

Anglican-Methodist South Canterbury Glenwood Home Trust Board

CURRENT STATUS: 06-May-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

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 40 residents. The manager and has been in the role for four years. The manager is supported by the clinical care manager (registered nurse), two registered nurses and care staff. There is an established quality and risk programme. Staff interviewed and documentation reviewed identify that the service has made a number of improvements since previous audits. The care services promote the residents' individuality and independence. Family and residents interviewed all spoke very positively about the care and support provided. Improvements are required whereby: corrective actions are identified, implemented and followed through, risk assessments are reviewed, RN completes follow-up of medical investigations, wound assessment tool is fully utilised, referral to allied health and specialist services are instigated in a timely manner, and aspects of medication management are documented.

AUDIT SUMMARY AS AT 06-MAY-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 06-May-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 06-May-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.		Some standards applicable to this service partially attained and of low risk

Continuum of Service Delivery	Day of Audit 06-May-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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Safe and Appropriate Environment	Day of Audit 06-May-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 06-May-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 06-May-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.		Some standards applicable to this service partially attained and of low risk

AUDIT RESULTS AS AT 06-MAY-13

Consumer Rights

Glenwood home strives to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights. Information about the code of rights and services is easily accessible to residents and families. Policies are implemented to support residents' rights. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Informed consent processes are followed and residents' clinical files reviewed evidence informed consent is obtained. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns are actively managed and well documented.

Organisational Management

Glenwood home is managed by a qualified and experienced manager - with clinical oversight provided by a clinical care manager and part time registered nurse. The facility manager and clinical care manager are responsible for the implementation of the quality and risk management programme. The quality and risk management programme includes service philosophy, goals and a quality planner. Key components of the quality management system link to monthly management meetings and monthly staff meetings. Residents are surveyed at two monthly meetings and resident and family satisfaction surveys are completed annually. Health and safety policies, systems and processes are implemented to manage risk. There is an improvement required whereby corrective actions are identified, implemented and followed through following audits.

Discussions with families identified that they are fully informed of changes in health status. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. 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.

Continuum of Service Delivery

There is a needs assessment completed prior to entry to Glenwood. Systems are implemented that evidence each stage of service provision (assessment, planning, provision, evaluation, review and exit) has been developed with resident and/or family input and is coordinated to promote continuity of service delivery. Resident and family interviews confirm their input into care planning, care evaluations and access to a typical range of life experiences and choices. Documentation and observations made of the provision of services and/or interventions demonstrate that consultation and liaison is occurring with other services and residents interviewed confirm that interventions noted in their care plans are consistent with meeting their needs. Sampling of residents' clinical files validates the service delivery to residents. Evaluations of care plans are within stated timeframes and reviewed more frequently if a resident's condition changes and this is noted on a short term care plan. Improvements are required whereby all risk assessments are reviewed, RN completes follow-up of medical investigations, wound assessment tool is fully utilised, referral to allied health and specialist services is instigated in a timely manner

Planned activities are appropriate to the group setting. Residents and family interviewed confirm satisfaction with the activities programme.

An appropriate medicine management system is implemented. Policies and procedures record service provider responsibilities. Staff responsible for medicine management have attended in-service education on medication management and have current medication competencies. Policy on residents who wish to self-administer medicines is recorded. An improvement is required around medication documentation.

A central kitchen and on site staff provide the food service for the home. Kitchen staff have completed food safety training. Residents' individual needs are identified, documented and reviewed on a regular basis.

Safe and Appropriate Environment

All building and plant comply with legislation. There is a maintenance person and preventative maintenance programme including equipment and electrical checks. There are adequate numbers of toilets and showers across the facility with access to a hand basin and paper towels. All upstairs rooms have en-suites with four bedrooms downstairs sharing a communal shower and two toilets. Fixtures, fittings and floor and wall surfaces are made of accepted materials for this environment. Residents rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in en-suites. The lounge areas are spacious. Activities occur in the main lounge dining area. Furniture is arranged to ensure residents are able to move freely and safely in all areas. The organisation provides housekeeping and laundry policies and

procedures. Regular fire drills are completed. Emergencies and first aid are included in the training programme. There is a civil defence kit for the whole facility. Call bells are evident across the facility in resident's rooms, lounge areas, and toilets/bathrooms.

Restraint Minimisation and Safe Practice

Documentation of policies and procedures and staff training demonstrate residents are experiencing services that are the least restrictive. There were no residents requiring restraint or enabler use at the facility on audit day.

Infection Prevention and Control

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and also as part of the on-going in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. Improvements are required whereby the IC nurse attends regular education, and all infections are captured in the surveillance data.