of three shortfalls identified at the previous audit around care plans interventions has been addressed. Improvement continues to be required around wound management and aspects of medication management.

This audit identified an improvement required around the food service.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Policies are implemented to support residents' rights, communication and complaints management. Family are involved in the initial care planning, provided with ongoing feedback and informed if an incident/accident or a change in resident's health status occurs. 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.		Standards applicable to this service fully attained.
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CHT Acacia Park has a current business plan and a quality assurance and risk management programme that outlines objectives for the next year. The quality process being implemented includes regularly reviewed policies, an internal audit programme and a health and safety programme that includes hazard management.

Aspects of quality information are reported to three monthly combined staff and quality meetings. Residents and relatives are provided with the opportunity to feedback on service delivery issues at three-monthly resident meetings and via satisfaction surveys. There is a reporting process being used to record and manage resident incidents. Incidents are collated monthly and reported to facility meetings. An education and training programme has been implemented with a current training plan in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

## Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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A registered nurse completes initial assessments, including interRAI assessments. The registered nurses complete care plans within the required timeframe. Care plans were individualised and evaluated six monthly. Residents and the one relative interviewed confirmed they were involved in the care planning and review process. Medicines are stored appropriately in line with legislation and guidelines. Staff responsible for the administration of medication, complete annual competencies and medication education. General practitioners review resident's medications at least three monthly.

Each resident has access to an individual and group activities programme. The team of two activity coordinators provide a seven-day activities programme for the residents that is varied, interesting and involves community visitors and outings.

Meals are prepared on-site by a contracted agency under the direction of a dietitian. The menu is varied and appropriate. Individual and special dietary needs are catered for. Residents interviewed were complimentary about the food service.

## 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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CHT Acacia Park holds a current warrant of fitness.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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CHT Acacia Park has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were three residents with restraint and no residents with enablers. Restraint management processes are adhered to.

## 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.
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The infection control coordinator is a registered nurse. Infection information is collated monthly. The infection control surveillance and associated activities are appropriate for the size and complexity of the service.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	14	0	2	1	0	0
<b>Criteria</b>	0	40	0	2	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are available throughout the facility. Information about complaints is provided on admission. Care staff interviewed (four healthcare assistants and two registered nurses) were able to describe the process around reporting complaints. The complaints process is in a format that is readily understood and accessible to residents/family/whānau. A complaints/compliments folder is maintained with all documentation. There have been seven complaints received in 2017, and one complaints for 2018 (year-to-date) as evidenced in the complaints/compliments folder. Response to complaints was recorded and included meetings with complainants, performance management of staff if appropriate and recording of resolution and outcomes. The manager is responsible for complaints management and advised that both verbal and written complaints are actively managed. All complaints reviewed had noted investigation, timeframes, corrective actions when required and resolutions were in place if required. Results are fed back to complainants. Discussions with residents confirmed that any issues are addressed, and they feel comfortable to raise any concerns.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate</p>	FA	<p>The service has an open disclosure policy. Discussions with five residents (two hospital and three rest home) and one relative (rest home) confirmed they were given time and explanation about services and procedures on admission. Resident meetings occur every three months and the manager has an open-door policy. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their</p>



<p>effectively with consumers and provide an environment conducive to effective communication.</p>		<p>responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Incidents/accidents forms reviewed include a section to record family notification. All thirteen forms sampled indicated that family had been informed or if family did not wish to be informed. Relatives interviewed confirmed they were notified of any changes in their family member's health status.</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>CHT Acacia Park is owned and operated by the CHT Healthcare Trust. CHT purchased the service in September 2015. The service provides rest home and hospital level care for up to 48 residents. On the day of the audit, there were 40 residents in total, 19 rest home level (including two respite residents) and 21 hospital level. All rooms are dual-purpose. There were no residents under the medical component of their certificate.</p> <p>The unit manager is a registered nurse and maintains an annual practicing certificate. She has been in the manager role at the facility for 15 months with previous employment as an RN at Acacia Park for 16 years. The clinical coordinator position is currently vacant and is being advertised. The unit manager reports to the area manager weekly on a variety of operational issues. CHT has an overall business/strategic plan and CHT Acacia Park has a facility quality and risk management programme in place for the current year. The organisation has a philosophy of care, which includes a mission statement.</p> <p>The unit manager has completed in excess of eight hours of professional development in the past 12 months.</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>There is an organisational business/strategic plan that includes quality goals and risk management plans for CHT Acacia Park. There is evidence that the quality system continues to be implemented at the service. Interviews with staff confirmed that quality data is discussed at three monthly quality/health and safety/staff meetings to which all staff are invited. The unit manager advised that she is responsible for providing oversight of the quality programme. The quality and risk management programme is designed to monitor contractual and standards compliance. The service's policies are reviewed at national level with input from facility staff every two years. New/updated policies are sent from head office. Staff have access to manuals.</p> <p>Data is collected in relation to a variety of quality activities and an internal audit schedule of core standards and infection control was completed in December 2017. All CHT data is entered into an electronic management system. Areas of non-compliance identified through quality activities are actioned for improvement. The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management.</p> <p>Annual surveys have been conducted of residents and relatives. The survey conducted in 2017 indicated a high level of satisfaction. The results are correlated by head office and benchmarked against other CHT facilities. Results are communicated to residents, families and staff.</p>

		<p>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.</p> <p>Resident/relative meetings are held. Restraint and enabler use is reported within quality and staff meetings.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accidents and incidents reporting policy. The unit manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at monthly clinical and staff meetings including actions to minimise recurrence. Thirteen resident incident forms sampled demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Discussions with the unit manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There was appropriate notification made around an influenza outbreak in November 2017.</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 resource management policies in place. This includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Six staff files were reviewed (one clinical coordinator, two registered nurses, one activities coordinator and three healthcare assistants). All files evidenced that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The in-service education programme for 2017 has been completed and a plan for 2018 is being implemented. The unit manager and registered nurses are able to attend external training, including sessions provided by the local DHB. Two of five registered nurses have completed interRAI training and a further two have commenced 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 service providers.</p>	<p>FA</p>	<p>CHT policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. All wings are included under the one roster.</p> <p>(19 rest home, 21 hospital) On morning shift the RN works from 6.45 am to 3.15 pm. She is supported by five HCAs from 7.00 am to 3.00 pm and one HCA from 7.00 am to 12.00 pm. The afternoon shift is covered by a RN and four HCAs from 3.00 pm to 11.00 pm and one HCA from 3.00 pm to 8.00 pm. An RN and two HCAs cover the full night shift.</p> <p>An activities coordinator works 9.30 am to 2.30 pm seven days a week. The registered nurse on each shift is aware that extra staff can be called on for increased resident requirements. Staff, residents and the one family member interviewed identify that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Medicine management complies with Ministry of Health medication requirements. Medication reconciliation of monthly blister packs is completed by an RN and any errors fed back to pharmacy.</p> <p>Registered nurses, and senior HCAs who administer medications have been assessed for competency on an annual basis. Registered nurses have syringe driver competency. Education around safe medication administration has been provided. Care staff interviewed could describe their role regarding medicine administration.</p> <p>Nine medication charts were reviewed on the electronic medication system. Administration charts demonstrate that medication is being administered as prescribed. This aspect of the previous shortfall has been addressed. However, the one paper-based respite care file was reviewed, did not have a dated and signed medication chart.</p> <p>Medications were stored safely in a room adjacent to the nurses' station. Medication fridges were monitored weekly. Eye drops and creams in medication trolleys were not always dated on opening.</p> <p>All medication charts had been reviewed at least three monthly. Medication charts met the legislative requirements for the prescribing of regular medications. All prescriptions for 'as required' medications document the indication for use. There were no self-medicating residents on the day of audit.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's</p>	<p>PA Low</p>	<p>There is a fully functional kitchen and all food is cooked on-site by contracted kitchen staff. There is a food services manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and is provided to the kitchen staff. The kitchen is able to meet the needs of residents who require special diets and the chef manager works closely with the RNs on duty. Kitchen staff have completed food safety and chemical safety training. The kitchen manager and cooks follow a rotating four-weekly seasonal menu, which has been reviewed by the contracted company's dietitian. The cook (interviewed) was able to describe alternative meals offered for</p>

<p>individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>residents with dislikes, and food is fortified for residents with weight loss. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Expiry dates of dry food were not always monitored. Cleaning schedules were documented; however, these were not always evidenced as completed to meet food safety standards. Not all kitchen surfaces met required standards. Residents and the family members interviewed were happy with the quality and variety of food served.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Care plans reviewed demonstrated service integration and input from allied health. All resident care plans sampled were resident-centred. Residents and the family member interviewed confirm they are involved in the development and review of care plans. Long-term care plans reflected all interventions required to meet the resident's goals and needs. Care plans were amended to reflect changes in health status. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. There was evidence of service integration with documented input from a range of specialist care. Care staff interviewed reported the care plans are readily available and they found the plans easy to follow. The previous partial attainment has been addressed.</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>PA Low</p>	<p>A written record of each resident's progress is documented. Resident changes in condition are followed-up by a registered nurse as evidenced in residents' progress notes. The care plans reviewed documented interventions that reflected the resident's current needs. When a resident's condition changes, the RN initiates a GP visit or nursing specialist referral. Residents interviewed reported their needs were being met. The one family member interviewed stated they have been notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. There was documented evidence of relative contact for any changes to resident health status.</p> <p>Continence products are available and resident files include a continence assessment and plan with continence products identified for day and night use. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed state there is adequate continence and wound care supplies.</p> <p>Wound assessment, monitoring, wound management plans and short-term care plans are in place for two skin tears and five basal cell carcinomas. Wound management plans did not always include the planned frequency and where documented did not always follow the plan. The RNs have access to specialist nursing wound care management advice through the district health board (DHB). Appropriate pressure injury interventions were documented in the care plans of residents identified as high risk of pressure injury. There were two grade 1 pressure injuries being managed.</p> <p>Monitoring charts sighted included (but not limited to), vital signs, blood glucose, pain, food and fluid, turning charts</p>

		and behaviour monitoring. All monitoring charts in use had been fully documented. This aspect of the previous partial attainment has been addressed.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>A team of two experienced activity coordinators are employed deliver the activities programme seven days a week. The activities provided meet the recreational preferences and abilities of the resident groups and include theme days, arts and crafts, fall prevention exercise classes, walks and board games. An 11-seater bus is hired weekly and outings include (but not limited to) fish and chips at the beach, ice-cream outings, and planned visits to the community. Activities reflect ordinary patterns of life and include regular visits from community groups such as schools and scheduled dog visit days. Activities are held in the lounges. One-on-one time is spent with residents who choose not to or are unable to participate in group activities.</p> <p>Each resident has an individual activities assessment on admission, which is incorporated into the interRAI assessment process. An individual activities plan is developed for each resident in consultation with the resident/family. All long-term resident files sampled have a recent activity plan within the care plan and this is reviewed at least six monthly when the care plan is evaluated or a further interRAI assessment occurs. Residents interviewed commented positively on the activity programme.</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 registered nurses evaluate all initial care plans within three weeks of admission. The long-term care plan is evaluated at least six monthly or earlier if there is a change in health status. There is at least a three-monthly review by the GP. All changes in health status are documented and followed up. Six monthly reassessments have been completed by RNs using interRAI LTCF for all residents and for those who have had a significant change in health status. Short-term care plans are evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit</p>	FA	<p>The building has a current building warrant of fitness that expires 12 May 2018.</p>

for their purpose.		
<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>	FA	<p>Infection surveillance is described in CHTs infection control manual. 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 annually. Outcomes and actions are discussed at the facility meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the unit manager. There has been one influenza outbreak since the previous audit, documentation reviewed identified this was well managed.</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 policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the staff confirm 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. The service has three hospital residents with bedrails on the restraint register and no residents using enablers. Staff training/education on restraint/enablers has recently been provided in December 2017. Restraint is discussed as part of staff meetings. A registered nurse is the designated restraint coordinator.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA</p> <p>Moderate</p>	<p>All electronic medication administration charts reviewed documented that medications had been prescribed correctly. One paper-based chart was using a confirmation of medications letter instead of a signed and dated medication chart. This was rectified on day two of the audit. Eye drops and creams in current use were correctly labelled with the resident's name, however the opening date was not recorded.</p>	<p>(i) One of ten medication charts reviewed (respite resident) did not have a signed and dated medication chart. (ii) Ten eyedrops in use did not document opening dates.</p>	<p>(i) Ensure all medications have a medication chart signed and dated by a medical practitioner. (ii) Ensure all eyedrops in current use have an opening date documented.</p>

				30 days
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Low	<p>The contracted company has implemented a food control plan, which expires in April 2018. The contractor is responsible for all aspects of food delivery including, procurement, preparation, storage, delivery and disposal. This includes maintaining the kitchen cleaning standards and reporting building maintenance concerns to CHT Acacia management staff. Kitchen cleaning schedules were sighted as completed, however not all surfaces evidenced the cleaning schedule had been fully implemented and not all surfaces were able to be properly cleaned. Food stocks stored in cupboards and on shelves were not always within recommended use by dates or expiry dates.</p>	<p>(i) Cupboard fronts, bench uprights and window sills were visibly soiled and floor cleaning under benches had not been completed.</p> <p>(ii) An area of exposed, swollen chipboard was evident in under bench shelving.</p> <p>(iii) Vinyl covering on shelving was partially removed.</p> <p>(iv) Dry food in stock cupboards and on open shelving was either past the recommended use by date or past the expiry dates</p>	<p>(i) Ensure all surfaces are free from soiling.</p> <p>(ii) Ensure exposed wood is either replaced or repaired.</p> <p>(iii) Replace torn vinyl coverings on shelving.</p> <p>(iv) Ensure dry foodstuffs do not exceed recommended or expiry dates</p> <p>60 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	<p>The RN reviews information gathered from assessments, monitoring charts, observations, and interviews with residents, staff and families to document the interventions required in the care plan. The care plan describes the type and frequency of monitoring the resident requires, and monitoring charts confirm implementation as documented.</p> <p>All wounds have wound assessments and management plans documented. Five of seven wounds had the frequency of required dressing changes documented and one of five wounds where the</p>	<p>(i) Two of seven wound management plans did not document frequency of dressing changes.</p> <p>(ii) Four of five wounds where the management plan identified the frequency of dressing</p>	<p>(i) Ensure that wound management plans document the required frequency. (ii) Ensure that wound management</p>



		frequency was documented adhered to the documented timeframes.	changes, were not dressed at the required interval.	plans are adhered to.  90 days
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.