

## Anglican-Methodist South Canterbury Glenwood HomeTrust Board

**CURRENT STATUS: 17-Jul-12**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance 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

Glenwood Home rest home is governed by the Anglican-Methodist South Canterbury Trust Board. The board retains oversight and guidance on service direction. Glenwood Home provides rest home care for up to 42 residents with a current occupancy of 38 residents. The service continues to be managed by an experienced manager and supported by a care manager (registered nurse), registered nurses and care staff. The facility has a stable staff and turnover is low. Residents and relatives interviewed spoke very positively about the care and support provided by staff. The service has addressed a number of shortfalls identified at previous audit including: training on sexuality and intimacy and advocacy; introduction of new policies and procedures; informed consent documentation; role of quality person and implementing the audit schedule; collation of the resident/relative survey; aspects of quality planning and implementation; collation of incident and accident forms; notifying family following incidents and accidents; aspects of care plan documentation; use of assessment tools; transcribing of medication orders; access to emergency water supplies; and infection control audits. Glenwood has made an active effort in establishing and implementing new policies and procedures. However, the following eight improvements continue to be required by the service including, a plan for implementing new policies and procedures; advanced directives documentation; incidents and accidents review; conducting risk assessments; kitchen staff are trained in safe food handling; evaluations of care plans are conducted within expected time frames; and aspects of medication management are addressed relating to legible medication orders, transcribing and documentation of residents allergies.

### AUDIT SUMMARY AS AT 17-JUL-12

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 attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved

Indicator	Description	Definition
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 17-Jul-12	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.		<b>A number of shortfalls that require specific action to address</b>

Organisational Management	Day of Audit 17-Jul-12	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.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

Continuum of Service Delivery	Day of Audit 17-Jul-12	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.		<b>A number of shortfalls that require specific action to address</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 17-Jul-12	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.		<b>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 17-Jul-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 17-Jul-12	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.		<b>No short falls</b>

### **Anglican-Methodist South Canterbury Glenwood Home Trust Board**

**Date of audit: 29-Apr-11**

**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**

Glenwood Home is a rest home that is managed by the Anglican-Methodist South Canterbury Trust Board. The board retains oversight and guidance on service direction. Glenwood Home provides rest home care for up to 42 residents with a current occupancy of 40 residents. The manager has many years experience in aged care. She is supported by a care manager (registered nurse) that works 40 hours a week. The facility has a stable staff and turnover is low.

While Glenwood has recently implemented new policies and procedures and has commenced inputting data into a benchmarking programme, improvements continue to be required around establishing these systems further. Residents and relatives interviewed spoke very positively about the care and support provided by staff.

The following areas for improvements are required by the service and include; staff training, informed consent, open disclosure, quality system implementation, incident reporting, assessments, care plan interventions, medication transcribing, civil defence water supplies, and implementation of infection control audits.

## SUMMARY

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 attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Indicator	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.		<b>A number of shortfalls that require specific action to address</b>

<b>Organisational Management</b>	Indicator	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.		<b>A number of shortfalls that require specific action to address</b>

<b>Continuum of Service Delivery</b>	Indicator	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.		<b>A number of shortfalls that require specific action to address</b>

<b>Safe and Appropriate Environment</b>	Indicator	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.		<b>A number of shortfalls that require specific action to address</b>

<b>Restraint Minimisation and Safe Practice</b>	Indicator	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> <li>• Consumers receive and experience services in the least restrictive manner through restraint minimisation</li> <li>• Consumers requiring restraint receive services in a safe manner</li> <li>• Consumers requiring seclusion receive services in the least restrictive manner</li> </ul>		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Indicator	Assessment
Includes 6 standards which require: <ul style="list-style-type: none"> <li>• There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service.</li> <li>• There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation.</li> <li>• Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation 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.</li> <li>• The organisation provides relevant education on infection control to all service providers, support staff and consumers.</li> <li>• Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme.</li> </ul>		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

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| <ul style="list-style-type: none"><li>• Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.</li></ul> |  |  |
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## AUDIT RESULTS

### Consumer Rights

Glenwood provides information and discussion on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) to ensure residents and their family/whanau understand their rights and are able to raise concerns and access support services. Information about the Code of Rights and services is readily available to residents and families. There are implemented policies to support rights such as privacy, dignity, abuse / neglect, culture, values and beliefs, complaints, advocacy and informed consent. An improvement has been required for the service around providing regular training for staff around advocacy/consumer rights. There is a Maori Health plan. Spiritual, cultural, values and beliefs are considered by the service and included in care planning. Family members and residents at the service indicated that they were treated respectfully by staff and personal belongings were not shared.

### Organisational Management

The service has updated their policies, procedures, processes and systems and these support the provision of clinical care and support. The service has a current business quality and risk management plan 2010/2011. However ongoing improvements are required the implementation of the 2011 quality plan, including use of data to improve service, implementing the audit schedule, documenting action plans and using updated policies to guide practice. Health and safety policies, systems and processes are implemented to manage risk. The service collects a comprehensive set of data relating to adverse, unplanned and untoward events. Discussions with families identified that they are fully informed of changes in health status. Incident forms do not always demonstrate that family are contacted or that clinical follow up has occurred. 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 support. There is a comprehensive orientation programme and an in-service education programme that exceeds eight hours annually.

### Continuum of Service Delivery

The service has processes in place to ensure the assessed needs and outcomes/goals are documented and monitored in an ongoing manner. Care plans are developed by the registered nurses, they also have the responsibility for maintaining and reviewing care plans. Care plans are developed in consultation with residents and where appropriate family/whānau. Evaluations are conducted six monthly or as required and this supports monitoring of progress. There is a three monthly medical review undertaken by the medical practitioner. There are further improvements identified around the use of assessment tools.

There is a divisional therapist and activities co-ordinator employed by the service. The service activities programme is provided seven days a week and is designed to meet individual resident needs. The service has in place policies and procedures to guide staff at each stage of medication management. All staff administering medication are assessed for medication administration competency annually by the registered nurses. There is an improvement required around transcribing of medications on the signing sheet. There is a large spacious kitchen off the dining room. Kitchen staff have completed food handling certificates. Residents with special dietary needs have their needs reviewed six monthly as part of the care planning process and these needs are identified in resident care plans. Special equipment is available.

### **Safe and Appropriate Environment**

The service has a current building certificate and maintenance is completed as required. There is enough room throughout the service for residents to mobilise safely. There are adequate numbers of toilets and showers with access to a hand basin and paper towels. Fixtures, fittings and floor and wall surfaces are appropriate for this environment. Communal toilets and showers are well signed and identifiable. Residents rooms are of sufficient space to allow care to be provided and for the safe use and manoeuvring of mobility aids. The service has two lounges and one dining area. Residents are able to access areas for privacy if required. Furniture is appropriate to the setting and arranged to allow residents to mobilise safely. Residents are encouraged to bring in their own furnishings for their rooms. Hot water temperature is monitored monthly at 45 degrees. The service has in place policies and procedures for effective management of laundry and cleaning practices. Laundry and cleaning processes are monitored for effectiveness. There is a designated area for the storage of cleaning and laundry chemicals. The service has implemented policies and procedures for civil defence and other emergencies. There is an improvement required around the storage of water for emergency use. Regular fire drills are completed and the annual training plan includes emergency training. General living areas and resident rooms are appropriately heated and ventilated.

### **Restraint Minimisation and Safe Practice**

There is a newly implemented restraint minimisation and safe practice policy that is applicable to the service. The service has no residents with restraint and one with an enabler. Challenging behaviour and restraint training has been provided.

### **Infection Prevention and Control**

There is a newly implemented infection control manual (December 2010) that is appropriate for rest home level care. The infection control coordinator and committee are responsible for the planning and implementation of infection control practices throughout the facility. There are identified links to external specialists. The infection control coordinator is responsible for providing education and training to staff in conjunction with an infection control specialist. Training has been provided to staff annually. There is a surveillance policy and appropriate surveillance for all infections. Infection rates are analysed and any trends, increases or improvements are documented. Staff are informed of infection rates at monthly staff meetings.

Multi-resistant organisms are included as part of the surveillance. There has been an improvement identified around recommencing the internal infection control audits.