

Glenbrae Resthome and Hospital Limited

CURRENT STATUS: 13-Mar-13

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Glenbrae Rest Home and Hospital continues to provide safe and effective care to older people. On the days of audit there are 37 residents on the premises, 18 are assessed as requiring hospital level care and 19 as rest home level care. There is one resident under 65 years of age. There have been no sentinel events, notifications to the police, coroner inquests or complaints to the Office of the Health and Disability Commissioner since the previous surveillance audit in March 2012. There have been no changes of management or key staff, or any changes to the scope and size of services in the past 12 months. The Operations and Quality Manager, who is also a registered nurse (RN) has implemented a new quality system, and there are noticeable improvements to care processes, communications, resident documentation and furniture and equipment. New 'low' hospital beds, lounge chairs and sensor mats have been purchased and installed. There is also an increase in the number of hours a physiotherapist is contracted to provide services. There are no improvements required as a result of this audit.

AUDIT SUMMARY AS AT 13-MAR-13

Standards have been assessed and summarised below:

Key

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

Consumer Rights	Day of Audit 13-Mar-13	Assessment
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

Organisational Management	Day of Audit 13-Mar-13	Assessment
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

Continuum of Service Delivery	Day of Audit 13-Mar-13	Assessment
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

Safe and Appropriate Environment	Day of Audit 13-Mar-13	Assessment
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

Restraint Minimisation and Safe Practice	Day of Audit 13-Mar-13	Assessment
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

Infection Prevention and Control	Day of Audit 13-Mar-13	Assessment
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

AUDIT RESULTS AS AT 13-MAR-13

Consumer Rights

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is clearly displayed in the rest home and is available in English and in te reo Maori. The rights are noted to be discussed as part of the admission process. Staff, residents and family interviewed indicate that they understand the Code. Brochures are available in the drawer of the hall table at the entrance to the facility. Advocacy and interpreter services are available. The residents are from different ethnicities. Values, beliefs and cultural needs identified are clearly documented in the seven care plans sighted.

The residents confirm that they are fully informed about all aspects of their care planning, informed consent processes and that they are treated with respect and dignity. Privacy is seen to be maintained at all times. Visitors are welcome and visiting hours are flexible.

Training is provided and an education plan is available for 2013. Policies and procedures are accessible to all staff.

There is evidence that the service adheres to the principles of open disclosure and notifies residents and their families where necessary and appropriate, of any matters that may impact on them. The service is maintaining a complaint register. All logged complaints are acknowledged in writing, investigated and the results of investigation are reported and shared as appropriate. Each complaint is closed off with a comment on the type of resolution reached by the parties concerned.

Organisational Management

The service has a well-established approach to quality and risk management systems. A new quality system is being implemented with support and oversight from a quality consultant who visits the facility at least twice monthly. There is regular monitoring of all service areas using an extensive range of internal audits, consumer feedback and monthly collection, collation and analysis of quality data.

The service is focusing more intently on ensuring all staff attend ongoing education and achieve qualifications related to care of older people. Staff education is planned and co-ordinated by an external person who is very experienced in providing education to staff of age care services. Education is delivered by a variety of external people and qualified staff using a range of methods, such as self-directed learning, regular in-service education sessions, study days and presentations three to four times a month. There are a variety of tools in use for assessing staff competency and knowledge across different subject areas.

There are adequate numbers of registered nurses (RNs), care staff and auxiliary staff allocated on all shifts, seven days a week to meet the needs of rest home and hospital level care residents. There are procedures in place to cover shortfalls to ensure resident safety. Care services provided to the attached retirement village do not negatively impact on care of residents in the rest home and hospital.

The seven residents' files reviewed provide evidence that they are accurate and up to date and all entries are clearly documented, signed, dated and designations are included. The service provider demonstrates that the management of information is appropriate to this rest home and hospital service and is in line with the standards and legislative requirements.

Continuum of Service Delivery

The residents' records provide evidence that all residents have been assessed prior to admission. The residents' needs, outcomes and/or goals are identified and these are reviewed by the registered nurses on a regular basis with family/whanau input. A team approach to care delivery and continuity of care is encouraged. Cultural and care needs are of a high standard. The general practitioner, who cares for four of the residents, was interviewed and spoke of how she works professionally with the manager, the registered nurses and the pharmacist for this organisation.

The activities programme is the focus of the day and is enjoyed by the residents. This area of service delivery is managed by a very experienced divisional therapist and an assistant co-ordinator. Participation in the activities calendar arranged is encouraged but is voluntary. Activities are meaningful and the colourful calendar is developed and displayed around the facility and in the residents' rooms. Outings in the community are arranged and entertainers from the community participate in the programme, and this was evident during the audit. The activities plans are developed and implemented and reviewed by the diversional therapist.

Medication management is safely implemented. No residents self-administer their medicines. A visual inspection of the medication system provides evidence of compliance with respective legislative requirements, regulations and guidelines. There is evidence of the general practitioners' reviewing medication records three monthly or more often as required.

Staff responsible for medication administration have all completed annual medication competencies.

Food services policies and procedures are appropriate for the service setting. The monthly weekly menu plans have been reviewed by the contracted dietician and are documented as being suitable for the elderly residents. The menu plans are to move to six weekly when the winter menu commences. The individual nutritional profile records and needs identified on admission, or as changes occur, are addressed. Cultural needs are effectively met. Fridges and food temperatures are monitored by the experienced cooks and records are maintained.

Safe and Appropriate Environment

All internal and external areas of the facility are in good condition and are well maintained by staff or contractors. There is a current building warrant of fitness and fire evacuation drills occur six monthly. There are sufficient number of disability accessible toilets and bathrooms for residents and visitors. Hot water is delivered at a safe temperature. The facility has appropriate and sufficient equipment, food and water stored on site for use in the event of power outage or natural disaster. The home provides good security with nightly security patrols, doors are locked at night and external windows have security stays fitted. There is an effective heating system and adequate opening doors and windows to provide good ventilation.

Restraint Minimisation and Safe Practice

On the days of audit there are two residents with approved restraints (bedrails) and two residents with enablers in use (lap belts). The service has a dedicated restraint coordinator and all restraint activity is evaluated at the three monthly Integrated Quality Committee meetings. Staff training is on-going and the content is appropriate to the type of restraints in use.

Infection Prevention and Control

The infection prevention and control policies and procedures are clearly documented and implemented to minimise risk of infection to residents, staff and visitors. The implemented infection control programme meets the needs of the organisation and provides information and resources to inform the service providers. The policies reflect current accepted good practice, legislative requirements and meet the Health and Disability Services (Infection Prevention and Control) Standards. These policies reflect the needs of the service and are readily available for staff.

Infection control education is provided by the registered nurse/infection control co-ordinator and is relevant (eg, hand hygiene). Signage and the use of antibacterial gel and paper hand towels is evident and is readily available.

The type of surveillance undertaken is appropriate to the size of the service, being rest home and hospital level care. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. Input from the GPs, or specialised input, can be sought as required. There have been no reported outbreaks or infections at this facility in the last year.