

Living Waters Medical Solutions Limited - Virginia Lodge

Introduction

This report records the results of a Provisional 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:

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| Legal entity: | Living Waters Medical Solutions Limited |
| Premises audited: | Virginia Lodge |
| Services audited: | Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 16 September 2020 End date: 16 September 2020 |
| Proposed changes to current services (if any): | |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 21 |

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.

General overview of the audit

Virginia Lodge provides rest home level care for up to 21 residents. On the day of the audit there were 21 residents.

This provisional audit was completed to assess the suitability and preparedness of the prospective new owners. The provisional audit was conducted against the health and disability standards and the contract with the district health board. The audit process included the review of existing policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, general practitioner, staff and management.

The current owner is off site and has privately owned Virginia Lodge since April 2017. The manager is an experienced nurse manager who is an enrolled nurse and is responsible for the running of the facility. The manager is supported by a clinical manager (registered nurse), two registered nurses, and long standing experienced staff. Residents, relatives, and the GP interviewed were complimentary of the service provided.

The prospective purchaser reported the current policies, systems and staff will remain in place following the purchase. The current owner and manager will continue to provide support to the new owners for at least three months following purchase.

The prospective purchaser is part of a general practice who employ general practitioners and two nurse practitioners with scope to practice in aged care. The practice provides after hours care. The prospective purchaser reported the current policies, systems and staff will remain in place following the purchase. The current owner and manager will continue to provide support to the new owners for at least three months following purchase.

There were no areas for improvement identified as required at this provisional audit.

Consumer rights

Virginia Lodge provides care in a way that focuses on the individual resident. The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. Information about services provided is readily available to residents and families/whānau. Cultural and spiritual assessment is undertaken on admission and during the review processes. There is a policy to support individual rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. Residents are encouraged to maintain former links with the community. There are a number of community visitors to the home in accordance with Covid 19 regulations.

Organisational management

Policies and procedures are maintained by an external aged care consultant who ensures they align with current good practice and meet legislative requirements. The annual quality and risk management plan and quality and risk policies describe Virginia Lodge's quality improvement processes. Quality data is collated for infections, accident/incidents, concerns and complaints, internal audits

and surveys. Quality data is discussed at meetings and is documented in minutes. The health and safety programme meets current legislative requirements. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

An admission package is provided to family and residents prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses are responsible for all aspects of care planning, assessment and evaluation of care with the resident and/or family input. Care plans reviewed in resident records demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses and medication competent caregivers are responsible for administration of medicines and complete annual education and medication competencies. The electronic medicine charts reviewed met legislative prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist provides and implements the activity programme with support from a volunteer and caregivers. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for the resident group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines. Residents commented very positively on the meals provided.

Safe and appropriate environment

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. There is a registered first aider on each shift.

Restraint minimisation and safe practice

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint, should this be required. Staff receive regular education and training on restraint minimisation. No restraint or enabler was in use on the day of audit. Virginia Lodge has been restraint free for seven years.

Infection prevention and control

There is a suite of infection control policies and guidelines to support practice. The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Responsibility for infection control is shared between the nurse manager and the clinical manager. The infection control officers have attended external education and coordinate education and training for staff. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks. A pandemic plan was actioned, and Covid 19 policies and procedures have been developed and implemented. There were no corrective actions following the audit conducted by the district health board. Virginia Lodge continue to implement current Covid 19 regulations.

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) |
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| Standards | 0 | 45 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 93 | 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) |
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| 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 |
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| <p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p> | <p>FA</p> | <p>A policy relating to the Code is implemented. Leaflets on the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) are accessible to residents and their families. Staff receive training about the Code during their induction to the service, which continues annually through the staff education and training programme. A staff education session on the Code was held in May 2020.</p> <p>Staff interviewed (one nurse manager, one clinical manager, one registered nurse (RN), three caregivers one cook, and one activities coordinator) could describe how the Code is incorporated into their everyday delivery of care.</p> <p>Interview with the prospective purchaser (one general practitioner and one nurse practitioner) confirmed support would be provided by the current owner and nurse manager for at least three months following purchase, including implementation of the Code. The prospective owners have a good understanding of implementation of the code of resident rights.</p> |

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| <p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p> | <p>FA</p> | <p>There are established informed consent, resuscitation and advanced directives policies/procedures. All five resident files including one person under intermediate care and one younger resident under ministry of health (MOH) funding contained written consents. General written consents are obtained on admission including photos, name on door, sharing of information, outings and transport. Specific consents are obtained for specific procedures such as influenza vaccine.</p> <p>Resuscitation status had been signed appropriately. Advance directives were signed for separately, identifying the resident's wishes for end of life care, including hospitalisation. Copies of enduring power of attorney (EPOA) where available were in the residents' files.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The three caregivers, clinical manager and RN interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>Family and residents interviewed, confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</p> <p>Four long-term resident files reviewed had signed admission agreements. The intermediate care resident had signed a respite/short stay admission agreement. The agreements include permissions granted.</p> |
| <p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p> | <p>FA</p> | <p>Health and Disability advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. The complaints process is linked to advocacy services. Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support.</p> |

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| <p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p> | <p>FA</p> | <p>The service encourages their residents to maintain their relationships with friends and community groups. Residents may have visitors of their choice at any time. Assistance is provided by the caregivers to ensure that the residents continue to participate in their chosen community group. There are a number of community visitors to the facility in accordance with Covid 19 regulations. The resident raise money for community groups of their choice each year, these have included Arthritis foundation, Bird rescue, cancer society, Society for the Prevention of Cruelty of Animals (SPCA) and surf patrols.</p> |
| <p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p> | <p>FA</p> | <p>Complaints forms are available at the front entrance to the facility. Information around the complaints process is provided on admission and is included in the admission pack. A record of all complaints, both verbal and written is maintained by the facility manager on the complaints register. One complaint has been received since the last audit. Documentation and correspondence reflected evidence of responding to the complaints in a timely manner with appropriate follow-up actions taken. Staff interviewed confirmed that complaints and any required follow-up is discussed at staff meetings as sighted in the minutes. Complaint documentation requiring changes to care planning are signed by staff once read. Residents and relatives advised that they are aware of the complaints procedure and how to access forms.</p> |
| <p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p> | <p>FA</p> | <p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families. The nurse manager or registered nurse discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the resident/family meetings. Five residents and six relatives interviewed reported that the residents' rights were being upheld by the service.</p> |

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| <p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p> | FA | <p>The residents' rooms are personalised and decorated to the residents' individual taste with their belongings. The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms and this was demonstrated on the day of audit. Caregivers confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and relatives interviewed and observations during the audit confirmed that the residents' privacy is respected. Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect, last held in May 2020. The staff interviewed can fluently describe examples of abuse and signs and symptoms residents may portray.</p> |
| <p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p> | FA | <p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents. The staff interviewed were knowledgeable around Māori culture and practices.</p> <p>Virginia Lodge has access to a cultural advisor from Te Ara Toiora (Te Oranganui Iwi Health Authority). Maori language week is recognised in the activities programme. the local Kaumatua is invited to bless rooms following a resident's death, staff are invited to join in with the blessing and Karakia. There were no residents who identified as Māori on the day of the audit. Staff education on cultural awareness begins during their induction to the service and continues annually, last held in November 2019.</p> |
| <p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p> | FA | <p>The manager and registered nurses at Virginia Lodge identify the residents' personal needs, culture, values and beliefs at the time of admission. This is achieved in collaboration with the resident, whānau/family and/or their representative. Beliefs and values are incorporated into the residents' care plans in resident files reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the</p> |

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| | | identification of individual values and beliefs. |
| <p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p> | FA | <p>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also described in job descriptions, and reconfirmed through education and training sessions, staff meetings and performance management. Interviews with the caregivers confirmed their understanding of the boundaries of the caregivers' role and responsibilities.</p> |
| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p> | FA | <p>There are comprehensive policies and procedures, and a staff training programme which covers all aspects of service delivery. Internal auditing programmes are implemented. External specialists such as wound care specialist, nurse practitioners, and continence nurse were used where appropriate. There is an active culture of ongoing staff development with the Careerforce programme being implemented. There are implemented competencies for care workers and RNs. There are clear ethical and professional standards and boundaries within job descriptions.</p> <p>The continuous improvement awarded at the previous certification around palliative care is still ongoing, with fellow residents, relatives and staff supporting residents and relatives through this difficult time. Virginia Lodge continue to receive cards of gratitude from families of the care received. The clinical manager has a background in palliative care and continues to provide education around palliative care and guiding the staff around quality of life for residents.</p> <p>The service has implemented an electronic medication system, which has reduced medication errors, there is ongoing competencies and education around medication management. Virginia lodge are continuously seeking opportunities to improve their service and utilise the quality data collated monthly to monitor effectiveness.</p> |
| <p>Standard 1.1.9: Communication</p> | FA | <p>There is a policy to guide staff on the process around open disclosure. Residents and relatives interviewed confirmed the admission process</p> |

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| <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p> | | <p>and agreement was discussed with them. They were provided with adequate information on entry. The nurse manager and clinical manager (RN) operate an open-door policy. Fifteen incident/accident forms reviewed from July to September 2020 identified the next of kin (NOK) were notified following a resident incident. The nurse manager, clinical manager, the registered nurse and caregivers confirm relatives are kept informed. The relatives interviewed confirmed they are notified promptly of any incidents/accidents. Families receive regular newsletters and are invited to attend the resident meetings. Interpreter services are available if required. The residents had raised money for the people affected by the fires in Australia, due to Covid, 19, the funds raised instead purchased an ipad so residents could keep in touch with families during the lockdown period.</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>Virginia Lodge provides care for up to 21 rest home level residents. There were 21 permanent residents on the day of the audit including one resident on an intermediate care contract, and two residents on a Ministry of health (MOH) younger person contract</p> <p>Virginia Lodge's quality and business plan includes the mission, philosophy, operations flow chart, quality and policy statement. Aims and ambitions for the coming year included achieving full occupancy of permanent residents, achieving an 'A' grade food control plan (achieved), the service has purchased a 'chair raizer' which safely lifts residents off of the floor. Aims and ambitions which are ongoing include, the implementation of an electronic resident management system, the facility remaining covid 19 free, and the refurbishment of resident rooms as they become available. The quality goals are reviewed regularly at the combined quality/ staff meetings and are signed off when completed.</p> <p>The current owner has owned the business since 2017 and does not live in the area. The nurse manager has previously owned the business and has remained as the nurse manager. She is an enrolled nurse with experience in the age care sector. The nurse manager is responsible for the day to day running of the facility, meets with the current owner quarterly and they are in contact more regularly. The nurse manager is supported by an experienced clinical manager (registered nurse) who</p> |

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| | | <p>has a background in palliative care and age care. There are two experienced registered nurses (one part time and one casual). The part time registered nurse shares 'on-call' with the clinical manager.</p> <p>The prospective purchasers are part of a GP practice, who employ nurse practitioners with experience in age care, and provide after hours service. The prospective purchasers acknowledge they have no experience managing a rest home level facility, as this is the first time they have developed a transition plan. The clinicians at the GP practice are involved in providing medical services to another rest home in Whanganui.</p> <p>The prospective purchasers have developed a transition plan in consultation with the current owners that will allow for a seamless transition for residents and staff. The existing mission statement and philosophy will be adopted by the prospective purchaser. The prospective purchaser (interviewed) anticipates minimal disruption and instability during the three month transition process. The prospective purchasers plan to continue with their professions, with oversight of the business. The current nurse manager will continue in her role for the first three months following the sale with a view to extending the transition time if necessary.</p> <p>During that time the prospective purchaser will be introduced to relevant personnel within the DHB and community, undertake appropriate management education including health and safety. Relevant authorities have been notified of the pending change of ownership. The prospective owners have been in contact with the portfolio manager for the DHB. The tentative date of sale is 1 October 2020.</p> |
| <p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p> | <p>FA</p> | <p>Interviews with the prospective owners and the nurse manager informed that there will be no changes in the day-to-day operation of the facility for the first three months. The GPs and nurse practitioners of the GP practice (prospective purchaser) would be available to provide afterhours clinical cover.</p> <p>Currently the clinical manager and a registered nurse are 'on call' after hours. The clinical manager provides cover for the manager in a</p> |

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| | | temporary absence. |
| <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> | FA | <p>Virginia Lodge is implementing a quality and risk management system. There are policies and procedures being implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. These are checked by an aged care consultant, who reviews policies to ensure they align with current good practice and meet legislative requirements.</p> <p>An internal audit programme is in place that includes aspects of clinical care. Issues arising from internal audits are either resolved at the time or developed into a quality improvement plan. The closure of corrective actions resulting from the internal audit programme was recorded, signed off by the nurse manager and signed by staff who were not present at the meeting. Record of monthly risk identification, and quality indicators is maintained and discussed at the monthly meetings and a copy is filed with the completed monthly internal audits. Quality/staff and resident meeting minutes include an accurate reflection of the discussion/outcomes of the meetings, including follow-up to actions taken as matters arising.</p> <p>Monthly accident/incident reports, infections and results of internal audits are completed. Quality matters are taken to the monthly combined staff/quality meetings which includes health and safety and infection control. Resident meetings occur six-weekly.</p> <p>The owner and the facility manager meet at least quarterly, minutes of the meeting are documented and signed.</p> <p>Satisfaction surveys are held annually and include resident, relative, and staff satisfaction, there is also a separate resident privacy audit, activities survey and nutritional survey completed by residents. The resident satisfaction survey identified 95% of residents were satisfied, areas of low satisfaction were around the residents missing interaction with the GP, but were happy with the service provided by the nurse practitioner. The relatives satisfaction survey identified 99% satisfaction (98% in 2019) there was one corrective action around the delay in a specialist appointment due to Covid 19. The activities survey has 12 of</p> |

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| | | <p>19 responses and identified 95% satisfaction (99% in 2019) comments were around the lockdown period. The resident nutritional survey went from 100% in 2019 to 98% in 2020, and the staff survey was completed by 15 staff, and showed 95% satisfaction compared with 97% in 2019, the shortfall was due to Covid 19. The residents' privacy and consent survey identified that while residents are able to refuse treatment, they preferred to follow medical advice.</p> <p>The risk management plan is in place. The nurse manager completed a Diploma of Workplace Safety & Health and is the health and safety officer. Staff receive health and safety training during orientation and ongoing. Health and safety is discussed and documented in the monthly quality/staff meetings. Actual and potential risks are documented on the hazard register, which identifies risk ratings and documents actions to eliminate or minimise the risk. The register is up-to-date and was reviewed in March 2020. Falls management strategies include wireless sensor mats, and the development of specific falls management plans to meet the needs of each resident who is at risk of falling.</p> <p>Interview with the prospective purchasers confirmed the current quality management system and performance monitoring programme will continue following the sale. The nurse manager will remain to mentor the new owners to the quality risk system. There will be no changes to policies and the prospective purchaser is likely to continue to engage the aged care consultant for the review and update of policies. The prospective owners will include health and safety training as part of their education schedule within the first six months of ownership.</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>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident with immediate action noted including any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme. Fifteen accident/incident forms were reviewed with each incident involving a resident clinical assessment and follow-up by a registered nurse. Neurologic observations were conducted for suspected head injuries, and</p> |

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| | | <p>opportunities to minimise future risks were identified and implemented.</p> <p>The nurse manager reported that they are aware of their responsibility to notify relevant authorities in relation to essential notifications. No notifications have been required since the previous audit in 2019. Interview with the prospective purchaser confirms there are no legislative compliance issues that would affect the service.</p> |
| <p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p> | FA | <p>There are human resources policies to support recruitment practices. Five staff files sampled (one clinical manager, one registered nurse, one caregivers, one diversional therapist and one cook) contained all relevant employment documentation. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. Current practising certificates were sighted for the nurse manager, RNs and allied health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment. An annual training programme covering all the relevant requirements is implemented. Attendance records evidence good attendance at education. Staff have the opportunity to attend external education. Clinical staff complete competencies relevant to their role, including medication competencies, manual handling, restraint, pain, culture, hydration and nutrition, infection control, health and safety and wound care. All staff have current first aid certificates. The registered nurses have syringe driver competencies.</p> <p>Currently there are four caregivers with New Zealand Qualification Authority (NZQA) level 4, one with level 3, and four with level 2. The kitchen staff have food handling certificates.</p> |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from</p> | FA | <p>Virginia Lodge has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of</p> |

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| <p>suitably qualified/skilled and/or experienced service providers.</p> | | <p>care and support. The facility manager works four days a week (Monday to Thursday) and is supported by the clinical manager who works Monday to Friday. The registered nurse works one shift a week on a Friday, one casual registered nurse works as required per week.</p> <p>They are supported by three caregivers in the morning; 1 x 7am to 3 pm, 1 x 7 am to 11 am and 1 x 7.30am to 1.30pm, this shift can be extended when acuity of residents is higher.</p> <p>Two caregivers work in the afternoon shift; 1 x 3 pm to 8 pm and 1 x 4 pm to midnight. One caregiver works from midnight to 8 am. The clinical manager and registered nurses share the on-call hours. The clinical manager and the cook (previous caregiver) live on site and are available to help in the event of an emergency.</p> <p>Interviews with the registered nurse, caregivers and residents confirmed that there are sufficient staff to meet care needs.</p> <p>The prospective owners stated there will be no changes to caregiving staff who will transfer to the new owners on the date of settlement. The prospective purchaser discussed the review of the current organisational structure, and plan to include current and potentially new staff at Virginia Lodge. The prospective purchaser anticipates no changes in the first three to six months. The registered nursing staff will be lead by a nurse practitioner with scope in age care. They will have the support of another nurse practitioner and two general practitioners. This is documented in the transition plan.</p> |
| <p>Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p> | <p>FA</p> | <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into each resident's individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The residents' files are appropriate to the service type. Residents' files are protected from unauthorised access by being held in secure rooms. Archived records are secure in a separate locked area. Residents' files demonstrate service integration. Entries are legible, dated, timed and signed by the relevant caregiver or RN, including designation.</p> |

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| <p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p> | <p>FA</p> | <p>There are policies in place for entry into the service, and a record of enquiries s maintained. This is facilitated in a competent, timely and respectful manner. Admission information packs on the service are provided for families and residents prior to admission or on entry to the service. An enquiry log is maintained. Admission agreements reviewed aligned with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> |
| <p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p> | <p>FA</p> | <p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service.</p> |
| <p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and senior caregivers who administer medications complete annual medication competencies and education on medication is provided. The medication storage areas are secure. Medications (blister packs) are checked on delivery by the RN against the electronic medication chart and verified on the medication system. Any discrepancies are fed back to the pharmacy. Standing orders are not used. There were no self-medicating residents. The medication fridge is monitored each night. The medication room air (nurses' station) is monitored daily. All eyedrops were dated on opening.</p> <p>Ten medication charts were reviewed on the electronic medication system. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three monthly. As required medications had indications for use and administered as prescribed. The effectiveness of as required medications was documented in the electronic medication system.</p> |

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| <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> | <p>FA</p> | <p>Meals are prepared in a well-appointed, homely open plan kitchen adjacent to the dining room and served directly to the residents. The head cook works from Wednesday to Sunday from 8m to 2pm. She is supported by a second cook on Mondays and Tuesdays. Food services staff have attended food safety and chemical safety training. The six weekly menus have been reviewed by a registered dietitian (August 2019). There are no special diets. Pureed/soft diets are provided. The cook receives a dietary profile for all residents. Dislikes are accommodated. The main meal is at midday. A caregiver on afternoon duty heats and serves the pre-prepared dinner meal. Lip plates are provided as required.</p> <p>The service has a current food control plan issued July 2020. Fridge, freezer and chiller temperatures are monitored and recorded daily. End-cooked temperatures are taken on all meats and recorded.</p> <p>All containers of food stored in the pantry are labelled and dated. All perishable goods are date-labelled. A cleaning schedule is maintained. Chemicals are stored safely.</p> <p>Resident meetings along with direct input from residents, provides resident feedback on the meals and food services generally. Residents and family members interviewed were very satisfied with the meals provided. The recent food survey was 98% satisfaction with meals.</p> |
| <p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p> | <p>FA</p> | <p>There are policies in place to guide practice. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. The service communicates directly with the referring agencies and family/whānau as appropriate if entry was declined.</p> |
| <p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p> | <p>FA</p> | <p>An RN completes an initial assessment and care plan on admission, including a clinical risk assessment and relevant risk assessment tools. Risk assessments are completed six-monthly. The interRAI assessment is completed within 21 days of admission and six monthly or earlier due</p> |

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| | | to health changes. The outcomes of assessments form the basis of the long-term care plan. |
| <p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p> | FA | <p>Resident care plans reviewed were resident focused and included medical needs, daily activities of living and care needs and supports. Acute plan of care (short-term care plans) are used for changes to health and were sighted in resident files. These are reviewed weekly and if the problem remains unresolved after six weeks this is added to the long-term care plan. All long-term care plans were current and up to date. The resident (as appropriate) and relative sign a care plan acknowledgment form to declare they had have read and discussed the care plan with the RN. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrated service integration.</p> <p>There was evidence of allied healthcare professionals involved in the care of residents including mental health services, speech language therapist, ear nurse and podiatrist.</p> <p>The CART members (community assessment, rehabilitation team) are involved in the care of the intermediate care resident and include the physiotherapist, occupational therapist and lead care person. A record of visits is maintained in the resident progress notes. There was an Multi-Disciplinary Team (MDT) plan of discharge with rehabilitation goals and chair exercise programme.</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> | FA | <p>When a resident's condition alters, a registered nurse initiates a review and if required, GP, nurse practitioner or nurse specialist consultation. There is documented evidence on the family contact form in each resident file that indicates family were notified of any changes to their relative's health. Discussions with families confirmed they are notified promptly of any changes to their relative's health. Acute plan of care form was documented to monitor a resident progress against interventions for changes in health.</p> <p>Adequate dressing supplies were sighted in the nurse's station/treatment room. Wound management policies and procedures</p> |

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| | | <p>are in place. Wound assessment and treatment forms, ongoing evaluation form and evaluation notes were in place for two residents with wounds. There were no pressure injuries on the day of audit. There is access to a wound nurse specialist at the DHB.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. There is access to a continence nurse specialist by referral.</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Monitoring forms are used for weight, pulse, temperature and blood pressure recordings, neurological observations, pain, challenging behaviour, food and fluid charts.</p> |
| <p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p> | <p>FA</p> | <p>The service employs a qualified diversional therapist (DT) who works 12.5 hours a week from 10.45am to 12.15pm, Monday to Friday. She has a support network through the DT Society and on-line DT groups. There is one volunteer (ex staff member) who assists with activities and outings. Recreational hours were increased during lockdown and level 3. Residents fundraised for an iPad which was used for communication with families and individual activities such as card games and puzzles. The DT makes daily contact with all residents and one-on-one activities such as individual walks, reading and chats, occur for residents who choose not to be involved in group activities, Care staff follow the DT guide for afternoon and weekend activities. There are plentiful resources available.</p> <p>The monthly programme is developed in consultation with the facility manager and from resident feedback at the six weekly meetings. The programme is varied and meets the physical and psychosocial well-being of the residents. The programme includes board games, quizzes, colouring, poetry, newspaper reading, reminiscing, gardening, walks and Happy Hour. Community visitors include entertainers, visiting pets and farm animals, South Pasifika college students, ukulele club. There are monthly non-denominational services and weekly communion. Festive occasions and themes are celebrated. Families are invited to attend events.</p> <p>The service hires a 10-seater van for monthly outings, scenic drives and</p> |

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| | | <p>picnics. The DT has a current first aid certificate.</p> <p>A diversional therapy assessment, map of life and DT plan is completed within two weeks of admission. Individual activity plans were seen in long-term resident files. They are reviewed in discussion with the RN and families every six months.</p> <p>The service receives feedback and suggestions for the programme through six weekly resident meetings, surveys and direct feedback from residents and families. There was 90% satisfaction from the annual survey.</p> <p>There was positive feedback from residents and families about the activities programme which they have input into.</p> |
| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | FA | <p>All initial care plans for long-term residents were evaluated by an RN within three weeks of admission and long-term care plans developed. Long-term care plans have been evaluated by an RN six monthly, using the interRAI tool or earlier for any health changes. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes or the care plan. Care plans (including the intermediate everyday care plan) had been updated with any changes to health.</p> |
| <p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p> | FA | <p>Referral to other health and disability services is evident in the resident files reviewed. Examples of referral for a higher level of care were seen such as intermediate care to rest home care and respite care to rest home care. The GP and NP involve the resident (as appropriate) and relative in discussions around referrals and options for care. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.</p> |
| <p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from</p> | FA | <p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets and products charts are readily accessible</p> |

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| <p>harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p> | | <p>for staff. Chemicals are stored in a locked cupboard in the laundry. Chemical bottles sighted have correct manufacturer labels. A sluice tub is located within a shower area. Personal protective clothing is available for staff and was observed being worn by staff when they were carrying out their duties on the day of audit. All staff have completed chemical safety training.</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>FA</p> | <p>The building has a current building warrant of fitness that expires 22 June 2021. A contracted handyman completes maintenance requests and repairs, planned maintenance and gardens and grounds. Staff complete hazard forms for requests for repairs. A record is maintained of all repairs which is signed off by the handyman. There is a 52-week planned maintenance schedule in place and all maintenance undertaken is logged by the facility manager. Planned maintenance includes interior and exterior building, equipment checks, electrical checks and weekly hot water temperature checks. Essential contractors are available 24 hours. There is ongoing refurbishment of resident rooms and communal areas and replacement of furnishings and equipment as needed.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe ramp access to the deck and well maintained landscaped outdoor areas. Seating and shade are provided.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs, chair scales, raizer lifting chair and pressure injury resources (if required), to safely deliver the cares as outlined in the residents' care plans.</p> <p>The prospective purchaser has no plans for making environmental changes to Virginia Lodge.</p> |
| <p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to</p> | <p>FA</p> | <p>Bedrooms in two of the three wings have hand basins. Two rooms have a shared hand basin and toilet ensuite. There are adequate numbers of communal shower rooms and toilets (including a disability toilet). There are privacy curtains in showers and privacy locks on the doors.</p> |

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| <p>personal hygiene requirements or receiving assistance with personal hygiene requirements.</p> | | <p>Residents confirmed staff respect their privacy while attending to their care.</p> |
| <p>Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p> | <p>FA</p> | <p>All rooms are single. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms. Rooms viewed were personalized with residents own furnishings and adornments. as viewed on the day of audit. Most rooms open out onto the deck with lovely views of the garden.</p> |
| <p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p> | <p>FA</p> | <p>Communal areas within the facility include a spacious dining area with doors that open onto the large deck area with outdoor tables and chairs. The lounge has an extension with a separate seating area and grand piano. The lounge also has door access to the deck area. There is a separate lounge that can be used for visiting and quieter activities. All furniture is safe and suitable for the residents. Two high rise lounge chairs have been purchased. Communal areas are easily accessible to residents.</p> |
| <p>Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p> | <p>FA</p> | <p>Policies and procedures provide guidelines regarding the safe and efficient use of laundry and cleaning services. Caregivers complete laundry and cleaning duties as scheduled across the three shifts. There is a designated laundry with a defined clean/dirty area. The laundry is locked and has an external door for ventilation and access to the clothes line. Linen and personal clothing is delivered to laundry in covered buckets where it is sorted. The washing machine and dryer is serviced regularly. The cleaner's trolley is kept in the laundry when not in use. There is a dispensing system for the re-filling of chemical bottles. Safety data sheets are available. There is protective personal clothing available. The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys. Residents and relatives interviewed were satisfied with the laundry service and cleanliness of the communal areas and their bedrooms.</p> |

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| <p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p> | <p>FA</p> | <p>Emergency, disaster policies and procedures are documented for the service. Fire drills occur every six months (last fire drill occurred in August 2020). The orientation programme and annual education/training programme include fire and security training. Staff interviewed confirmed their understanding of emergency procedures. A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food and water supplies to last for three days, and blankets are available for residents. A gas BBQ and gas hobs in the kitchen are available for alternate cooking, and a generator can be accessed. Emergency lighting is in place. A call bell system is in place including all resident rooms and communal areas. Residents were observed in their rooms with their call bell alarms in close proximity.</p> |
| <p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p> | <p>FA</p> | <p>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. All bedrooms have adequate natural light. There is underfloor gas heating.</p> |
| <p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p> | <p>FA</p> | <p>The responsibility for infection control is shared between the nurse manager (enrolled nurse) and the RN. Responsibility for infection control is described in the job descriptions. The infection control coordinators oversee infection control for the facility and are responsible for the collation of infection events. The infection control programme is reviewed annually at the combined infection control and health and safety committee who meet monthly.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. There have been no outbreaks since the previous audit in 2019. There were plentiful supplies of personal protective equipment (PPE), gloves, masks, and hand sanitiser.</p> |

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| <p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p> | <p>FA</p> | <p>The infection control coordinators have both attended infection control and prevention education. There is access to infection control expertise within the DHB, aged care consultant, wound nurse specialist, public health, and laboratory. The GP monitors the use of antibiotics.</p> <p>The recent Covid 19 lock down was well managed, logs have been maintained of staff temperature, and wellness declarations. Staff were well updated with new information as it became available. A resource folder has been maintained. All staff were treated for Covid 19 which all came back negative. There were no admissions during the lockdown period. The service continues to maintain contact tracing logs and each visitor must complete a wellness declaration. Visiting has been restricted and is by appointment only. The relatives interviewed during the audit praised the staff and management of Covid 19 and felt well informed and updated regularly.</p> |
| <p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p> | <p>FA</p> | <p>The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection; and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping, incorporate the principles of infection control. The policies have been developed by an aged care consultant and are reviewed at least annually. There have been recent Covid 19 policies and procedures developed and implemented.</p> |
| <p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p> | <p>FA</p> | <p>The infection control coordinators are responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Staff complete infection control questionnaires annually. Hand hygiene competencies are completed during orientation and annually.</p> <p>Resident education is expected to occur as part of providing daily cares. Education was provided to staff around the donning and doffing of PPE and the correct hand washing techniques. Education on the use of</p> |

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| | | hand sanitiser and hand washing was provided to residents. |
| <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. Systems in place are appropriate to the size and complexity of the facility. The infection control coordinators collate information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at the combined quality/ staff meetings. Data and graphs of infection events are available to staff. The nurse manager completes monthly and annual comparisons of infection rates for types of infections and provides an annual analysis of infections. Trends are identified and analysed, and preventative measures put in place. The GP signs-off the infection control data and a copy has previously been sent to the pathologist.</p> <p>In-service education is provided annually and in toolbox talks when required. There have been no outbreaks since the previous audit.</p> |
| <p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p> | FA | <p>There is a restraint minimisation and safe practice policy that is applicable to the service. The nurse manager and the clinical manager share the restraint coordinator position and have job descriptions in place. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. Restraint/enabler and challenging behaviour training has been provided annually. Caregivers interviewed could fluently describe the differences between restraint and enablers and procedures around these</p> <p>There are currently no residents using restraint or enablers at Virginia Lodge. Virginia Lodge has been restraint free for seven years.</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.

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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.

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End of the report.