

Chatswood Lifecare Limited - Chatswood Retirement Village

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

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 Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Chatswood Lifecare Limited
Premises audited:	Chatswood Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 December 2024 End date: 11 December 2024
Proposed changes to current services (if any):	A notification was sent to HealthCERT on 12 November 2024 to notify HealthCERT the 25-bed rest home unit has been closed indefinitely with no plans to reoccupy in the future in the current state.

The result of the closure is that the total number of beds will change from 126 to 101 and include 42 dual purpose care suites, 29 dual purpose hospital/rest home units and 30 serviced apartments certified as rest home only with one apartment (number 119) as suitable for a couple requiring care.

This audit has verified one dual purpose care suite (number 96) as suitable for a couple requiring hospital level care.

Total beds occupied across all premises included in the audit on the first day of the audit: 66

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 sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. 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 subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections 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 subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections 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 subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Chatswood Retirement Village is owned and operated by Chatswood Retirement Village and certified for 101 residents requiring hospital (geriatric), and rest home levels of care. On the day of the audit there were 66 residents.

This audit has verified one care suite occupied by a couple to be suitable for double occupancy.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, a general practitioner, management, and staff.

There have been no changes in management since the last audit. The village manager is experienced in aged care and is supported by a clinical manager (registered nurse) and unit coordinator.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The environmental and fire drill requirements identified at the previous partial provisional certification audit has been resolved.

This surveillance audit identified no shortfalls.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

There is a Māori health plan in place which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Chatswood Retirement Village demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances. The complaints process is responsive, fair and equitable. It is managed in accordance with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business plan 2024-2028 includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations. A health and safety system is in place. Health and safety processes are embedded in practice.

Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated by the clinical manager and shared with the directors each month.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals are coordinated with residents and family/whānau.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five subsections that support an outcome where Health and disability service providers’ infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The infection prevention and control programme has been approved by the Board and is reviewed annually. Staff have completed infection control competencies and education.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. There have been no outbreaks since the previous audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The leadership team is committed to maintain a restraint-free environment. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections 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)
Subsection	0	19	0	0	0	0	0
Criteria	0	51	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is in place which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents and staff who identify as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. Chatswood Retirement Village has a relationship with the local Aranui marae and also has links with Māori communities and groups through staff contacts.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan that is in place and being implemented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There were no residents identifying as Pasifika at the time of the audit; however, Pacific staff members confirmed that the residents' family/whānau would be encouraged to be involved in all aspects of care. Chatswood Retirement Village partners with Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager, unit coordinator or RNs discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Six residents (four hospital and two rest home) and three family/whānau (two hospital and one rest home) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Chatswood Retirement Village policies document guidelines to prevent institutional racism, discrimination, coercion, harassment, or any other exploitation. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>Professional boundaries are defined in job descriptions. Professional boundaries are covered as part of orientation. Interviews with nineteen staff including eleven caregivers including the physio assistant, four registered nurses (RNs) including the unit coordinator, one chef [Cater Plus], maintenance person, health and safety representative [diversional therapist] and one admission assistant confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to</p>	FA	<p>The resident files reviewed included signed general informed consent forms. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>Admission agreements had been signed and sighted for all the files seen.</p>

<p>access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. EPOA activation letters were on file where appropriate.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a 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 (HDC). There have been two complaints (both made in 2024) since the last audit in September 2023. Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. There have been no external complains received. Staff are informed of complaints (and any subsequent corrective actions) in the RN/clinical, quality committee, health and safety and staff meetings (minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaint forms are available at the entrance to the facility and on request. Resident meetings are held regularly and create a platform where concerns can be raised. During interviews with family/whānau they confirmed the village manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The village manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Chatswood Retirement Village provides rest home and hospital level care for up to 101 residents within a 29-bed hospital (all dual purpose), 30 serviced apartments and studio apartments (all certified for rest home level of care), and 42 care suites (all dual purpose). The 25-bed rest home was recently closed in November 2024. The result of the closure is that the total number of beds changed from 126 to 101.</p> <p>At the time of the audit there were 66 residents in total: 24 rest home level residents, including one resident on a younger person with a disability (YPD) contract, 39 hospital level residents in the care suites and three rest home residents in the serviced apartments. The remaining residents were funded by the age related residential care (ARRC) agreement. There was one double room that was occupied by a married couple (both were hospital residents). This audit has verified one dual purpose care suite (number 96) as suitable for a couple requiring hospital level care.</p> <p>Two directors (operations director/RN and financial director) form the governing board. The directors have experience in owning and building aged care facilities. The governing board provide leadership and commitment to the quality and risk management system. There is a business plan in place for 2024 to 2028 that includes a mission statement. The business plan outlined the scope, direction and operational objectives for Chatswood Retirement Village that support outcomes to reduce barriers to services and achieve equity for Māori. The village manager reports on the operational objectives at least monthly to the directors.</p> <p>A term of reference is in place and the board meet two monthly with the village manager and clinical manager. The operations director visits three or more times per week and is accessible on call at all times. The quality coordinator visits monthly, reviews all quality activities, and attends the quality committee meeting. The service has a clinical governance structure in place that is appropriate to the size and complexity of the service provision. Clinical governance is overseen by the clinical governance lead (clinical manager) and an external consultant, who is a leading figure in the New Zealand nursing and aged care environment. The clinical governance lead provides regular feedback to the directors on clinical matters.</p>
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		<p>Chatswood Retirement Village is managed by a village manager (non-clinical) who has been in the role for two years and has considerable management experience in aged care. The village manager is supported by a clinical manager who has worked at Chatswood Retirement Village since 2011 (absent at the time of the audit), a unit coordinator, contractor quality coordinator, administration assistant and team of experienced care staff.</p> <p>The village manager and clinical manager have completed more than eight hours of training related to managing an aged care facility</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Chatswood Retirement Village has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (e.g., falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed, and benchmarked internally. Facility meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions been implemented and signed off. Meeting minutes reviewed, evidence quality data is shared in the bi-monthly RN/clinical, quality committee, health and safety and staff meetings. Internal audits are completed according to the annual schedule. Corrective actions are documented to address service improvements with evidence of progress and completion when achieved. Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control; complaints; compliments; staffing and education.</p> <p>A resident and family/whānau satisfaction survey is completed annually. The satisfaction survey for 2023 indicated that residents and family/whānau were satisfied with the level of service and care being provided. At the time of the audit the satisfaction survey for 2024 had been sent out to residents and family/whānau. Internal and external risks are identified and plans are developed to respond to all risks. A health and safety system is being implemented. There are trained health and safety representatives. Hazard identification forms and an up-to-date hazard and risk register was sighted. Health and safety training starts at orientation and continues annually. Individual falls prevention strategies are in place for residents identified at risk of falls. Eighteen</p>

		<p>accident/incident forms reviewed indicated that the incident forms are completed in full and are signed off by an RN. Incident and accident data is collated monthly and analysed. Results are discussed in all of the facility meetings.</p> <p>Discussions with the village manager and unit coordinator evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications submitted since the previous audit related to two unstageable pressure injuries (one in 2023 and one in 2024). There has been no SAC reporting required to the Health Safety and Quality Commissioner. There have been no outbreaks reported since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements, determines staffing levels and skill mixes to provide clinical and culturally safe care, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. The village manager and clinical manager work fulltime from Monday to Friday. The unit coordinator works fulltime from Sunday to Thursday. A review of the rosters evidence there is a RN on site 24/7. Staff and residents are informed when there are changes to staffing levels, evidenced in interviews. Residents interviewed confirmed their care requirements are attended to in a timely manner. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available caregivers. Out of hours on-call cover is shared on a rotation between the clinical manager and unit coordinator.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. External training opportunities for care staff include training through Health New Zealand, and hospice. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-six caregivers are employed, twenty of whom have achieved a level 4 qualification, nine have completed level three and two have completed level 2 NZQA qualification.</p> <p>The Chatswood Retirement Village orientation programme ensure core</p>

		competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), cultural safety, and moving and handling. A record of completion is maintained on an electronic register. Additional RN specific competencies include syringe driver and interRAI assessment competency. Eleven RNs including the clinical manager and unit coordinator are employed with all of them being interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Six staff files reviewed (one clinical manager, one unit coordinator, one RN, and three caregivers) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation.</p> <p>Orientation documents reviewed evidence key components of the role are covered to ensure safe work practice. A register of practising certificates is maintained for all health professionals (eg, RNs, NPs, pharmacy, physiotherapy, and dietitian). All staff who have been employed for over one year, have an annual appraisal completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Five resident files were reviewed: three hospital resident files, and two rest home level residents including one on a YPD contract. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments. All, but the YPD resident (nit required) had an interRAI assessment. A full suite of additional assessments are contained in the electronic resident management system, which incorporate skin integrity, pressure injury risk, dietary requirements, communication</p>

		<p>needs, emotional, psychological, and behavioural support needs.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed, with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care. The suite of assessments includes a cultural, spiritual and social assessment.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits weekly and as required. The GP is also on-call for the facility out of hours. Medical documentation and records reviewed were current. The GP was complimentary of the clinical skills and communication from the RNs. A physiotherapist visits the facility fortnightly and on request, to review residents referred by the registered nurses. There is a caregiver that is also the physiotherapist assistant for 10 hours per week to ensure the mobility plans and light</p>
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		<p>exercises are implemented. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care nurse, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility (sighted). A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit, there were eight active wounds (minor), two chronic lower leg ulcers and one stage two pressure injury.</p> <p>Progress notes are recorded and maintained in the integrated clinical records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include (but are not limited to) monthly blood pressure and weight monitoring, bowel records and repositioning records. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses an electronic medication management system and blister packed medication. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily.</p>

		<p>All stored medications are checked weekly and have a six-monthly pharmacy check. Eyedrops are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There was one rest home residents self-administering medications and the procedures and policy requirements regarding assessing the residents' competence, and safe storage of medication is implemented. No standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The chef interviewed reported they accommodate residents' requests.</p> <p>There is a verified food control plan, expiring 30 June 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>

<p>transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Chatswood Retirement Village and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home, and can personalise their room.</p> <p>The current building warrant of fitness expires June 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures.</p> <p>There is a couple in care suite 96 (both on hospital level of care) the room was verified. Both residents are mobile with walkers. The care suite is spacious with an open plan bedroom, lounge and kitchenette. There is enough space to move safely around with mobility equipment. Caregivers interviewed stated the space in the bedroom and ensuite bathroom is appropriate for all transfer equipment if needed in the future. There is a call bell situated in the bedroom that has a splitter port for two call bells if required. The ensuite bathroom has non-slip flooring and handrails in the shower and by the toilet with a call bell point.</p> <p>The partial attainment identified at the previous partial provisional audit (4.1.2) related to deck safety railing were completed before occupancy and therefore has been addressed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, with the last drill taking place October 2024. The partial attainment identified related to the</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>previous partial provisional audit (4.2.1) has been addressed.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial (AMS) programmes are reviewed annually and are linked to the quality and business plan and was completed with the annual quality goal review in December 2023. Policies are available to staff. Chatswood Retirement Village has an outbreak and pandemic response plan (incorporating Covid-19), which includes preparation and planning for the management of lockdowns, screening, transfers into the facility and positive tests. Staff demonstrated knowledge on the requirements of standard precautions.</p> <p>The infection control officer (clinical governance lead and a registered nurse) oversees infection control and the anti-microbial stewardship programme across Chatswood Retirement Village and is responsible for coordinating and providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control related education in the last 12 months. There is good external support from the general practitioner, and Health New Zealand infection control nurse specialist.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and</p>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the service.</p> <p>Monthly infection data is collected for infections based on standard definitions, signs, symptoms and reporting criteria. Infections are</p>

<p>multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>documented in an infection register. The data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. There is benchmarking of infection rates internally. Trends, benchmarking, along with actions and outcomes, are discussed at the clinical, quality, health and safety and staff meetings. Meeting minutes and graphs are displayed for staff. The service incorporates resident ethnicity data into surveillance. The clinical governance lead reports any significant events to the leadership team.</p> <p>Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives email notifications and alerts from Health New Zealand and Public Health for any community concerns. There have been no outbreaks since the previous audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The directors and management are committed to providing services to residents without the use of restraint wherever possible. The restraint policy confirms that restraint consideration and application must be done in partnership with families/ whānau, and the choice of device must be the least restrictive possible. The restraint coordinator interviewed described the focus on restraint elimination. The restraint coordinator reported that when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>At the time of the audit, there were no residents utilising restraint. Restraint elimination is included as part of the mandatory training plan and orientation programme. Staff are knowledgeable about the management of challenging behaviour and de-escalation strategies.</p>

Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our 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 subsections, individual criterion within a subsection 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 subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

No data to display

End of the report.