# Alpine Retirement Group Limited - Alpine View Care Centre & Alpine View Lodge

## Introduction

This report records the results of a Certification 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Alpine Retirement Group Limited

**Premises audited:** Alpine View Care Centre||Alpine View Lodge

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

**Dates of audit:** Start date: 21 August 2017 End date: 22 August 2017

**Proposed changes to current services (if any):** The number of serviced apartments certified for rest home level of care in Alpine View Lodge have been reduced from 40 beds to 10 beds. The care centre has been assessed as suitable for the provision of medical services.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 47

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

## General overview of the audit

Alpine View Care Centre and Alpine View Lodge have been owner operated by the Alpine View Retirement Group Limited since 1993. A managing director/chief executive officer and facility manager are responsible for the operations of the service. They are supported by a clinical director, clinical nurse manager, clinical coordinator and stable workforce.

The service provides rest home and hospital level of care for up to 47 residents in the care centre and up to 10 rest home level of care residents in the lodge (serviced apartments). On the day of the audit there were 47 residents including one resident in a serviced apartment. The residents, relatives and general practitioner spoke positively about the care and services provided at Alpine View care centre and lodge.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, management, staff and the general practitioner. The service was also assessed as able to provide hospital (medical) level of care.

There was one area of improvement identified at this audit relating to aspects of food preparation and storage.

## 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. |

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on noticeboards. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents and/or their family/whānau. Residents are encouraged to maintain links with the community. Complaints processes are implemented and complaints and concerns are managed appropriately.

## Organisational management

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| --- | --- | --- |
| 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. |

Alpine View has implemented a quality and risk management system. Key components of the quality management system include management of complaints, implementation of an internal audit schedule, incidents and accident reporting and analysis, review of infections, review of risk and monitoring of health and safety including hazards. Facility meeting minutes evidenced discussion around quality data, quality improvements and corrective actions. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and there are sufficient staff on duty at all times. There is an implemented orientation programme that provides new staff with relevant information for safe work practice. The education programme includes mandatory training requirements.

## Continuum of service delivery

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| --- | --- | --- |
| 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. |

There is a comprehensive admission package on all services and levels of care provided at Alpine View Care Centre and Alpine View Lodge. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and develops the care plan documenting supports, needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were reviewed at least six-monthly. Resident files included the general practitioner, specialist and allied health notes.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and medication competent healthcare assistants are responsible for administration of medicines and complete annual education and medication competencies. The electronic medication charts reviewed meet prescribing requirements and were reviewed at least three-monthly.

A diversional therapist oversees the activity team and coordinates the activity programme for the rest home, hospital and the lodge. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident group. Residents and families reported satisfaction with the activities programme.

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 and additional requirements/modified needs were being met.

## Safe and appropriate environment

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| --- | --- | --- |
| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. |  | Standards applicable to this service fully attained. |

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 facilities. Both buildings hold 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 and all have ensuites. 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. Systems and supplies are in place for essential, emergency and security services. There is a trained first aider on duty at all times.

## Restraint minimisation and safe practice

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| --- | --- | --- |
| 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. |

There are policies and procedures to follow if restraint or enablers are required. There were no residents using restraints and eleven residents using enablers (bed loops). A registered nurse is the restraint coordinator. Staff receive training around restraint and challenging behaviours.

## Infection prevention and control

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| --- | --- | --- |
| 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. The infection control coordinator (clinical coordinator) is responsible for coordinating education and training for staff. The infection control coordinator has attended external training. There is a suite of infection control policies and guidelines to support practice. The infection control coordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility.

## Summary of attainment

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 0 | 44 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 92 | 0 | 1 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation. | FA | Eight residents (four rest home and four hospital level of care) and seven relatives (five of hospital level of care and two of rest home level of care) interviewed, confirmed that information has been provided around the code of rights. Residents stated their rights are respected when receiving services and care. There is a resident rights policy in place. Staff attend Code of Rights training. Discussion with five healthcare assistants (HCA) (four from the care centre and one from the serviced apartments) identified they were aware of the code of rights and could describe the key principles of resident’s rights when delivering care. |
| Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | There are established informed consent policies/procedures and advance directives. General consents including photographs were obtained on admission and sighted in seven of seven resident files reviewed (three hospital and four rest home residents including one respite care resident and one rest home resident who resides in an apartment at the lodge). Advance directives for continuing care (where appropriate) were completed and on the resident files. Resuscitation plans were sighted in files and were signed appropriately.  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 healthcare assistants and registered nurses interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.  Family and residents interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.  All residents’ files sampled had signed admission agreements. |
| Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Residents and families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Resident advocates are identified during the admission process. Pamphlets on advocacy services are available at the entrance. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services. Staff receive education and training on the role of advocacy services. Healthcare assistants and three registered nurses (RNs) interviewed were aware of the resident’s right to advocacy services and how to access the information. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community. | FA | The service has an open visiting policy and family/whānau and friends are encouraged to visit the home and are not restricted to visiting times. All residents interviewed confirmed that family and friends can visit at any time and visitors were observed attending the home. Residents and relatives verified that they have been supported and encouraged to remain involved in the community. The service has a van and group outings are provided. Community groups visit the home as part of the activities programme. |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | The complaints procedure is provided to residents and relatives at entry to the service. The residents and families interviewed were aware of the complaints process and to whom they should direct complaints. The complaints policy is posted in a visible area with complaints forms and advocacy information nearby. A record of all complaints, both verbal and written is maintained by the clinical director using a complaints’ register. There were two complaints in 2016 that have been managed in line with Right 10 of the Code and to the satisfaction of the complainant. Discussion around concerns, complaints and compliments were evident in facility meeting minutes. There have been no complaints in 2017 to date. |
| Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights. | FA | The service has information on The Health and Disability Commissioner Code of Health and Disability Services Consumers’ Rights (the Code) available at the entrance to the care facility. The code of rights is displayed in English and Māori. There is a welcome information folder that includes information about the code of rights. The resident, family or legal representative has the opportunity to discuss this prior to entry and/or at admission with the clinical director or nurse manager. Residents and relatives confirmed they receive sufficient verbal and written information to be able to make informed choices on matters that affect them. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | The service provides physical and personal privacy for residents. During the audit, staff were observed treating residents with respect and ensuring their dignity is maintained. Staff interviewed were able to describe how they maintain resident privacy. Staff sign a code of conduct of confidentiality on employment. Staff attend privacy and dignity, and abuse and neglect in-service as part of their education plan. Care staff interviewed state they promote independence with daily activities where appropriate. Residents’ cultural, social, religious and spiritual beliefs are identified on admission and included in the residents’ care/activity plan to ensure the resident receives services that are acceptable to the resident/relatives. |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs  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. | FA | There is a Māori health plan and cultural safety and awareness policy to guide staff in the delivery of culturally safe care. The policy includes references to other Māori providers that are available and interpreter services. The Māori health plan identifies the importance of whānau. Care staff were able to describe how to access information and provide culturally safe care for Māori. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs. | FA | The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Staff recognise and respond to values, beliefs and cultural differences. Residents are supported to maintain their spiritual needs with church services and are supported to attend other community groups as desired. |
| Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | The staff employment process includes the signing of a service code of conduct. Professional boundaries are defined in job descriptions. Staff were observed to be professional within the culture of a family environment. Staff are trained to provide a supportive relationship based on sense of trust, faith, security and self-esteem. Interviews with HCAs could describe how they build a supportive relationship with each resident. Residents interviewed stated they are treated fairly and with respect. |
| Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard. | FA | The management are committed to providing a service of high standard, based on the business mission and philosophy. This was observed during the day with the staff demonstrating a caring attitude to the residents. All residents and families spoke positively about the care provided. The service has implemented policies and procedures developed by an external aged care consultant that provide a good level of assurance that it is adhering to relevant standards. Care staff and RNs also have access to internal and external education opportunities. Staff have a sound understanding of principles of aged care and state that they feel supported by management. Staff have been upskilled from rest home to hospital level care, through 1:1 training/supervision. Many care staff have completed the palliative care modules through the local hospice. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Management promote an open-door policy. Relatives/residents are aware of the open-door policy and confirmed when interviewed that the staff and management are approachable and available. Residents/relatives have the opportunity to feedback on service delivery through resident meetings and surveys. Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Relatives interviewed stated they are notified promptly of any changes to resident’s health status.  Residents and family are informed prior to entry of the scope of services and any items they have to pay for that is not covered by the agreement. An interpreter service is available if required. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The Alpine View care centre has been owner/operated since 1993. The Alpine View retirement group limited are responsible for overall governance of the Alpine View care centre and Alpine View Lodge (serviced apartments). The board engage advisors from the clinical and business sector as required. The chief executive officer (interviewed) also a managing director and the facilities manager, oversee the management of the care centre and lodge. They support a clinical director/registered nurse who has been in the role two and a half years. She has a qualification in health and safety/occupational health and has maintained at least eight hours of professional development related to managing a hospital and rest home facility. An experienced clinical nurse manager has been in the role for over a year and attends regular DHB forums and education study days including the completion of a three-day course “walking in another’s shoes”.  The service is certified to provide rest home and hospital level care for up to 47 residents in the care centre and certified for up to 10 residents at rest home level of care in the serviced apartment building (Alpine view Lodge). On the day of audit, there were 46 residents in the care centre (34 rest home level, including one resident on respite care and 12 at hospital level of care). There was one rest home level of care resident in the serviced apartments. This audit has assessed the service as able to provide hospital (medical) level of care.  All beds are dual purpose. The service is divided into five wings:  Red (10 beds) currently with 3 hospital level, Green (10 beds) currently with 2 hospital level, Blue (10 beds) currently with 3 hospital level, Orange (10 beds) currently with 3 hospital and Green extension (7 beds) currently with1 hospital level resident.  The organisation has a 2017 – 2019 strategic plan, business plan and quality plan that include the service mission statement and philosophy of care. There are clearly defined and measurable goals developed for the strategic plan and quality plan. The goals have been regularly reviewed and identifies opportunities for future developments. |
| Standard 1.2.2: Service Management  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. | FA | During the temporary absence of the clinical director the facility manager provides management oversight of the facility supported by the clinical nurse manager, including the on-call requirement. The clinical coordinator provides cover for the clinical nurse manager. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The service has a quality risk management plan in place that is reviewed annually. The clinical director manages the quality programme. The service has in place a range of policies and procedures to support service delivery that have been developed by an external consultant and reviewed regularly. Staff are required to read reviewed/new policies.  There are a number of facility meetings including health and safety committee, infection control committee, heads of department meetings, general staff meetings and clinical meetings. Meetings include discussion around quality data including complaints, compliments, health and safety, accident/incidents, infection control and internal audits and outcomes. Trends are identified and analysed for areas of improvement. Staff interviewed confirm they are required to read meeting minutes. Meeting minutes and quality data is displayed for staff. The heads of department receive daily reports on relevant/significant aspects of service delivery.  Quality improvement activities are identified from internal audits, meetings, staff and resident feedback (monthly meetings) and incidents/accidents. Internal audits are completed as scheduled. Corrective action logs are raised for areas of non-compliance and signed off as completed. The 2017 resident/relative survey is in the process of being collated.  The clinical director is the health and safety officer for the staff, contractors, visitors and residents and has maintained her knowledge and skills and holds a diploma in health and safety. The board and staff have been updated on the new health and safety legislation. The health and safety committee comprise of five representatives across the services of both sites who have all completed up to stage two of the health and safety courses. The hazard register is current and reviewed at least two yearly. High risk hazards are reviewed annually or earlier if required, such as the swimming pool in the serviced apartments. There is currently construction on the care centre site of a new external laundry. This is safely cordoned off and there have been regular site meetings with the contractors.  Falls prevention strategies are in place that include the analysis of falls and the identification of interventions on a case-by-case basis to minimise future falls. |
| Standard 1.2.4: Adverse Event Reporting  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. | FA | As part of risk management and health and safety framework, there is an accident/incident policy. The service collects incident and accident data and reports monthly to the health and safety committee meetings. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted.  Eleven incident forms were reviewed. All incident forms identified timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for unwitnessed falls and any known head injury. The next of kin had been notified for all incidents/accidents. The healthcare assistants interviewed could discuss the incident reporting process. The clinical nurse manager collects incident/accident forms, completes investigations and implements corrective actions as required.  The general manager could describe situations that would require reporting to relevant authorities. There has been one report to the public health/DHB for an outbreak in August 2016 and one Section 31 in July 2016 following a head injury post fall. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | There are human resources policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Eight staff files were reviewed (clinical coordinator, one RN, three HCAs, one diversional therapist, one cook and one maintenance/health and safety representative).  All files contained relevant employment documentation including current performance appraisals and completed orientations. The orientation programme provides new staff with relevant information for safe work practice. Care staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.  Healthcare assistants have the opportunity to commence Career force aged care qualifications and are supported by the clinical director who is a workplace assessor. Registered nurses and HCAs are supported to attend external education including palliative care modules. Registered nurses have completed syringe driver training. The education planner includes training that is relevant to hospital and medical services such as advance care planning, nutrition, care of the dying, wound care, pressure injury prevention and falls prevention. Manual handling is completed by three staff who have been trained by a qualified trainer.  Four RNs have completed interRAI training. Staff complete competencies relevant to their roles. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The clinical director (RN) and the clinical nurse manager/RN are on duty during the day Monday to Friday. The clinical nurse manager or clinical coordinator provides the on-call requirement for the care centre and the lodge. There is a RN on duty in the hospital 24 hours. Enrolled nurses are employed on morning shifts seven days a week in the care centre to support the RN. The number of HCAs in the care centre are three on full shifts and three on short shifts on morning shift; two full shifts and three short shifts on afternoons and two on night shift.  There is an RN on morning duty seven days a week at the lodge (serviced apartments) and one HCA on the morning, afternoon and night shifts.  There are dedicated activities, cleaners, laundry and food services staff.  Residents and relatives state there were adequate staff on duty at all times. Staff state they feel supported by the management who respond quickly to after hour calls. |
| Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | There are resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents’ individual record and resident register. Resident clinical and allied health records are integrated. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. All entries in the progress notes are legible, dated and signed with the designation. |
| Standard 1.3.1: Entry To Services  Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | Residents’ entry into the service is facilitated in a competent, equitable, timely and respectful manner. Pre-admission information packs, including information on the care services, is provided for families and residents prior to or on admission. Each of the six long term resident files sampled (the other resident was on respite care) contained a signed admission agreement that aligned with all contractual requirements. Exclusions from the service are included in the admission agreement. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are 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 are involved for all exit or discharges to and from the service. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | There are policies and procedures in place for safe medicine management that meet legislative requirements. Registered nurses, enrolled nurses and healthcare assistants that administer medications have been assessed for competency on an annual basis. Registered nurses complete syringe driver training. Education around safe medication administration has been provided. Safe medication practice was complied with during the observe medication administration round. Standing orders are not used. There was one resident who was self-medicating at the care centre only, on the day of audit, and appropriate processes are in place to ensure this is managed safely including the resident having been assessed as competent for this task. All medications in both the care centre and the lodge are stored appropriately. All eye drops were dated on opening. The medication fridges are monitored daily, with temperatures recorded within the required range.  All 14 medication charts reviewed (six hospital and eight rest home [one being in the lodge]) met legislative prescribing requirements including documentation of indications for use for ‘as required’ medications’. The GP had reviewed the medication charts three-monthly.  Administration records sampled documented that all medications had been administered as prescribed. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | PA Low | All meals at Alpine View care centre and Alpine View Lodge are prepared and cooked on-site by qualified cooks. The cooks are supported by morning and afternoon kitchenhands. All staff have attended food safety and hygiene training.  There is a seasonal menu at both the care centre and the lodge and these have been reviewed by a dietitian. The care centres menu rotates every six weeks and the menu at the restaurant in the lodge is a la carte, and changes every month. The residents in the lodge are able to choose each day from a range of options available, and choose to have meals in the restaurant or their rooms.  Dietary needs are known with individual likes and dislikes accommodated. Dietary requirements, cultural and religious food preferences are met. Additional or modified foods are also provided by the service. Special diets include gluten free, vegetarian and low fat/low salt.  Staff were observed assisting residents with their meals and drinks in the hospital and rest home dining room. Resident meetings along with direct input from residents, provides resident feedback on the meals and food services. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.  Fridge, freezer temperatures are monitored in both kitchens. There are some aspects of food preparation and storage not in line with current practice guidelines. A kitchen cleaning schedule is in place in both kitchens and implemented.  There are plans to upgrade the care centre kitchen, with work to commence early in the new year on building a new and bigger kitchen. |
| Standard 1.3.2: Declining Referral/Entry To Services  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. | FA | There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined. |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | The RN completes an initial assessment on admission including risk assessment tools. An interRAI assessment is undertaken within 21 days of admission and six-monthly, or earlier due to health changes. Resident needs and supports are identified through the ongoing assessment process in consultation with significant others. InterRAI assessments, assessment notes and summary were in place for six of the seven resident files reviewed. The respite care resident did not require an interRAI assessment. The long-term care plans in place reflected the outcome of the assessments. |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Resident lifestyle plans reviewed were resident focused and individualised. All identified support needs as assessed were included in the care plans for all resident files reviewed. A short-term care plan was in place for the respite care resident. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrate service integration and evidence of allied healthcare professionals involved in the care of the resident such as the physiotherapist, older persons health, wound management and the hospice service.  Short-term care plans were in place for short term needs. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | When a resident's condition alters, the registered nurse initiates a review and if required a GP consultation. There is evidence that family members were notified of any changes to their relative’s health including, accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented in the resident file.  Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessments, treatment and evaluations were in place for all current wounds and skin tears. There were no pressure injuries on the day of audit. There was a range of equipment readily available to minimise pressure injury. Chronic wounds have been linked to the long-term lifestyle plans.  Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.  Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences.  Short-term care plans document appropriate interventions to manage short-term changes in health. |
| Standard 1.3.7: Planned Activities  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. | FA | The service has a qualified diversional therapist (DT) who plans and implements the activities programme at the care centre and oversees two recreation officers to plan and implement the programme at the lodge. The activity team provide an integrated rest home, hospital and lodge activity plan Monday to Friday, with events organised to occur at the weekend. Activities are held in several locations within the care centre and the lodge. There is a variety of activities that meet the abilities of all residents, with access to the movie theatre, restaurant, café, pool and gym at the lodge available to residents if required. Volunteers involved in the activity programme include school students, kindergarten children, pet owners and community speakers. Entertainers attend the centre regularly and there are regular outings and drives for all residents. Residents are supported to attend religious services. Residents are encouraged to maintain links with the community. Special events and festivities are celebrated and families are invited to attend.  An activity assessment and plan is completed on admission in consultation with the resident/family and reviewed six-monthly or as residents’ needs change.  Residents and families have the opportunity to feedback on the activity programme through direct feedback and monthly meetings. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | All initial care plans reviewed were evaluated by the RN within three weeks of admission. Long-term lifestyle plans had been reviewed at least six-monthly or earlier for any health changes. The written evaluation documents the residents progress against identified goals. The GP reviews the residents at least three-monthly or earlier if required. The multidisciplinary team includes the clinical coordinator, residents primary nurse (RN), DT, GP, resident/relative and any other allied health professional involved in the care of the resident. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Changes are made to care plans if needs alter. |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)  Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs. | FA | Referral to other health and disability services was evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.  There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in locked areas throughout both facilities. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The care centre has a current building warrant of fitness which expires on 1 September 2017. The lodge building warrant of fitness expires on 1 April 2018. The process to obtain a new warrant of fitness for the care centre was in progress.  A maintenance person is employed for each facility. There is a reactive and planned maintenance schedule in place. Electrical appliances are tested and tagged by a contracted service. Medical equipment has been calibrated. Hot water temperatures are monitored monthly. All tempering valves have recently been checked by plumbers to ensure water temperatures remain below 45 degrees Celsius  The lounge areas are designed so that space and seating arrangements provide for individual and group activities. There are areas that provide privacy when required. The external areas are well maintained and residents can safely access outdoor areas with seating and shade.  The HCAs interviewed stated they have available equipment to safely deliver resident cares as outlined in the care plans including standing and lifting hoists (tested last 2/17), platform scales, air alternating mattresses, roho cushions, electric beds including one bariatric bed. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | Toilet and shower facilities are of an appropriate design to meet the needs of the residents. The resident rooms all have full ensuites. Communal toilet facilities have a system that indicates if it is engaged or vacant. There is a large bathroom in the care centre that can accommodate a showering trolley.  The facilities in the lodge are fully self-contained in each apartment. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | All resident rooms are single. There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms. Residents and families are encouraged to personalise their rooms. This is evident on audit.  The apartments in the lodge are fully self-contained and include a kitchen, full ensuite, bedroom and lounge. |
| 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. | FA | Communal areas within the facility include separate rest home and hospital dining rooms, main lounge and smaller lounges at the end of each wing. There are seating alcoves throughout the facility. Seating and space is arranged to allow both individual and group activities to occur.  The lodge has numerous communal areas for entertaining, recreation and dining including a pool, gym, library, movie theatre, exercise room, restaurant, café, tavern, communal lounges, outdoor barbecue and gardening areas with an outside lounging area and fireplace. |
| 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. | FA | There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There are dedicated laundry and cleaning staff seven days a week. All linen and personal clothing for the care centre and the lodge is laundered on-site. A new external spacious laundry is currently under construction. Residents and family interviewed, reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes. The cleaners’ trolleys are kept in designated locked areas in both facilities when not in use. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. All staff receive emergency training on orientation and ongoing, last in July 2017. Civil defence supplies are readily available at both sites including barbeques and gas bottles. There is sufficient water (ceiling tanks and bottled water) and food stored at both sites for at least three days in the event of an emergency. The service has a priority booking with a hire company for an emergency generator for power. There is an approved fire evacuation scheme for the care centre and serviced apartment building. Six monthly fire drills have occurred. There is a first aider on duty at all times.  The care centre residents’ rooms, communal bathrooms and living areas all have call bells. There are call bells in the serviced apartments and ensuites. Residents also have the use of pendants to summon help. Security policies and procedures are documented and implemented by staff. The buildings are secure at night with afterhours doorbell access, which is activated by staff on duty. There is 24-hour camera surveillance of the external grounds of both sites. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | Residents in the care centre and the lodge are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There are sufficient doors and opening windows for ventilation. All bedrooms and apartments have good sized windows which allows plenty of natural light. |
| Standard 3.1: Infection control management  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. | FA | The infection control coordinator is the clinical coordinator who has been in the role four years. The infection control coordinator oversees infection control for the care centre and the serviced apartments and is responsible for the collation of infection events. The infection control coordinator has a defined job description. Infection events are collated monthly and reported to the infection control committee and management team.  The infection control programme has been reviewed annually and is linked to the quality system.  Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents are offered the influenza vaccine. |
| Standard 3.2: Implementing the infection control programme  There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | The RN infection control coordinator has attended external infection control education. The infection control committee consists of RN, cook, cleaner and two HCAs. The committee meets two-monthly. Meeting minutes and graphs are displayed for staff reading.  The infection control coordinator has access to GPs, local laboratory, the infection control nurse specialist and public health departments at the local DHB for advice and an external infection control consultant specialist. |
| Standard 3.3: Policies and procedures  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. | FA | The infection control policies include a comprehensive range of standards and guidelines including defining roles and responsibilities for the prevention of infection, 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 are developed by an external consultant and are reviewed regularly. |
| Standard 3.4: Education  The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The infection control coordinator is 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. Hand hygiene competencies are completed on orientation and are ongoing.  Resident education is expected to occur as part of providing daily cares as appropriate. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection reports are completed for all infections and entered into the electronic system. Infection control data and relevant information is displayed for staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at both the infection control committee meeting, RN and general staff meetings. Trends are identified and preventative measures put in place. Internal audits for infection control are included in the annual audit schedule. Systems in place are appropriate to the size and complexity of the facility.  There has been one confirmed norovirus outbreak August 2016. Relevant documentation was sighted including notification to public health. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. A registered nurse is the restraint coordinator with a defined job description.  On the day of the audit there were 11 residents with enablers (bed loops). The enabler register identified all residents had given voluntary consent for the use of enablers. Restraint and challenging behaviour education is included in the training programme. Enabler use for individual residents is reviewed three-monthly as part of the care plan review. |

# 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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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.3.13.5  All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines. | PA Low | Fridge, freezer temperatures are monitored daily and documentation verifies temperature readings within the required guidelines. Cleaning schedules are in place and compliance with schedules is sighted. End cooked temperatures are monitored daily at the care centre, however this is not occurring at the lodge. The decanting of dry goods in both kitchens has no documentation recording the items ‘use by date’. The original packaging on some dry foods in the Lodge evidenced the item was past the ‘use by date’. | 1) End cooked temperatures are not being monitored in the lodge kitchen, and some dried food items are past their use by dates. 2) Items decanted from the original packaging have no evidence of ‘use by dates’ in both kitchens. | 1) A record of end cooked temperatures in the lodge to be recorded. 2) All decanted items require a use by date to be recorded.  90 days |

# 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, these 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.