

Victoria Care Limited - Resthaven

Introduction

This report records the results of a Partial Provisional Audit; 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: Victoria Care Limited

Premises audited: Victoria Care Limited

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 1 October 2020 End date: 2 October 2020

Proposed changes to current services (if any): This audit also included verifying half the facility of 25 rest home level beds and a further renovated room as a bedroom with ensuite as suitable as a secure dementia care. This will increase bed numbers to 50 beds (two dementia units, one 26 bed unit and one 24 bed unit).

Total beds occupied across all premises included in the audit on the first day of the audit: 34



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

Victoria Care Limited currently provides care for up to 49 residents at secure dementia and rest home level care. On the day of the audit there were 34 residents.

This unannounced 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 residents and staff files, observations and interviews with residents, family, management and staff.

A consecutive partial provisional audit was also completed. The audit included verifying half the facility of 25 rest home level beds and a further renovated room as suitable as a secure dementia care. This will increase the overall bed numbers to 50 beds (two dementia units; one 26 bed unit and one 24 bed unit).

The facility manager is a diversional therapist with management experience in the aged care sector. She has maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility.

The shortfalls identified as part of the previous provisional audit around incident management, staff training, resident and family information, care plan interventions, activities, medication management, water temperatures and cleaning services have been addressed.

This audit identified one improvement required around timeliness of assessments and care plans.

Further improvements were identified in relation to the partial provisional component of the audit. These were related to securing the unit, approval of fire evacuation plan and fire drill, and outdoor area.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
--	--	--

The service has a culture of open disclosure. Families are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community.

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.
---	--	--

There is a business plan with goals for the service. The service has a fully implemented, robust, quality and risk system in place. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys. Incidents are appropriately managed.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation and training programme that provides staff with relevant information for safe work

practices. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Partial Provisional: The service has sufficient staff to change from rest home to dementia level care. The 13 current dementia trained HCAs will be rostered across the two units. There is a draft roster for up to 50 residents and a draft roster for the new 26-bed secure dementia unit (Charlotte wing). There is an RN rostered across seven days.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
--	--	---

Care plans are developed by the registered nurses who also have responsibility for maintaining and reviewing care plans. Care plans reviewed were individually developed with the resident, and family/whānau involvement is included where appropriate, they are evaluated six-monthly or more frequently when clinically indicated. There is a medication management system in place. Each resident is reviewed at least three-monthly by their general practitioner. A range of individual and group activities is available and coordinated by the diversional therapist. All meals are prepared on site. There is a seasonal menu in place, which is reviewed by a dietitian. Residents' food preferences are accommodated, and the residents and relatives reported satisfaction with the food service.

Partial Provisional: Activities are rostered to occur in both units across seven days a week. The activity team are rostered to support staff during the sundowning time. There is a medication room in the rest home wing. The medication room has been recently refurbished. The kitchen is near the dining room of the Charlotte wing. Snacks are available 24/7 and easy to access as needed.

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.

There is a current building warrant of fitness.

Partial Provisional: There is a secure sluice room in the new dementia unit that includes a sanitiser. The 26-bed unit is currently unsecure as it is still a rest home. One room has been refurbished into a resident room with full ensuite. This room was also verified as suitable as a resident room as part of this audit. The owner has been renovating and upgrading the unit with new carpet and repainting/wallpapering walls as rooms are vacated. There are handrails in ensuites and hallways. Each wing leads to external doors that lead into secure garden areas. There are sufficient communal toilets and showers. Bathrooms have been refurbished. All rooms are single, and the service has been working through refurbishing them. There is sufficient space in the comfortably sized rooms, with space for furniture as well as equipment needed to provide care. There is a large open plan lounge and dining room at one end. There are separate smaller seating lounge areas with doors that open out onto the gardens with seating and shade. There is a small laundry in the new dementia unit. The laundry is divided into a 'dirty' and 'clean' area. Healthcare assistants will be responsible for completing the laundry. There are emergency policies and procedures in place. The current fire evacuation plan has been updated to include the changes to the facility. The call bell system has been upgraded and is available in all resident rooms, communal areas and toilet/shower facilities. All bedrooms and communal areas have natural light and ventilation.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
---	--	--

The service has policies and procedures to ensure that restraint is a last resort and safely used when required, and that enabler use is voluntary. There were no residents using restraints and one with an enabler at the time of the audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
---	--	--

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

Partial Provisional: Victoria Care has an established infection control programme. The updated infection control programme has been implemented with change of owner. The unit coordinator (from Avon Life Care) is currently the IC coordinator and is rostered a day a week at Victoria Care to oversee the programme. Education is provided for all new staff on orientation. There is a plentiful supply of PPE.

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	24	0	3	0	0	0
Criteria	0	56	0	6	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	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 service using an electronic complaints' register. There has been one complaint documented since the new owners took over; this complaint has been fully resolved to the family's satisfaction. Three healthcare assistants, two registered nurses (RN), the diversional therapist (DT) and the chef interviewed stated that they are informed about complaints and actions needed.</p> <p>A review of complaints documentation evidenced resolution of the complaint to the satisfaction of the complainant and advocacy offered. Four rest home level residents and family members advised that they are aware of the complaint's procedure. The residents commented that the management team are accessible, helpful and always follow up on issues raised.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. The facility manager and area clinical manager confirmed family are kept informed. One relative with a family member in the secure dementia unit and one relative of a rest home resident, stated they are notified promptly of any incidents/accidents.</p>

<p>effective communication.</p>		<p>Residents/relatives can feedback on service delivery through annual surveys and open-door communication with management. Resident meetings encourage open discussion around the services provided (meeting minutes sighted). Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. There has been open communication with residents and family around the changing of rest home beds to dementia beds.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required. All six resident files reviewed included interpreter information along with information regarding different cultures.</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>Victoria Care Limited provides rest home and secure dementia levels of care for up to 49 residents. There are 24 beds in the secure dementia unit and 25 rest home level beds, plus a newly refurbished room. This room has been made into a resident room with ensuite that can also be used as an isolation room.</p> <p>On the day of the audit there were 34 residents. This included 13 rest home level residents' including one funded through the Long-Term Support - Chronic Health Conditions (LTS-CHC) contract and one ACC. There were 21 residents assessed at dementia level care in the secure dementia unit, all under the ARCC contract.</p> <p>A philosophy, mission, vision and values are in place. Victoria Care has implemented a robust management structure supported by a documented business plan, risk management plan, a quality plan and quality goals. There is also a comprehensive building renovation plan to support both the service upgrades and converting the rest home wing to a secure dementia unit. The general manager (owner), and the area manager (RN) are on site regularly to support the service through the recent purchase and the implementation of new systems and processes.</p> <p>The facility manager is a DT who has management experience in the aged care sector. She has maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility. The area clinical manager provides support for the two RNs on site. Staff interviewed spoke positively about the support/direction provided by management team, they also commented that the service has improved with the current management</p>

		<p>team.</p> <p>The facility manager has maintained over eight hours annually of professional development activities related to managing an aged care service.</p> <p>Partial Provisional:</p> <p>This audit also included verifying half the facility (Charlotte wing) of 25 rest home level beds and a further renovated room within the wing as a bedroom (with ensuite) as suitable as a secure dementia care. This will increase bed numbers to 50 beds (two dementia units; one 26 bed unit and one 24 bed unit). There are currently 13 rest home residents within the rest home. The service has made eight referrals for reassessment. Essentially six will potentially be assessed as requiring dementia level care and seven will require transferring to another rest home. The management team are working with these rest home residents and family to support them in the move. The service is aiming to open as a secure dementia unit by mid-November. There is an organisational risk management plan around the change of service. Management have also developed a transition plan and a building renovation plan which includes a risk management plan.</p> <p>The 2020 Quality goals include specific goals around dementia level care. The facility manager and area clinical manager (works between Avon lifecare and Victoria Care) are supported by the area manager (RN) who is on site at least 2 x weekly, and the general manager (managing director).</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>	FA	<p>Partial Provisional:</p> <p>There is an area clinical manager (shares on site time between Avon lifecare and Victoria Care) who is responsible for clinical operations in the absence of the facility manager. The owner assumes administrative responsibilities in the absence of the facility manager. The facility manager is also supported by the group area manager (RN).</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and</p>	FA	<p>Victoria Care has implemented a comprehensive quality and risk programme since purchasing the service 30 June 2020. The quality system was developed by an external consultant.</p>

<p>maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>There are policies and procedures 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. Staff confirmed they are made aware of any new/reviewed policies. There are sufficient clinical policies/procedures to support dementia level care.</p> <p>The service quality goals include embedding new systems, a focus on staff education, and improved clinical leadership. Business goals include (but not limited to); refurbishment of the facility, moving all beds to be able to provide secure dementia care and computerised systems for care planning and quality data.</p> <p>Since purchasing (30 June 2020), the service has established and implemented a series of meetings. Monthly quality meeting minutes sighted evidenced staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. The service collates accident/incident and infection control data. Monthly comparisons include trend analysis.</p> <p>Facility meetings held include staff meetings, registered nurse meetings, and infection control. Meeting minutes document that staff are well informed regarding the quality process, progress against the services quality goals and any other issues and initiatives. There are also weekly (or more often) management meetings and ad hoc meetings with staff. The area manager explained that meetings are being used as a vehicle to push change forward, support clinical changes, support cultural changes and improve resident care.</p> <p>There is a robust internal audit programme that covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. A monthly summary of internal audit outcomes is provided to the quality meetings for discussion. Corrective actions are developed, implemented and signed off.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. The general manager is responsible for health and safety. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>Falls management strategies include assessments after falls and individualised strategies. The service has detailed emergency plans covering all types of emergency situations and staff receive training around this.</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>The service collects incident and accident data on forms and enters them into an electronic register. The system provides reports monthly, which are discussed at the monthly quality meetings.</p> <p>Six falls related incidents and three behaviour related incidents were reviewed. All incident forms identified a 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 required incidents/accidents. The caregivers interviewed could discuss the incident reporting process. All incidents are collected via the electronic system and the area clinical manager is alerted to incidents; this is an improvement from the previous audit. Incident forms reviewed all documented that resident follow-up had occurred, and care plans updated as needed. This is an improvement from the previous audit</p> <p>The facility manager interviewed could describe situations that would require reporting to relevant authorities. The service has not needed to provide any reports or notifications to the Ministry of Health since purchasing 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>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Five staff files were reviewed (two registered nurses, two healthcare assistants and one DT). All files contained relevant employment documentation including current performance appraisals and completed orientations. All required staff have been employed and appropriate employment practices followed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice in the provision of dementia level care. The service has provided a new orientation for all staff for which there has been 100% attendance. Training for staff is an improvement from the previous audit.</p> <p>Registered nurse training and meetings includes resident review and education on specific topics of interest.</p> <p>Education and training programmes are promoted for all staff with evidence of good attendance rates. The service uses a combination of online training, formal presentations, one-on-one training around resident care and ad hoc training as needed. New competencies for medication have been completed by staff who</p>

		<p>administer medications.</p> <p>All staff have been enrolled on the Health and Wellbeing qualification. There are 16 staff who work in the dementia unit; 13 have completed the dementia unit standards, and three have recently commenced at the service and have been enrolled. This is an improvement from the previous audit.</p> <p>Both registered nurses are interRAI trained.</p> <p>Partial Provisional:</p> <p>The service has sufficient staff to change from rest home to dementia level care. The 13 current dementia trained HCAs will be rostered across the two units. The HCAs are supported by three RNs (including the clinical manager) and an enrolled nurse. All have experience in dementia level care. The annual training programme includes managing behaviours that challenge. Since acquiring the facility, the management team have focused on increasing training. All staff have been enrolled on the Health and Wellbeing qualification. There is a Careerforce assessor and staff are expected and supported to complete the required dementia standards within 18 months.</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>A policy is in place that determines staffing levels and skill mixes for safe service delivery.</p> <p>A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The service is divided into two wings; on the days of audit there were 13 rest home residents in the 25-bed rest home wing and 21 residents in the 24-bed dementia wing.</p> <p>There is an RN on duty seven days a week, plus an additional RN for the two GP round days each week.</p> <p>For the dementia unit (current 21 residents), HCA rostering includes two full shifts and a short shift for the AM, two full shifts for the PM and two HCAs at night.</p> <p>For the rest home (current 13 residents); HCA rostering includes one full shift and one short shift for each of the AM and PM shifts and one HCA at night.</p> <p>Residents and relatives stated there were always adequate staff on duty. Staff stated they feel supported by the RN, and management team who respond quickly to after-hours calls.</p>

		<p>Partial Provisional:</p> <p>There is a draft roster for up to 50 residents and a draft roster for the new 26-bed secure dementia unit (Charlotte wing).</p> <p>The clinical manager 2 days a week. The unit coordinator (FTE) across both units. A RN in each unit seven days a week (one 0645 - 1515 and one 0900 - 1700).</p> <p>For Charlotte wing (26 beds):</p> <p>There are three HCAs 2x 0700 -1500 and 1x 0800 -1330.</p> <p>There are two HCAs from 1500 – 2300 and one HCA from 1600 – 2000</p> <p>At night there are three HCAs rostered across the two units.</p> <p>There is a diversional therapist 0900 - 1800 and an activity assistant 0900 - 1800. Activity staff are rostered across seven days.</p>
<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 and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack they offer residents on admission including comprehensive information on dementia level of care; this is an improvement from the previous audit. The admission agreements reviewed meet the requirements of the ARCC. Exclusions from the service are included in the admission agreement. Six admission agreements sighted were signed and dated.</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 comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The service uses an electronic medication system. All medications were stored securely and appropriately. Weekly checks of controlled medication have overall been completed. Where there was a gap, the service has addressed this.</p> <p>Registered nurses or senior HCAs, who have passed their competency, administer medications. Medication competencies are updated annually. Electronic medication charts have photo IDs and allergy status recorded; this is an improvement from the previous audit. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors are</p>

		<p>recorded and fed back to the supplying pharmacy.</p> <p>A review of twelve electronic medication orders have 'as required' medications prescribed with an individualised indication for use. Medication charts were evidenced to be reviewed at least three-monthly by the GP. The medication fridge and medication room have temperatures recorded daily and these are within acceptable ranges. This is an improvement on previous audit. Electronic medication administration charts were signed as medication was administered during the observed medication round.</p> <p>Medication management audits are completed as part of the internal audit system.</p> <p>Partial Provisional:</p> <p>There is a medication room in the rest home wing. The medication room has been recently refurbished. The room is spacious with cupboards and shelved for medication storage. Two new medication trolleys have been purchased as well as two dressing trolleys.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals and baking are prepared on site at Victoria Care. Meals are prepared by the head chef and his team. The food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and there is a national menu in place that has been audited and approved by an external dietitian and a verified food control plan expiring November 2020. There are policies in place to guide staff. The kitchen is large, clean and well organised. There is sufficient storage available. Stock rotation is practiced. Hot food temperatures are monitored daily on all meals (records sighted). Fridges and freezers have temperatures monitored daily. Chilled inward goods are temperature checked on delivery and prior to storage. Daily air temperatures are recorded.</p> <p>Resident likes, and dislikes are known, recorded in the kitchen and alternatives are offered. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes and is reviewed six-monthly, as part of the care plan review. Special diets (eg, soft and pureed diets) are noted on the kitchen noticeboard, which can be viewed only by kitchen staff. Food is served from a bain marie to the rest home residents in the adjacent dining room. Meals for the dementia unit are plated with insulated lids and bottoms and delivered by trolley to the unit dining room. Specialist utensils and</p>

		<p>plates are available for residents.</p> <p>The resident annual satisfaction survey monitors food satisfaction. The kitchen is included in the internal audit programme. Staff have been trained in safe food handling and chemical safety.</p> <p>Residents and relatives interviewed commented positively on the meals provided.</p> <p>Partial Provisional:</p> <p>The kitchen is near the dining room of the Charlotte wing. Snacks are available 24/7 and easy to access as needed. Current processes around obtaining nutritional process will continue.</p>
<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>Care plans reviewed demonstrated service integration with documented input from nurse specialists, mental health services, wound care nurse specialist, physiotherapist, podiatrist and other allied health professionals. All resident care plans sampled were resident centred and support needs and interventions, and care plans were updated as resident status changed including pressure injury care and falls interventions. Residents and family members interviewed confirmed they are involved in the development and review of care plans. Care plan interventions are an improvement from the previous audit.</p> <p>Short-term care plans are in use for changes in health status and are evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan if an ongoing problem. The care staff advised that the care plans are easy to follow.</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>The resident care summary and care plans reviewed included interventions that reflected the resident's current needs. When a residents' condition changes the RN initiates a GP visit or specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status. Registered nurses were regularly involved in resident daily care and ongoing assessments as identified in the progress notes.</p> <p>Continence products are available and resident files include bowel management,</p>

		<p>and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Healthcare assistants and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>Wound care folders were reviewed; there was one skin tear wound. All documentation was in place and the wound nearly healed.</p> <p>Monitoring charts were well utilised, and examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required.</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 activities team is led by a diversional therapist. The activities team includes another DT and a part-time activities coordinator. The activity programme is run over seven days per week including an exercise programme. There is a specific dementia unit activity plan and a rest home activities plan. Residents can choose to attend either activity.</p> <p>The lead DT stated that the service had improved considerably, and activities have now taken a high priority for the service. The diversional therapists are now actively involved in the multi-disciplinary meetings and this is an improvement from the previous audit.</p> <p>Each resident has an individual activities programme, which is reviewed when their plan of care is reviewed and as part of their interRAI assessments. There are activity plans for dementia residents that cover the 24-hour period. Activities in the dementia unit are based on everyday life and include activities such as household tasks and gardening. Activities for dementia unit residents are an improvement from the previous audit.</p> <p>The monthly planners for each unit are developed to include a wide range of activities including (but not limited to) church services, puzzles, bingo, daily exercises, chair yoga, gardening, and group games. On the days of audit, the activities in the dementia unit were observed to be very well attended with residents clearly enjoying themselves.</p> <p>One-on-one activities include talking to the residents individually, hand massages, passive exercises, going for walks around the gardens, and reminiscing with photos in resident rooms. Regular entertainers visit the facility.</p>

		<p>The resident and relative meeting provides suggestions, and feedback to the programme. Residents and family interviewed were very complimentary of the activities team.</p> <p>Partial Provisional:</p> <p>Activities are rostered to occur in both units across seven days a week. The activity team are rostered to support staff during the sundowning time.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents are reassessed using the interRAI process at least six-monthly or if there has been a significant change in their health status. Long-term care plans are then evaluated and rewritten/updated (link 1.3.3.3). There was documented evidence that care plan evaluations were current in resident files sampled. Care plan reviews are signed as completed by the RN. The files sampled documented that the GP had reviewed residents three-monthly (for those that had been at the service longer than three months) or when requested if issues arise or their health status changes. The registered nurse interviewed explained the communication process with the GP. Short-term care plans were evident for the care and treatment of residents and had been evaluated and closed or transferred to the long-term care plan if required.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Partial Provisional</p> <p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturers' labels. There is a main chemical storage shed which is locked when not in use. Safety datasheets and product sheets are available. A sharps container is available and meets the hazardous substances regulations for containers. Gloves, aprons, and goggles are available for staff. There is a secure sluice room in the new dementia unit that includes a sanitiser. There is also another sluice room in the current dementia unit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are</p>	PA Low	<p>The building holds a current warrant of fitness which expires 1 July 2021. There is a maintenance person on site who works across two sites for 40 hours a week. Requests for maintenance and repairs are written into a logbook which is signed off when repairs are complete. There are essential contractors available 24-</p>

<p>fit for their purpose.</p>	<p>hours. The maintenance person completes a monthly facility check which includes monitoring hot water temperatures in resident toilets/showers. Water temperatures were within range, this is an improvement from the previous audit. Testing and tagging of electrical equipment and calibration of clinical equipment has been completed.</p> <p>All corridors are wide enough to promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens are well-maintained. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>The service was observed to have been substantially upgraded and refurbished since the previous audit. This included carpets, in resident rooms and communal areas, painting and decorating, resident room wardrobes and drawer units, an upgraded laundry with new machines. Offices, the medication room and nursing stations had also been upgraded. Fixtures and fittings such as curtains had been replaced.</p> <p>There is a large secure outdoor garden and walking pathway off the dementia care unit. Seating and shade are provided and there is natural shade provided by trees in the grounds. There are raised gardens.</p> <p>Healthcare assistants stated they had sufficient equipment to safely deliver cares as outlined in the resident care plans. There is a hoist available for use for falls. New equipment had been purchased to replace older equipment.</p> <p>Partial Provisional:</p> <p>The 26-bed unit is currently unsecure as it is still a rest home. One room has been refurbished into a resident room with full ensuite. This room was also verified as suitable as a resident room as part of this audit. Advised that the unit will be secured when the last rest home residents leave. Entrance to the new Charlotte dementia unit is via the foyer which includes reception and offices. This allows for the monitoring of visitors. The owner has been renovating and upgrading the unit with new carpet and repainting/wallpapering walls as rooms are vacated. There are handrails in ensuites and hallways. There are three small wings (corridors) with resident rooms. Each wing has centrally located toilets. The unit is large with several blind spots. Cameras are being installed in hallways and externally for safety. Decals have been purchased to be placed over some inaccessible doors to distract residents from it being a door. Signs/decals are being placed to direct residents to key areas such as rooms and</p>
-------------------------------	---

		<p>toilets. Each wing leads to external doors that lead into secure garden areas. There are five egresses for residents to access the two secure garden areas. One garden area leads to a pergola. The other large garden area that can be accessed from three doors, have paths that do not lead anywhere. The service is planning to add more paths so that it is more of a circular walking area.</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 personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Partial Provisional:</p> <p>There are 26 rooms in the new Charlotte dementia unit. There are toilets close to the large communal lounge and near the smaller sitting lounges. There are sufficient mobility bathrooms in the wing that are signed and allow for privacy. Bathrooms have been refurbished. The majority of toilets have been refurbished with three still to be completed. Advised that these are on the current list. The service is planning to use way-finding decals on walls and pictures decals as appropriate for this larger sized dementia unit.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Partial Provisional:</p> <p>There are 26 rooms in the new dementia unit. Twenty-five rooms were previous rest home rooms. The service has been renovating these rooms. The 26th room is a newly renovated room with attached ensuite. It is intended that this extra room will be used as an isolation room or for respite residents. All rooms are single. There is sufficient space in the comfortably sized rooms, with space for furniture as well as equipment needed to provide care.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Partial Provisional:</p> <p>In the new dementia unit, there is a large open plan lounge and dining room at one end. There are separate smaller seating lounge areas with doors that open out onto the gardens with seating and shade. The large lounge allows for group activities and areas for relaxation and quiet areas. The large communal area has locked partitioned doors to the neighbouring dementia unit lounge. This could be opened if needed for shared entertainment. Going forward the service could consider adding a kitchenette to the dining area to make it more domestic and homely-like and provide kitchen/meal/baking items more accessible.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>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>Partial Provisional:</p> <p>There is a small laundry in the new dementia unit. The laundry is divided into a 'dirty' and 'clean' area. There are two doors into the laundry, one entrance and one exit. Both doors are secure. Dirty laundry is collected from the dirty side and delivered into the clean side where it is sorted and distributed to the unit's linen cupboards. There is a commercial washing machine and dryer. Healthcare assistants are responsible for laundry. When machines are going it is not possible to hear a call bell in the unit (link 1.4.75). A cleaning schedule is maintained including the regular waxing of carpets, smell was minimal, and this is an improvement on previous audit. There is personal protective equipment readily available. Staff were observed to be wearing appropriate personal protective clothing when carrying out their duties. There are laundry and cleaning procedures available. Cleaning and laundry services are monitored through the internal auditing system and externally by the chemical provider.</p>
<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>PA Low</p>	<p>Partial Provisional:</p> <p>There are emergency policies and procedures in place. The current fire evacuation plan has been updated to include the changes to the facility. This has yet to be formally approved by the fire service. Evacuation drills occur at least six monthly. A fire drill is planned in the unit prior to opening as a dementia unit. There is a staff member on duty 24/7 with a current first aid certificate.</p> <p>In the event of an emergency, alternative energy and utility sources are available such as emergency lighting, and spare batteries for lights, a gas barbecue, linen, continence products, torches and batteries, water and blankets. There is a generator available. Food dry stock and frozen food are available to support residents for at least three days. There is sufficient stored water in tanks.</p> <p>The call bell system has been upgraded and available in all resident rooms, communal areas and toilet/shower facilities. However, the call bell system cannot be heard in the laundry.</p> <p>The entrance to the dementia unit are secured with keypad entry. A perimeter fence around the dementia unit with locked gates ensures residents are kept safe. Staff on the afternoon and night shifts are responsible for ensuring the</p>

		<p>facilities doors and windows are closed appropriately and doors are locked appropriately.</p> <p>External doors are locked in the evening. The RNs have a mobile phone, there is external lighting.</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>	FA	<p>All bedrooms and communal areas have natural light and ventilation. Lighting is increased for the needs of this resident group. All heating is radiator heaters that are thermostat adjustable. There are opening windows in resident bedrooms and doors that open to the outdoors in communal areas.</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>	FA	<p>Partial Provisional:</p> <p>Victoria Care has an established infection control programme. The updated infection control programme has been implemented with change of owner. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The unit coordinator (from Avon Life Care) is currently the IC coordinator and is rostered a day a week at Victoria Care to oversee the programme. The infection control coordinator has support from the RN management team and the GP. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. Infection control internal audits are regularly completed. There is a plentiful supply of PPE. A newly renovated resident room with attached ensuite has been completed as an isolation room if needed. One Norovirus outbreak occurred during June 2020. This was reported to public health and well managed by the service.</p> <p>Monthly quality meetings reviewed identified regular review of Covid-19 preparation and prevention.</p>
<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</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place, appropriate to the complexity of service provided. The infection control coordinator collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility including training needs. Care staff interviewed were aware of</p>

programme.		<p>infection rates. Systems are in place that are appropriate to the size and complexity of the facility.</p> <p>There are policies and procedures in place around Covid-19. Staff have received additional training around PPE, hand washing and standard precautions. The service has sufficient PPE available for staff. All new residents are screened prior to service entry as evidenced on one resident file during the audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers and comprehensive restraint procedures. Interviews with the care staff confirmed their understanding and the differences between restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had one resident who had voluntarily requested an enabler lap belt and there were no residents with restraint.</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 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	The service has worked to ensure that timeframes are met for all aspects of care. There are schedules documented for staff to follow around interRAI, care plan reviews and evaluations and GP reviews. The service continues to work towards meeting timeframes and improving and updating historical documentation.	Two new residents in the dementia unit did not have their initial interRAI assessment and long-term care plan within timeframes. One rest home resident’s care plan had not been updated six monthly.	<p>Ensure that interRAI assessments and care plans are completed within set timeframes.</p> <p>90 days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	There are five egresses for residents to access the two secure garden areas. There are doors that lead from the open plan communal living area to a secure garden area with a path that leads to a covered pergola with seats. The other large garden area that wraps around the side of the unit can be accessed from four doors. Two off wings and two off some lounge areas. All doors have paths that do not lead	Partial Provisional: There are four external doors that lead to the large external garden area. Each has paths that lead no-where.	<p>Ensure paths are extended to provide a continuous looped path with destination points with no dead-ends (with well-placed benches and sheltered rest areas).</p>

		anywhere. The service is planning to add more paths so that it more of a circular route.		Prior to occupancy days
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	A fire drill last occurred 13 June 2020. There have been amendments to the fire evacuation plan. A fire drill is planned in the unit prior to opening as a dementia unit.	<p>Partial Provisional:</p> <p>A fire drill is planned in the unit prior to opening as a dementia unit.</p>	<p>Ensure a fire drill occurs in the new unit around changes to the fire evacuation plan.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	The fire service has completed a review of the unit. Letter sighted (dated 5 October 2020) provides recommendations by the fire service. Two current fire exit doors are being removed as exit doors and are to become locked doors. Two other external doors to the secure garden area are to be signed as fire exits. The current fire evacuation plan has been updated to include the changes to the facility. This is yet to be approved by the fire service.	<p>Partial Provisional:</p> <p>The current fire evacuation plan has been updated to include the changes to the facility. This has yet to be formally approved by the fire service.</p>	<p>Ensure the fire evacuation plan is updated and approved by the fire service.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	The call bell system has been updated throughout the facility. There are panels in hallways and the unit coordinator/senior staff member carries phones to communicate between units.	<p>Partial Provisional:</p> <p>HCA's are responsible for laundry. The call bell system cannot be heard in the laundry.</p>	<p>Ensure the call bells can be heard in the laundry.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.6</p> <p>The organisation identifies</p>	PA Low	The Charlotte unit is currently unsecure as rest home residents still reside there. A wall and secure door into the unit from the foyer is yet to	<p>Partial Provisional:</p> <p>The unit is currently</p>	<p>Ensure the unit is secure prior to occupancy.</p>

<p>and implements appropriate security arrangements relevant to the consumer group and the setting.</p>		<p>be installed. There are two external doors off the wings that are currently not secure. The unit is a larger sized dementia unit with several corridors and outdoor areas. Security cameras are being installed for resident's safety.</p>	<p>unsecure.</p>	<p>Prior to occupancy days</p>
---	--	---	------------------	--------------------------------

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.