

Qestral Corporation Limited - Alpine View Care Centre & Alpine View Lodge

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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

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

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

The specifics of this audit included:

Legal entity: Qestral Corporation Limited

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

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

Dates of audit: Start date: 14 March 2019 End date: 15 March 2019

Proposed changes to current services (if any): Alpine View Care Centre is planned to close in April 2019, with residents moving to another newly built facility owned by the company. Alpine View Lodge will continue with their current certification to provide rest home level care only. Alpine View Care Centre will need to be removed from the certificate.

Total beds occupied across all premises included in the audit on the first day of the audit: 46

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
	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 since 1993. A managing director and facility manager are responsible for the operation of the service. They are supported by a clinical manager and stable workforce. Alpine View Care Centre is planned to close in April 2019, with residents moving to another newly built facility owned by the company.

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 46 residents in the care centre, and seven rest home residents in the serviced apartments. The residents, relatives and general practitioner spoke positively about the care and services provided at Alpine View Care centre and lodge.

This unannounced surveillance audit was conducted against a sub-set of 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 residents and staff files, observations, and interviews with residents, management and staff.

The previous finding around food preparation and storage has been addressed.

This audit identified no areas for improvement.

Consumer rights

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

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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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, infections, incidents and accident reporting, and analysis occurs on a monthly basis. Health and safety policies and procedures are implemented. The hazard register has been reviewed in 2018. Health and safety issues are discussed both at health and safety meetings, staff and quality meetings. There are procedures to guide staff in managing clinical and non-clinical emergencies and a registered nurse is on duty 24 hours a day.

Staff 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

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.		Standards applicable to this service fully attained.
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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 care centre 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

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.

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. There is a trained first aider on duty at all times.

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.

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

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 surveillance programme is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated and reported to all staff. 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	16	0	0	0	0	0
Criteria	0	41	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>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 facility manager using a complaints' register which is both in hard copy and electronic register. There were four complaints from January 2018 to date, that have been managed to the satisfaction of the complainant. Discussion around concerns, complaints and compliments were evident in facility meeting minutes. Staff interviewed are aware of procedures around complaints and confirmed complaints are discussed at meetings.</p> <p>There was an HDC complaint in 2018, all information requested has been submitted. The Ministry requested follow up against aspects of the complaint that included review of safe equipment and policies and procedures. There were no identified issues in respect of this complaint.</p>
Standard 1.1.9: Communication Service providers communicate	FA	<p>Management promote an open-door policy. Relatives (two rest home and three hospital level) and residents (six rest home including four from the serviced apartments and two hospital) interviewed, 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 on the electronic system evidenced relatives are informed of any</p>

effectively with consumers and provide an environment conducive to effective communication.		incidents/accidents. Relatives interviewed stated they are notified promptly of any changes to resident's health status. An interpreter service is available if required.
<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>	FA	<p>The Alpine View care centre has been owner/operated since 1993. The Qestral corporation are responsible for overall governance of the Alpine View care centre and Alpine View Lodge (serviced apartments). The managing director, village manager, and the facilities manager, oversee the management of the care centre and lodge. They support a clinical manager/registered nurse who has been in the role five months and has a background in age care, and has maintained at least eight hours of professional development related to managing a hospital and rest home facility.</p> <p>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 (29 rest home level, and 17 at hospital level of care). There were seven rest home level of care residents in the serviced apartments.</p> <p>In the care centre, all beds are dual purpose. The service is divided into four wings: Red (10 beds) currently with five hospital level, and five rest home. Green (17 beds) currently with five hospital level twelve rest home. Blue (10 beds) currently with three hospital level six rest home. Orange (10 beds) currently with four hospital and six rest home. All residents are under the ARCC contract.</p> <p>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, quality plan and quality objectives. The goals have been regularly reviewed and progress is discussed at the newly developed quality meeting.</p> <p>The care centre is planned to close in April 2019. All staff have been given the opportunity to move to the Burlington facility with the residents, a plan is not yet in place for moving the residents over, and there has been consideration to requiring the use of ambulances to transport some residents. A moving company has been contracted.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	FA	<p>Alpine View has a quality risk management plan in place that is reviewed annually. The facility manager manages the quality programme and has developed a quality plan for 2019. 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. Discussions with staff (one diversional therapist, one cook, one maintenance, four healthcare assistants, and two registered nurses) confirmed they are required to read reviewed/new policies, and can describe the quality data,</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>audits and quality improvements discussed at meetings.</p> <p>Key components of service delivery are linked to the quality and risk management system. The internal audit programme is implemented. If an audit identifies shortfalls, required corrective actions are implemented and are signed off in a timely manner on the electronic system. A monthly report including graphs and a summary of internal audit outcomes, infections and incidents is provided to the staff through staff meetings for discussion, and is displayed in staff areas.</p> <p>The annual resident survey has been conducted for 2018, which shows residents are overall very satisfied. Corrective actions and quality improvements have been implemented around taking photographs of the meals served, this is displayed in the daily report to the directors and the managers to evidence consistency of presentation, and provides a visual catalogue. The relatives survey is bi-annual, last completed in 2017, and was planned for later in 2019.</p> <p>Health and safety policies and procedures are implemented. The hazard register has been reviewed in July 2018. Health and safety issues are discussed at both health and safety meetings and staff/quality meetings. There are procedures to guide staff in managing clinical and non-clinical emergencies and a registered nurse (RN) is on duty at all times.</p> <p>Fall prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. Corrective actions around falls prevention are implemented. Pressure injury preventions are also discussed with staff and training has been provided around pressure injury prevention.</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</p>	FA	<p>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.</p> <p>Ten 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.</p> <p>The facility and clinical managers could describe situations that would require reporting to relevant authorities. There has been Section 31 forms completed for the HDC complaint, and an unexpected death, and a water leak as a result of a tradesperson standing on the pipe in the ceiling, causing residents to move rooms temporarily.</p>

manner.		
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	<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 (clinical manager, one RN, one HCA, one diversional therapist (DT), one cook).</p> <p>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. Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>Registered nurses and HCAs are supported to attend external education. 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. All staff have access to online training. Careerforce is not available to staff, however HCAs are supported to access this independently.</p> <p>Four RNs and the clinical manager are interRAI trained. Staff complete competencies relevant to their roles.</p> <p>The management have met with all staff around the closure of the care centre. Staff have been offered the opportunity to move to the new facility. The current facility manager will transfer to the Alpine Lodge and provide cover for five days a week.</p>
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	<p>The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager (RN) and the clinical nurse manager/RN are on duty during the day Monday to Friday, and share the on-call requirement for the care centre and the lodge.</p> <p>There is a RN on duty in the care centre on all shifts.</p> <p>The roster in the care centre is; Morning shift – Three HCAs on full shifts (7.00 am-3.00 pm) and two on short shifts (7.00 am- 1.00 pm, and 8.30 am-4.30 pm). On afternoons; two HCAs on full shifts (3.00 pm-11.00 pm) and three short shifts (4.00 pm-9.00 pm) and two HCAs on night shift.</p> <p>The serviced apartments share the RN with the care centre, and there is an RN on duty in the lodge for three days a week. All HCAs are of senior level and are medication competent. There are two HCAs who work 6.45 am- 3.15 pm one HCA in the afternoon (3.00 pm-11.15 pm) and one HCA overnight 11.00 pm-7.00 am.</p> <p>Residents and relatives stated there were adequate staff on duty at all times. Staff stated they feel supported by the</p>

		<p>management who respond quickly to after hour calls.</p> <p>When the care centre closes, the facility manager will transfer over to Alpine Lodge and provide cover during the week.</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>	FA	<p>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 observed medication administration round. Standing orders are not used. There were three residents who were self-medicating 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, the competency is reviewed on a three-monthly basis. 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.</p> <p>There is a combined nurses station/medicine room, with a locked medicine trolley, medication fridge, and locked controlled drug safe in the lodge. The room is locked when not occupied.</p> <p>All 13 medication charts reviewed (five hospital and three rest home in the care centre, and five in the serviced apartments) on the electronic system, met legislative prescribing requirements including documentation of indications for use for 'as required' medications'. The GP had reviewed the medication charts three-monthly.</p> <p>Administration records sampled documented that all medications had been administered as prescribed.</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>	FA	<p>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 fully equipped kitchen in the lodge</p> <p>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 restaurant style 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.</p> <p>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, low fat and soft/puree diet.</p> <p>Staff were observed assisting residents with their meals and drinks in the hospital assisted dining room in the blue wing. 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</p>

		<p>choices were offered for dislikes.</p> <p>Fridge, freezer temperatures are monitored in both kitchens. All food that has been decanted is labelled with a best before date, there is evidence of good stock rotation, and food temperatures are checked and recorded at end of cooking at serving. The previous finding has been addressed.</p> <p>A kitchen cleaning schedule was in place in both kitchens and implemented.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, the registered nurse initiates a review and if required a GP consultation. There was 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 were documented in the resident file.</p> <p>Adequate dressing supplies were sighted in treatment rooms in the care centre and the lodge. Wound assessments, treatment and evaluations were in place for all current wounds in the care centre and serviced apartments (one auto immune condition, one skin graft, one chronic ulcer) and six skin tears. There were no pressure injuries on the day of audit. There was a range of equipment readily available to minimise pressure injury. The chronic wounds have been linked to the long-term lifestyle plans, and the wound care specialist has been involved.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Residents are weighed monthly or more frequently if weight is of concern.</p> <p>Short-term care plans document appropriate interventions to manage short-term changes in health. There was a suite of monitoring forms in use including weigh and vital signs, turning charts, behaviour monitoring, safety checks fluid balance charts and restraint/enabler checks.</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,</p>	FA	<p>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 care centre and lodge activity plan Monday to Friday, with games, jigsaws and a selection of DVDs organised to occur at the weekend. Activities are held in several locations within the care centre and the lodge, which will continue when care centre residents move to the Burlington site. A shuttle bus will be provided so residents can continue to enjoy the combined programme across both facilities. 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, intellectually disabled teenagers, kindergarten children, pet owners and community speakers. Entertainers attend</p>

and the setting of the service.		<p>the centre regularly and there are regular outings and drives for all residents. Residents are encouraged to maintain links with the community. Special events and festivities are celebrated, and families are invited to attend. Residents are supported to attend religious services outside of the facility.</p> <p>An activity assessment and plans are completed on admission in consultation with the resident/family and reviewed six-monthly or as residents' needs change.</p> <p>Residents and families have the opportunity to feedback on the activity programme through direct feedback and resident meetings. Residents interviewed felt there were lots of choices of group activities available for them to attend if they choose, and enjoyed the one-on-one activities provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans 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. Short-term care plans were reviewed in a timely manner and either resolved or carried on to the long-term care plan. Changes are made to care plans if resident needs alter.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>Alpine View care centre has a current building warrant of fitness which expires on 1 September 2019, and Alpine View lodge building warrant of fitness expires on 1 April 2019.</p> <p>A maintenance person is employed for both the lodge and the care centre. 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 and are within expected ranges.</p> <p>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.</p> <p>The HCAs interviewed stated they have available equipment to safely deliver resident cares as outlined in the care plans including standing and lifting hoists, platform/wheelchair scales, air alternating mattresses, roho cushions, electric beds including one bariatric bed.</p> <p>The facility manager has worked with the company who supplies equipment, and have purchased shower chairs with large wheelchair type back wheels to prevent accidents. Flooring specialists were involved in checking the entrances to ensuites and improvements have been made to the joins between the carpet and tiles.</p>

		<p>All equipment is regularly checked and maintained. All equipment sighted on the day of the audit, was in good condition, calibrated as per the schedule, clean and safe to provide residents care. There are detailed records maintained of maintenance and corrective actions that have been required. Policies and procedures have been updated to reflect changes as a result of an HDC complaint.</p> <p>The lodge is a modern purpose build building, with a large open plan foyer area and reception area. Each resident studio has a spacious fully equipped kitchenette, dining and lounge area with plenty room for moving around with mobility aids. Bedrooms are large with ensuite facilities. All studios have large windows overlooking the garden areas. There are call bells are in each area. There are well maintained landscaped easily accessible outdoor areas with seating and shade provided</p>
<p>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.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection reports 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. Infection rates are low for the months of December, January and February.</p> <p>There have been no outbreaks since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. A registered nurse is the restraint coordinator with a defined job description.</p> <p>On the day of the audit, there were no residents using restraint or enablers. Restraint and challenging behaviour education are included in the training programme. Staff interviewed were knowledgeable around the use of restraint and enablers, and can describe the risks and monitoring requirements.</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.

No data to display

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 audit.

No data to display

End of the report.