

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

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

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

The specifics of this audit included:

Legal entity: Chatswood Lifecare Limited

Premises audited: Chatswood Rest Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 4 October 2017 End date: 4 October 2017

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 70

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
Yellow	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
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Chatswood Retirement Village is privately owned and operated. The service provides rest home and hospital (medical and geriatric) level of care for up to 101 residents. On the day of the audit there were 70 residents.

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

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

Seven of the eight shortfalls identified at the previous partial provisional audit have been addressed. These were around employing, orientating and training staff (including fire drills), obtaining a warrant of fitness for the new building, landscaping, the approved fire evacuation plan and call bells. Improvement continues to be required around hot water monitoring.

This audit has identified improvements are required around documented interventions in care plans, aspects of medication management and fridge temperature monitoring.

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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Chatswood Retirement Village has policies and procedures that guide staff around open disclosure, and these are implemented. The management have an open-door policy and registered nurses were aware of the meaning of open disclosure and how they implement this. Incident forms sampled, and resident and family interviews demonstrated that families are informed of all incidents and changes to residents' condition. Complaints processes are implemented, and complaints and concerns are managed appropriately.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Chatswood Retirement Village has a quality and risk management system in place. Key components of the quality management system include: management of complaints, implementation of an internal audit schedule, annual satisfaction surveys, incidents and accidents, review of infections, review of risk and monitoring of health and safety including hazards. The monthly quality/staff meeting includes discussion around quality data. Human resources policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and there is sufficient staff on duty at all times. There is an implemented orientation programme that provides new staff with relevant information for safe work practice. Regular training is provided for all staff. There are sufficient staff on duty to provide safe and effective care for residents.

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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The registered nurses are responsible for each stage of service provision. The registered nurses assess and develop care plans in consultation with the resident and/or family. Resident files included medical notes and notes of other visiting allied health professionals.

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

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

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

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
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The facility has a current building warrant of fitness and pleasant, safe outdoor areas. A fire consultant has advised the service that the new building/extension has not required an update to the approved evacuation plan. Fire drills including the extension have been completed and there are operational call bells in all areas.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The service maintains a restraint free environment. There are policies and procedures to follow in the event that restraint or enablers are required. There were no residents using restraints or enablers. The clinical manager is the restraint coordinator. Staff received training around maintaining a restraint free environment, including the management of behaviours that challenge.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection control coordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	13	0	3	1	0	0
Criteria	0	41	0	3	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the village manager using a complaints' register. There have been five complaints made in 2017 (including one via the DHB). All complaints have been managed in line with Right 10 of the Code. A review of complaints documentation evidence resolution of the complaint to the satisfaction of the complainant and advocacy offered. Residents (six – four rest home and two hospital) and family members advised that they are aware of the complaints procedure. Discussion around concerns, complaints and compliments were evident in facility meeting minutes.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Management promote an open-door policy. Relatives (three – one rest home and two hospital) were aware of the open-door policy and confirmed on interview that the staff and management are approachable and available. Residents/relatives have the opportunity to feedback on service delivery through annual surveys. Results and corrective actions/areas for improvement are discussed at resident meetings (sighted in minutes). There are regular resident meetings that are open to families to attend. Relatives confirmed on interview they receive regular newsletters. Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Relatives interviewed stated they are notified promptly of any changes to resident's health status.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they have to pay for that is</p>

<p>conducive to effective communication.</p>		<p>not covered by the agreement. The information pack is available in large print and advised that this can be read to residents. An interpreter service is available if required.</p>
<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 level of care for up to 37 residents in a separate building on the site and hospital/rest home level of care for up to 29 residents (dual-purpose beds) in a purpose-built facility on the same site. Both facilities are connected by an open walkway as well as separate main entrances. There are nine care suites and two studios which are certified as dual-purpose beds and 14 serviced apartments attached to the hospital facility which have been certified to provide rest home level of care.</p> <p>On the day of audit there were 38 rest home residents including three in care suites, one in an apartment and one in a studio, and 32 hospital residents including four in the care suites. One resident in the rest home was under a respite contract and one hospital resident was under an end-of-life contract. All other residents were under the ARCC agreement. Medical services are included under the current certification.</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 is based at the head office. The other director is a registered nurse and is the operations manager who visits the site three times a week to meet with the village manager. The operations manager has extensive experience in aged care management at organisational and national level. The operations manager provides clinical governance for the company. The village manager, previously an enrolled nurse, has had 12 years aged care management experience. She has been in the role for three years and is supported by a clinical manager who has been in the role six years.</p> <p>There is a five-year business plan from 2012 to 2017 which identifies the philosophy of care, mission statement and business objectives/goals and values of the company. The board of directors regularly review the business plan.</p> <p>The village manager has maintained at least eight hours annually of professional development related to managing a rest home/hospital and has achieved the national diploma of business level four and five.</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</p>	<p>FA</p>	<p>The service has a quality risk management plan in place that is reviewed annually. The service has in place a range of policies and procedures to support service delivery that are developed by an external consultant and reviewed regularly. Facility meetings held monthly include: quality improvement/staff meetings, RN and team leader meetings, combined health and safety and infection control committee meetings. Meeting minutes sighted evidenced there is discussion around quality data including complaints, compliments, health and safety, accident/incident, infection control, internal audits and survey results. The service participates in an external benchmarking programme against industry standards. Staff interviewed (the activities coordinator, the cook and four caregivers, one registered nurse, the clinical manager, the manager, the maintenance person and the diversional therapist), stated they are well informed and required to sign meeting minutes/reviewed policies when</p>

<p>system that reflects continuous quality improvement principles.</p>		<p>read. Internal audits are completed as scheduled. Corrective actions and re-audits are completed for internal audit results below 95%. Quality improvements are raised for identified areas for improvement.</p> <p>The service has reviewed and current disaster planning and emergency management procedures. There are contingency plans available for residents, staff and visitors in the event of specific emergencies/disasters (examples, flooding, earthquake and tsunami, fire and unauthorised entry) and staff are informed about how to implement them. The maintenance manager is a health and safety representative who has completed level four of the health and safety qualifications. The health and safety committee review accident/incident reports monthly and the hazard register is reviewed six monthly. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>As part of risk management and health and safety framework, there is an accident/incident policy. The service collects incident and accident data on forms and enters each incident into an electronic on-line programme. The system provides reports monthly which are discussed at the monthly health and safety/infection control committee meetings and the quality improvement meetings. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted.</p> <p>Twelve incident forms were reviewed from June 2017. All incident forms identified timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for unwitnessed falls and any known head injury. The next of kin had been notified for all incidents/accidents. The caregivers interviewed could discuss the incident reporting process. The clinical manager collects incident forms, investigates and reviews and implements corrective actions as required.</p> <p>The operations manager and village manager interviewed could describe situations that would require reporting to relevant authorities. The service has reported two outbreaks and two pressure injuries to the Ministry of Health.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. The register of RN's practising certificates and allied health professionals is current. Six staff files were reviewed (facility manager, clinical manager, one RN, one caregiver, one diversional therapist and one cook). All files contained relevant employment documentation including current performance appraisals and completed orientations. All staff required to safely provide care in the extension have been employed and completed an orientation. These are improvements since the previous audit. The orientation programme provides new staff with relevant information for safe work practice. The first day of employment covers health and safety induction, infection control and organisational policies and protocols. Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p>

<p>practice and meet the requirements of legislation.</p>		<p>Caregivers commence Careerforce aged care qualifications following appointment and are supported by an external assessor. Registered nurses are supported to attend external education. Four RNs (including the clinical manager) have completed their interRAI training. Two other RNs are currently progressing through the interRAI training. Staff attend a full training day annually that includes all mandatory training requirements. Staff complete competencies relevant to their roles.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The village manager (non-clinical) and the clinical manager/RN are on duty during the day Monday to Friday. The clinical manager provides the on-call requirement for clinical concerns.</p> <p>There is a separate staffing roster for each facility (rest home and hospital/care suites/apartments) on the site.</p> <p>There is a RN on duty in the hospital/apartments and care suite 24 hours. The hospital, apartments and care suites have a combined roster. The apartments have a coordinator and one care staff on both morning and afternoon shifts. The hospital has five caregivers on morning shift, three on afternoon shift and two on night shift. Staff in each area assist in the other if required.</p> <p>The rest home has an RN on morning shifts Monday to Sunday and a senior medication competent caregiver on afternoon and night shifts with three caregivers on morning and afternoon shifts and two caregivers on night shifts.</p> <p>There are sufficient staff numbers in the facility to safely deliver care. There is one diversional therapist who works 29 hours and an activities coordinator who works 14 hours per week. The activities team deliver programmes across both the hospital and rest home.</p> <p>Residents and relatives stated there are adequate staff on duty at all times. Staff stated they feel supported by the clinical manager and village manager who respond quickly to after-hours calls.</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</p>	<p>PA Low</p>	<p>Medication policies align with accepted guidelines. The RNs and caregivers responsible for the administration of medications have completed annual competencies and medication education. A signed medication reconciliation form, evidences medications are checked on arrival by the registered nurse. Any pharmacy errors are recorded and fed back to the supplying pharmacy. There were no self-medicating residents on the day of audit. Standing orders were not in use.</p> <p>The medication fridge temperature is monitored daily and is maintained between 2-8 degrees Celsius. Twelve medication charts and the reports on the electronic medication system were reviewed. All medication charts had photo identification and allergy status. Prescribing met legislative requirements except around three-monthly GP reviews and all medications had been administered as prescribed.</p>

safe practice guidelines.		Medication is stored safely and appropriately. Not all eye drops had been opened. Staff reported that all eye drops are returned to the pharmacy and a new one opened each month when the new medication is delivered.
<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>	PA Low	<p>All food is prepared and cooked on-site at Chatswood Retirement Village. There is a qualified chef managing the kitchen five days per week and a qualified cook that covers the other two days. They have completed food safety units. There is a seasonal four-weekly rotating menu that has been reviewed by a dietitian. The meals are served from the kitchen directly to residents in the dining room in the hospital and via a hot box system to the rest home. The cook receives notification of any resident dietary changes and requirements. Dislikes and food allergies are known and accommodated.</p> <p>Fridge and freezer temperatures are recorded daily, except for one fridge. Food temperatures had been taken and recorded daily. All foods were date labelled and stored correctly. A cleaning schedule is maintained. Residents interviewed spoke positively about the food provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	PA Moderate	<p>When a resident's condition alters, the registered nurse initiates a review and if required, arranges a GP or nurse specialist visit. There is evidence of three-monthly medical reviews or earlier for health status changes. Residents and relatives interviewed confirmed care delivery and support by staff is consistent with their expectations.</p> <p>Staff reported there are adequate continence supplies and dressing supplies. On the day of the audit supplies of these products were sighted. There were 12 residents with 16 wounds including three grade 2 pressure injuries being treated at the time of audit. Wound assessments, plans and timely evaluations had been completed for all wounds. Where appropriate, short-term care plans had been developed for wounds. The RNs interviewed could describe the referral process to a wound specialist or continence nurse and there was evidence in files sampled of specialist wound nurse input. There was also evidence of dietitian, physiotherapy and other allied health professional involvement as required.</p> <p>Resident care plans did not all document appropriate interventions to manage clinical risks and identified needs.</p> <p>Monitoring charts including vital signs, monthly and weekly weights, turning charts, blood sugar monitoring and food and fluid charts demonstrated that required cares are being implemented.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service</p>	FA	The service employs a qualified diversional therapist for 40 hours per week for 5 days a week. An activities assistant is also employed for 16 hours on 2 days per week. Both staff have a current first aid certificate. The activity team meets informally with activities staff from other facilities and attends on-site education. The activity programme is provided from Monday to Friday.

<p>delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>The programme is flexible and provides a variety of activities that are meaningful to the residents. Residents have the opportunity to provide suggestions for activities and outings at monthly meetings. There is community involvement with local schools and kindergartens. There are regular entertainers and van outings to community events such as concerts and clubs. Residents are encouraged to maintain links with community groups such as the library, concerts, local churches and inter-home visits.</p> <p>Residents attend fortnightly church services as desired on-site and are supported to attend their own church in the community.</p> <p>Residents have an activity profile completed on admission. Activity plans are reviewed six monthly and the diversional therapist is involved in multidisciplinary meetings.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The initial nursing assessment/care plans sighted had been evaluated by the RN within three weeks of admission. Long-term care plans were reviewed at least six-monthly in two of six files viewed. One resident was on short-term respite care and another recently admitted on an end of life contract. The GP completes a one – three monthly resident review. The families are invited to attend the care plan review meeting. Evaluations indicated if resident goals have been met or unmet and the care plan updated to reflect the resident's current health status (link 1.3.6.1).</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>	<p>PA Low</p>	<p>There is a current building warrant of fitness that expires 1 October 2018. This addresses the previous shortfall.</p> <p>There are attractive and safe outdoor areas outside all parts of the building. This previous shortfall has also been addressed. Hot water monitoring has been completed but does not include all parts of the building. Improvement continues to be required.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and</p>	<p>FA</p>	<p>The New Zealand Fire Service approved the fire evacuation scheme for the existing building on 20 May 2014. An email was sighted dated 5 October 2017 from a fire protection consultant stating that despite the new building and additional residents no alterations were required to the fire evacuation plan. This addresses the previous shortfall. Recent fire drills have included the extension. This has addressed the previous shortfall.</p> <p>The call system is installed and operational in all bedrooms, ensuite bathrooms and communal areas. Call bell pendants are also available for residents use. The previous shortfall has been addressed.</p>

timely response during emergency and security situations.		
<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>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection reports, and short-term care plans are completed for all infections. Infections are entered into an online system where events are graphed by type and benchmarked by an external aged care consultant. Graphs and relevant information is displayed for staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at both the management and staff meetings. Trends are identified, and preventative measures put in place. Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>An influenza A and a norovirus outbreak since the last audit were appropriately managed and reported.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. The clinical manager is the restraint coordinator. The restraint coordinator confirms that the service has remained a restraint-free environment. Strategies identified to prevent falls and remain restraint-free included the purchase of all ultra-low beds and fall-out mats for the dual-purpose rooms. The GP and gerontology nurse specialist are involved in resident assessments and provide input into maintaining the restraint-free environment. On the day of the audit there were no residents on restraints or enablers. Restraint education is included in the two-yearly training programme.</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</p>	PA Low	<p>The administration records on the electronic medication records sampled for regular and ‘as required’ medications corresponded with the instructions on the medication chart. Regular medications were prescribed correctly but the Medimap report demonstrated that not all three-monthly GP reviews had occurred. ‘As required’ medications had indications for use prescribed on the medication chart. Medications are stored securely in the medication rooms and staff observed administering medications followed correct process. All staff that administer medications have completed medication administration competencies, but eye drops were not always dated when opened.</p>	<p>(i) The medimap report documented that 11 of the 70 total residents had not had their medication reviewed by the GP in the past three months. This was confirmed in the sample of medication records.</p> <p>(ii) Eight of the eleven open eye drops in the hospital area had not been dated when they were opened.</p>	<p>(i) Ensure all medications are reviewed at least every three months by the prescriber.</p> <p>(ii) Ensure that all eye drops are dated when they are opened.</p>

legislation, protocols, and guidelines.				90 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>There are specific recording forms for temperature monitoring of chilled food on delivery, end point cooked food and dishwasher and fridge/freezer temperature monitoring, but one fridge had not had the temperature monitored. The kitchen staff have completed food safety education and hats and gloves were observed to be in use. There is a cleaning schedule and the kitchen was observed to be clean with food in the pantry, freezer and fridges stored and dated appropriately.</p>	<p>One of the three fridges in the kitchen had been omitted from the temperature monitoring schedule.</p>	<p>Ensure all fridges are maintained at a safe temperature and that these are monitored and documented for each fridge.</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 Moderate	<p>Wound assessments were completed for 16 of 16 wounds. The wound plan included dressing type and timeframes for review and timely reviews had occurred. There were no short-term care plans in place for the wounds. All resident files sampled contained a care plan but not all care plans included interventions for all resident needs.</p>	<p>Five of six resident files sampled (two rest home and three hospital) did not have interventions documented for all identified needs. Examples include; an indwelling catheter, pressure injury prevention, pain management, falls management, assistance required (care plan stated one person support but a hoist was required), behaviour management, frequent UTI's, the use of a tracking devise for a resident that wanders, diabetes and end of life needs/cares.</p>	<p>Ensure all care plans document interventions for all identified resident needs</p> <p>60 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant,</p>	PA Low	<p>The facility has a current building warrant of fitness. Electric checks and calibrating/functional testing of equipment has</p>	<p>The sample of areas that hot water is monitored in each month does not</p>	<p>Ensure hot water</p>

<p>and equipment comply with legislation.</p>		<p>been completed. The maintenance person completes hot water checks of three rooms each month. He starts at the beginning of each year with the first three rooms (rooms one, two and three) and then completes the next three adjacent rooms (for example four, five and six) the next month, and so on, meaning each room is checked approximately twice per year and areas running off each hot water tank are checked for consecutive months and then not for several months. The maintenance person was not aware that areas in the extension area required hot water temperature checks so these have not been completed.</p>	<p>include a tap from each cylinder. The new building, housing rest home and hospital level residents has not had the hot water monitoring checked.</p>	<p>temperatures are checked from each cylinder in the facility, including the new building, each month.</p> <p>30 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.