

# Anglican-Methodist South Canterbury Glenwood HomeTrust Board - Glenwood Home

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## Introduction

This report records the results of a Partial Provisional Audit; 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](#).

The specifics of this audit included:

**Legal entity:** Anglican-Methodist South Canterbury Glenwood HomeTrust Board

**Premises audited:** Glenwood Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 4 May 2016 End date: 5 May 2016

**Proposed changes to current services (if any):** The service is adding hospital level to their current certification. Partial provisional audit conducted to assess the conversion of 29 rest home only rooms to hospital / rest home dual-purpose beds

**Total beds occupied across all premises included in the audit on the first day of the audit:** 39

# Executive summary of the audit

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## 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
Yellow	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
Red	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

Glenwood Home is certified to provide rest home level of care for up to 42 residents. There were 39 residents at Glenwood on the days of audit.

The certification audit was conducted against the 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, family, management and staff.

A partial provisional audit was also conducted to verify the service is suitable to provide hospital level care. Twenty-nine resident rooms were reviewed as suitable for dual purpose (hospital and rest home level care). The audit process included a review of proposed staffing and rosters, assessment of the resident rooms and communal areas, review of medication management systems and kitchen facilities.

The facility manager works full time. She is supported by a clinical manager with considerable experience in aged care, who has been in the role for a year. The service has an established quality and risk management system. Residents, families and the general practitioner interviewed commented positively on the standard of care and services provided at Glenwood.

The following improvements have been identified as part of the partial provisional audit including: recruitment of staff, orientation of staff and additional training for staff around caring for residents with a higher level of need would be required.

## 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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Glenwood provides individualised care and support to resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the Code and related services is readily available to residents and families. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community.

## 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.		Some standards applicable to this service partially attained and of low risk.
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Glenwood has a fully implemented, robust, quality and risk system in place. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation and training programme that provides staff with relevant information for safe work

practices. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Partial Provisional: The service has developed proposed rosters for increasing staffing requirements in line with the change in resident acuity.

## 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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Certification: Residents are assessed on entry to the service. There are entry and admission procedures in place, which include interRAI assessments. Care plans are developed by the registered nurse who also has the responsibility for maintaining and reviewing care plans. Care plans reviewed were individually developed with the resident and family/whānau involvement is included where appropriate and evaluated six monthly or more frequently when clinically indicated. The medication management system in place follows recognised standards and each resident is reviewed at least three monthly by their general practitioner. A range of individual and group activities is available and coordinated by the diversional therapist. All meals are prepared on-site. There is a seasonal menu in place, which is reviewed by a dietitian. Residents' food preferences are accommodated and the residents and relatives report satisfaction with the food service.

Partial provisional: The existing medicine management system and the food service will accommodate the change in service levels. No changes are planned to either system.

## 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.
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Certification: There is a current building warrant of fitness. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. Residents can and do bring in their own furnishings for their rooms. There is a lounge and dining area and other seating areas throughout the facility. Furniture is appropriate to the setting and arranged that allows residents to mobilise easily. The residents in the lower ground floor have easy access to outside. There is also stair and lift access to the main floor.

There is a designated laundry, which includes storage of cleaning and laundry chemicals. Chemicals are stored in a locked storage cupboard. The service has implemented policies and procedures for civil defence and other emergencies. A BBQ is available in the event of a power failure. Communal living areas and resident rooms are appropriately heated and ventilated. Residents have access to natural light in their rooms and there is adequate external light in communal areas. External garden areas are available with suitable pathways, seating and shade provided.

Partial provisional: The facility has 29 rooms that are appropriate for hospital level care residents. All of the rooms have a shared ensuite that is large enough to accommodate hospital level residents with mobility aids. There is sufficient space to accommodate the entertainment, recreational and dining needs for the additional residents in the existing lounges and dining room.

There will be no change to existing laundry and housekeeping staff and practices, which have dedicated staff. The existing electronic call system is appropriate for hospital level care. All rooms have access to external light and there are appropriate heating and ventilation systems in place.

## 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.
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Restraint minimisation is practiced and overseen by the clinical manager (registered nurse). There are no residents using enablers or restraints.

## 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.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The registered nurse is the infection control coordinator. There are infection control policies and guidelines that meet infection control standards. Staff receive annual infection control education. Surveillance data is collected and analysed for trends.

## 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)
<b>Standards</b>	0	44	0	1	0	0	0
<b>Criteria</b>	0	90	0	3	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Glenwood Home has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Three caregivers, the activities person, one registered nurse (RN) and one clinical manager were able to describe how they incorporate resident choice into their activities of daily living. The service actively encourages residents to have choices and this includes voluntary participation in daily activities as confirmed on interview with six residents.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has in place a policy for informed consent and resuscitation, which meets the requirements of the Code of Health and Disability Services Consumers Rights. There are signed general consents including outings on seven resident files reviewed. Resuscitation treatment plans and advance directives were appropriately signed in the files reviewed.</p> <p>Discussions with staff confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p>

		Discussion with relatives confirmed that the service actively involves them in decisions that affect their relative's lives
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Advocacy information is available to resident in the service entrance. Interviews with residents and family confirmed they were aware of their right to access advocacy.</p> <p>Residents confirm that the service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the residents' family. Staff training in Code of Rights and advocacy has been provided.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Interview with residents confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged wherever possible to maintain former activities and interests in the community. They are supported to attend community events, clubs and interest groups in the community.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>There is a complaints policy to guide practice, which aligns with Right 10 of the Code. The facility manager leads the investigation of concerns/complaints. Complaints forms are visible and available for relatives/residents. A complaints procedure is provided to residents within the information pack at entry. The complaints file was reviewed; there is an up-to-date complaints register. Five complaints from 2015 and one from 2016 were reviewed; all document that appropriate and timely responses have been documented.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There is a welcome pack provided to residents on entry that includes information on how to make a complaint, Code of Rights pamphlet, advocacy and Health &amp; Disability (HDC) Commission. Relatives and residents are informed of any liability for payment of items not included in the scope of the service. This is included in the service agreement. Residents and three family members interviewed confirmed they received all the relevant information during admission.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a</p>	FA	<p>There are policies in place to guide practice in respect of independence, privacy and respect. Resident preferences are identified during the admission and care planning process with family involvement. Staff were observed to be respectful of residents' personal privacy by</p>

<p>manner that has regard for their dignity, privacy, and independence.</p>		<p>knocking on doors prior to entering resident rooms during the audit. Residents interviewed confirmed staff respect their privacy and support residents in making choice where able. Staff have completed education around privacy, dignity and elder protection.</p> <p>Resident files were stored securely. There are clear instructions provided to residents on entry regarding responsibilities of personal belonging in their admission agreement. Personal belongings were documented in seven resident files sampled.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>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.</p>	<p>FA</p>	<p>There is a Māori health plan and a cultural safety policy that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). There are no residents currently who identify as Māori. Linkages with Māori community groups are available and accessed as required. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Care plans sampled included the residents' values, spiritual and cultural beliefs. Six monthly reviews occur to assess if the residents needs are being met. Discussion with family and residents confirm values and beliefs are considered. Residents are supported to attend church services of their choice.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Job descriptions include responsibilities of the position and are in place for all roles within the service. The RN and allied health professionals practice within their scope of practice. Management and staff meetings include discussions on professional boundaries and concerns/complaints as they arise. Interviews with the facility manager, the clinical adviser, the registered nurse and care staff confirmed an awareness of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>There are robust policies and procedures in place that meet the Health and Disability safety sector standards. Staff state they are made aware of new/reviewed policies and sign to say they have read them. Staff report the manager and the registered nurse are approachable and</p>

		supportive. Allied health professionals are available to provide input into resident care. Staff complete relevant workplace competencies. The RNs have access to external training. Discussions with residents and family were positive about the care they receive.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. The facility manager and clinical manager confirm family are kept informed. Relatives stated they are notified promptly of any incidents/accidents. Resident meetings encourage open discussion around the services provided (meeting minutes sighted).</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required.</p>
<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>Certification: The Anglican-Methodist South Canterbury Glenwood Home Trust Board owns and operates Glenwood Home. The service provides care for up to 42 rest home level of care residents. On the day of audit, there were 39 residents, all under the ARCC agreement. There were no respite residents.</p> <p>The service has a business plan, which is reviewed annually. The business plan identifies the purpose, values and scope of the business and the inclusion of adding hospital services. The service has quality goals, which have been reviewed regularly. The facility manager has over 20 years' experience in health and has been in the role at Glenwood for three years. The manager is supported by an experienced clinical manager (registered nurse), with a background in aged care. On the day of audit a newly appointed facility manager was present and was commencing her orientation</p> <p>The manager has completed at least eight hours of professional development including regional provider meetings.</p> <p>Partial Provisional: The conversion of 29 rest home only rooms to hospital/rest home dual-purpose beds is documented in the current business and quality plan goals, as well as a specific and in-depth business and transition plan. Glenwood ownership and management structure will continue but with a new facility manager. The current manager is well supported by the board and clinical adviser and this will</p>

		continue. The manager reports to the board on matters relating to occupancy and finances.
<p><b>Standard 1.2.2: Service Management</b></p> <p>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.</p>	FA	<p><b>Certification:</b> The clinical manager provides cover in the absence of the manager as required. An externally contracted clinical adviser (registered nurse) provides support and advice to the service.</p> <p><b>Partial Provisional:</b> The service is in the process of employing additional registered nurses (RNs) to ensure that a registered nurse will be on duty each shift (link1.2.8.1). The service currently employs two RNs. The clinical manager will continue to provide cover for the manager in her absence.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Glenwood has an established and robust quality and risk programme that is being implemented. The business plan and a specific business and transition plan includes the inclusion of hospital level care. The plan includes consideration of governance, staffing, recruitment, medication management, nutritional needs for the higher needs residents, environmental and equipment needs and infection control.</p> <p>There are annual reviews documented for activities, health and safety, risk management, complaints, infection control and medications. This information has been used to formulate ongoing business and quality plans.</p> <p>There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Staff confirmed they are made aware of any new/reviewed policies. Assessment policies have been updated to include reference to the use of the interRAI assessment tool. There are sufficient clinical policies/procedures to support hospital level care.</p> <p>The Glenwood board meet monthly and the facility manager attends the meeting and provides a monthly report.</p> <p>Monthly quality meeting minutes sighted evidence of staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. The service collates accident/incident and infection control data. Monthly comparisons</p>

		<p>include trends and graphs.</p> <p>Monthly staff meeting ensures all staff are fully informed. The registered nurse and three caregivers interviewed were aware of quality data results, trends and corrective actions.</p> <p>There is an internal audit programme that covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. A monthly summary of internal audit outcomes is provided to the quality meetings for discussion. Corrective actions are developed, implemented and signed off.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. The manager is responsible for health and safety education, internal audits and non-clinical accident/incident investigation. There is a current hazard register. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>There is a falls prevention and management policy in place and the service incorporates the South Canterbury falls prevention programme as part of its learning packages.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></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 manner.</p>	FA	<p>Six accident/incident forms for April 2016 were sampled. All accident/incident forms document RN review and follow up within a timely manner. Accidents/incidents were also documented in the resident progress notes and the care plan was updated as a result of acute health changes. There is documented evidence the family had been notified promptly of accidents/incidents.</p> <p>The service collects incident and accident data and reports aggregated figures to the quality and the health and safety meetings. Staff interviewed confirm incident and accident data is discussed at the staff meeting and information and graphs are made available.</p> <p>Discussions with the manager confirm an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the</p>	PA Low	<p>Certification: There are human resources policies to support recruitment practices. Seven staff files sampled included all relevant employment documentation. Current practising certificates were sighted for the</p>

<p>requirements of legislation.</p>		<p>registered nurses. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment.</p> <p>There is an education planner in place that covers compulsory education requirements over a two-year period. The RNs have completed interRAI training. Clinical staff complete competencies relevant to their role. The clinical manager has completed syringe driver training.</p> <p>Partial Provisional: The manager advised that existing part-time care staff would be offered extra shifts in the proposed roster. Further care staff will be recruited as resident numbers increase and as required. The service is in the process of employing additional registered nurses to ensure an RN is on every shift. Existing recruitment practices will be implemented in the procurement of new staff.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Certification: The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The manager and clinical manager are on-site full-time and available after-hours. A registered nurse is on duty Monday to Sunday. The clinical manager also provides after-hours on call. The caregivers, residents and family interviewed confirmed there are sufficient staff on duty at all times.</p> <p>Partial Provisional: The proposed roster for the change in residents to include hospital level care, includes the addition of RNs to cover the PMs and night shifts and weekends (there is already at least one RN for the AM shift Monday to Friday). Additional caregivers will be employed as the numbers of hospital level residents increase. The service has a proposed roster in place and a staffing rational to ensure that appropriate staffing is in place (link 1.2.7.3 for staff appointments).</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The resident files are appropriate to the service type. All relevant initial information is recorded within required timeframes into the resident's individual record. All resident records containing personal information is kept confidential. Entries were legible, dated and signed by the relevant</p>

		caregiver or registered nurse including designation. Files are integrated.
<p><b>Standard 1.3.1: Entry To Services</b></p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>There is a policy in place to guide resident admissions. Needs assessments are required prior to entry to the facility. The service communicates with needs assessors and other appropriate agencies prior to the resident's admission regarding the level of care requirements. There is an information pack provided to all residents and their families on services available. Residents and or family/whānau are provided with associated information (e.g., information on their rights, the Code, complaints management, advocacy and the admission agreement). Family members and residents interviewed stated that they had received the information pack and had received sufficient information prior to and on entry to the service. The current version of the admission agreement aligns with the expectations in the aged residential care agreement and includes exclusions from the service.</p>
<p><b>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</b></p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The service has transfer and discharge policies and procedures in place. The procedures include appropriate documentation to manage information during transfer and discharges. All residents transferred or discharged are noted on interRAI by the registered nurse.</p>
<p><b>Standard 1.3.12: Medicine Management</b></p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Certification: The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All residents have individual medication orders with photo identification and allergy status documented. The service uses a four weekly blister pack system for tablets and other medicines are pharmacy packaged. All medicines are stored securely when not in use. Controlled drugs are supplied weekly when prescribed and managed according to the guidelines. A verification check is completed by the RN against the resident's medicine order when new medicines are supplied from the pharmacy. Medication orders include indications for use of 'as needed' medicines. Short life medications (i.e., eye drops and ointments) are dated once opened. Education on medication management has occurred with competencies conducted for the registered nurse and senior caregivers with medication administration responsibilities. Administration sheets are appropriately signed. Fourteen medication charts reviewed identified that the GP had seen the resident three monthly and the</p>

		<p>medication chart was signed each time a medicine was administered by staff. The registered nurse was observed administering medications and followed correct procedures. Three residents self-administer medicines. They have access to secure storage in their rooms. Staff check each shift that these residents have safely self-administered their medications and record this on the medication administration sheet. Residents/relatives interviewed stated they are kept well informed of any changes to their medications.</p> <p>Partial provisional: There is an established medicines management system in place. There are policies and procedures in place for safe medicine management that meet legislative requirements. There is a dedicated medicine room and medicines trolley. The existing system will be capable of accommodating the change in service levels.</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>	<p>FA</p>	<p>Certification: There is a fully equipped commercial kitchen, which is located centrally in the rest home. The majority of food is prepared and cooked on-site. There is one cook who works Monday to Friday (interviewed) and there is a weekend cook. There is a kitchen assistant in the morning and a tea shift person to serve and manage the evening meal. The main meal of the day is served at lunchtime. All kitchen staff have completed food safety training. There is a five weekly rotating menu in operation. The menu was last reviewed by a dietitian in September 2015 and the dietitian has recommended actions that have since been implemented. A food services manual is available to ensure that all stages of food delivery to residents comply with standards, legislation and guidelines. All fridges and freezer temperatures are recorded daily on the recording sheet sighted. Food temperatures are recorded daily. All food is served directly from the kitchen to residents in the dining room or to their rooms as required. A tray service is available if required by residents. All food in the freezer and fridge is labelled and dated. Food procurement occurs from commercial operators. Kitchen waste is collected by commercial operators. All residents have a nutritional profile developed on admission, which identifies their dietary requirements, likes and dislikes. This profile is reviewed six monthly as part of their care plan review. Changes to residents' dietary needs are communicated to the kitchen staff. Special diets can be catered for and currently the kitchen is catering for a resident who prefers gluten-free meals. Alternative meals can be accommodated if needed. Resident's</p>

		<p>weights are recorded routinely each month or more frequently if required. Residents and relatives interviewed reported satisfaction with food choices and meals, which were well presented. There is a cleaning schedule in place.</p> <p>Partial provisional: There is an established system in place, which will be able to accommodate the change in service level.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>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.</p>	FA	<p>The service has a process for declining entry should this be necessary. This includes informing persons and referrers (as applicable) the reasons why the service has been declined. Management have not had to decline entry to prospective rest home residents. The reason for declining service entry to residents would be recorded and communicated to the resident/family/whānau and alternative options suggested if appropriate.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>An initial nursing assessment and initial care plan is completed within 24-hours of admission by the registered nurse. Personal needs, outcomes and goals of residents are identified. There are a range of assessment tools completed on admission and reviewed six monthly or earlier if the resident's health status changes. All new residents admitted have an interRAI assessment completed within 21 days of admission. Assessment process and the outcomes are communicated to staff at shift handovers and through the clinical record. The assessment tools link to the individual care plans, which include interRAI outcome scores. The general practitioner completes a medical admission within two working days. All residents and relatives interviewed were satisfied with the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The initial care plan is developed from the initial interRAI assessment process and the needs identified by the registered nurse in consultation with staff. Comprehensive long- term care plans are individually developed with the resident and/or family/whānau. Residents and family members interviewed stated they were involved in the care planning process. All resident comprehensive long-term care plans reviewed were evidenced to be up to date. Nursing diagnosis, goals and outcomes were identified. Care plans reviewed were individualised for each resident. All care plans reviewed recorded sufficient detail to guide care staff. Activities care plans were completed for all files reviewed.</p>

		Residents have been seen by the GP at least three monthly or more frequently if required. The GP records progress in the medical records and notes reviews on the resident's medicine management charts. Short-term care plans were being used for acute changes in health status.
<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>Service delivery is guided by the resident's plan of care. The interRAI assessment process informs the development of the care plan. Care plans are goal orientated and reviewed at six monthly intervals. The three caregivers, one clinical manager and one registered nurse interviewed stated that they have sufficient equipment and supplies to provide care. Resident weights were noted to be monitored monthly or more frequently if necessary.</p> <p>There are currently two residents with wounds. Assessment and management plans were in place for both residents. There was evidence of input from the GP and the DHB clinical nurse specialist who provides on-site advice and oversees the treatment regime for one complex wound. The resident was interviewed and was happy with the current management plan.</p> <p>Specialist nursing advice is available from the DHB as needed. All falls are reported on the resident accident/incident form and reported to the registered nurse and clinical manager. A falls risk assessment is completed on admission and reviewed at least six monthly or earlier should there be an increased falls risk. A physiotherapist is available two days during the week to assist with mobility assessments and the exercise programme.</p> <p>Residents and family members interviewed confirmed their satisfaction with care delivery.</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, and the setting of the service.</p>	FA	<p>There are two staff employed who is responsible for the planning and delivery of the individual and group activities programme with assistance from staff. There are 49 hours per week allocated to organised activities.</p> <p>Group activities are provided in the large communal dining room, in seating areas and outdoors in the gardens when weather permits.</p> <p>Individual activities are provided in resident's rooms or wherever</p>

		<p>applicable.</p> <p>On the days of the audit, residents were observed being actively involved with a variety of activities including external entertainers and the exercise programme. The group activities programme is developed monthly and a copy of the programme is available in the lounge, on noticeboards and in each resident room. The group programme includes residents being involved within the community with social clubs, churches and schools.</p> <p>The DT interviews each newly admitted resident on or soon after admission and takes a social history. This information is then used to develop a diversional therapy plan which is then reviewed six monthly as part of the interRAI and care plan review/evaluation process.</p> <p>A record is kept of individual resident's activities and monthly progress notes completed. The resident/family/EPOA as appropriate is involved in the development of the activity plan. There is a wide range of activities offered that reflect the resident needs. Participation in all activities is voluntary.</p> <p>Glenwood has its own van for transportation. The DT drives the van and has a current first aid certificate. Residents interviewed described weekly van outings, musical entertainment and attendance at a variety of community events.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Residents are reassessed using the interRAI process at least six monthly or if there has been a significant change in their health status. Long-term care plans are then evaluated and rewritten. There was documented evidence that care plan evaluations were current in resident files sampled. Care plan reviews are signed as completed by the RN. The GP reviewed residents three monthly or when requested if issues arise or their health status changes. The GP was not available to be interviewed on the day of the audit. The registered nurse interviewed explains the communication process with the GP. Short-term care plans were evident for the care and treatment of residents. Short-term care plans were in place for one resident with a skin tear, a resident who has a respiratory infection and residents with significant changes in medication.</p>

<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The service facilitates access to medical and non-medical services. The registered nurse interviewed confirms that residents, family and the resident's GP are informed of any referrals made directly to other nursing services or the needs assessment team. Referrals to medical specialists are made by the GP in consultation with the registered nurse and clinical manager. Relatives and residents interviewed stated they are informed of referrals required to other services and are provided with options and choice of service provider where applicable.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Certification: There are policies and procedures in place for waste management. Residents, staff and visitors are protected from harm through safe practice. There is an approved system in place for the safe disposal of sharps. Chemicals are labelled with manufacturer labels. There are designated areas for storage of chemicals and chemicals are stored securely. Laundry and sluice rooms are locked when not in use. Product use information is available. Protective equipment including gloves, aprons and goggles are available for use by staff. Staff interviewed were familiar with accepted waste management principles and practices.</p> <p>Partial Provisional: There will be no changes to the existing waste management system, which will be able to accommodate hospital level care. There is a sluice and sanitiser already in place.</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>	<p>FA</p>	<p>Certification: The facility is on two levels, a lower ground for rest home level residents only. There is a current building warrant of fitness displayed. Assessment for hot water temperatures checks are conducted monthly.</p> <p>Medical equipment includes two sling hoists and a standing hoist, chair scales, blood pressure machine and thermometers. All electrical and mechanical equipment has been calibrated, tested and tagged.</p> <p>Communal areas are spacious and can accommodate resident with mobility aids. Toilet facilities are close to lounges and dining rooms.</p> <p>The service lower ground level is accessible by stairs or a lift. There is also access to the outside (the service is on the side of a hill).</p> <p>Partial Provisional: The service has 29 rooms (rooms 1- 16 and 19 to</p>

		31) that are suitable for hospital level care residents. All of the rooms are on the ground level. Each of the rooms have wide doors and all rooms are large enough to accommodate mobility equipment. The rooms have large, shared ensuite bathrooms. The rooms open onto wide corridors.
<p><b>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</b></p> <p>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.</p>	FA	<p><b>Certification:</b> All rooms are single rooms with a combination of full ensuite and shared ensuite bathrooms. The number of visitor and resident communal toilets provided is adequate. Hand washing and drying facilities are located adjacent to the toilets. Liquid soap and paper towels are available in all toilets. Fixtures, fittings, floor and wall surfaces are made of accepted materials to support good hygiene and infection prevention and control practices. The communal toilets and showers are well signed and identifiable and include vacant/engaged and in-use signs.</p> <p><b>Partial Provisional:</b> All of the proposed hospital level rooms have shared ensuite facilities. The bathrooms are large enough for mobility aids. There is also a larger communal bathroom available. The communal bathroom has an engaged signage on it. Staff and visitors will continue to use the existing toilet facilities.</p>
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p><b>Certification:</b> The rooms are spacious enough to meet the assessed needs of residents. Residents are able to manoeuvre mobility aids around their bed and personal space areas. All beds are of an appropriate height for the residents. Caregivers interviewed report that rooms have sufficient room to allow cares to take place. Bedrooms are personalised.</p> <p><b>Partial provisional:</b> The rooms can accommodate residents' personal needs and mobility aids as needed.</p>
<p><b>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</b></p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p><b>Certification:</b> There is a large lounge and dining room and other seating areas, which are used for activities, recreation and dining. The room is spacious and located directly off the kitchen/servery area. All areas are easily accessible for residents. The furnishings and seating are appropriate. Residents were seen to be moving freely both with and without assistance throughout the audit. Residents interviewed report they can move around the facility and staff assist them if required.</p>

		Partial Provisional: There is sufficient space to accommodate the additional residents for communal entertainment, recreation and dining. There are multiple sitting areas throughout the facility.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Certification: There are documented systems for monitoring the effectiveness and compliance with the service's policies and procedures. There is a separate laundry area where all linen and personal clothing is laundered by the laundry staff. Staff attend infection prevention and control education and there is appropriate protective clothing available. Housekeeping staff are employed separately to care and laundry staff. Manufacturer's data safety charts are available for reference if needed in an emergency. Residents and family interviewed report satisfaction with the laundry service and cleanliness of the facility.</p> <p>Partial provisional: There will be no change to existing laundry and housekeeping practices and staffing.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Certification: The service has a fire and emergency procedures manual and an approved fire evacuation plan in place. Fire drills are undertaken six monthly. There is currently a trained person with a first aid certificate on each shift. Fire safety training has been provided. There is an electronic call bell system in place. A civil defence kit is stocked and checked monthly. Water is stored, sufficient for at least three days. Alternative heating and cooking facilities are available. Emergency lighting is installed. Staff conducts checks of the building in the evenings to ensure the facility is safe and secure. The facility has a mix of gas and electric hot water. There are emergency management plans in place to ensure health, civil defence and other emergencies are included.</p> <p>Partial Provisional: The existing electronic call system is appropriate for hospital level care. There is no change required to the existing emergency management plan.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Certification: All communal and resident bedrooms have external windows with plenty of natural sunlight. The facility is heated. The general living areas and resident rooms were appropriately heated and ventilated on the day of audit. Residents and family interviewed state the environment is comfortable.</p>

		Partial Provisional: There will be no change to current heating and ventilation needed.
<p><b>Standard 3.1: Infection control management</b></p> <p>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.</p>	FA	<p>The registered nurse is the infection control coordinator. The infection control coordinator's job description has identified delegated responsibility for infection control within the service. The infection control coordinator provides a monthly report to management and staff. The infection control programme has been reviewed in February 2016.</p> <p>Visitors are asked not to visit if they have been unwell. Influenza vaccines are offered to residents and staff. There are hand sanitisers throughout the facility and adequate supplies of personal protective equipment. There have been no outbreaks.</p> <p>Partial Provisional: The infection control team consists of the manager, the registered nurse and the clinical manager. The infection control team will remain in place with the change in service levels and remains appropriate to the size and scope of the service provided.</p>
<p><b>Standard 3.2: Implementing the infection control programme</b></p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>Infection control is managed by the infection control coordinator (registered nurse). The infection control coordinator has maintained current knowledge of infection prevention and control. The infection control coordinator has access to infection control personnel within the district health board, laboratory services and the GP.</p>
<p><b>Standard 3.3: Policies and procedures</b></p> <p>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.</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. The policies have been reviewed.</p>
<p><b>Standard 3.4: Education</b></p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The IC coordinator has completed training through IFC training through Canterbury SCL. Infection control education has been provided in the past year. Staff</p>

		<p>receive education on orientation and one-on-one training as required.</p> <p>Resident education occurs at resident meetings such as use of sanitisers and hand washing. Hand hygiene posters have been placed in all resident toilet areas.</p>
<p>Standard 3.5: Surveillance</p> <p>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. Definitions of infections are in place appropriate to the complexity of service provided. The infection control coordinator collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility including training needs. Care staff interviewed were aware of infection rates. Systems are in place that are appropriate to the size and complexity of the facility. There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint minimisation is practiced. An annual restraint minimisation review has been completed. The clinical manager oversees the restraint process within the facility. There are policies around restraint, enablers and the management of residents who may exhibit behaviours that challenge. The service remains restraint-free and no enablers are in use. There is a restraint policy that guides staff should restraint be required.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.	PA Low	Partial provisional: The service is in the process of employing additional RNs and caregivers to accommodate the higher level of care.	The additional RNs and caregivers are not yet employed for hospital services.	Ensure appropriate staffing is in place including RNs to cover 24/7.  Prior to occupancy days
Criterion 1.2.7.4 New service providers receive an orientation/induction programme that covers the essential components of the service provided.	PA Low	The service has an existing process for orientation of new staff; new staff will be orientated as per the existing service process. The service is planning an orientation training day for new staff and will cover all compulsory education requirements e.g. fire, skin care, medication, IC, health and safety There are specific competencies for RNs such as for	Partial provisional: New staff to cover adding hospital services are yet to be orientated.	Ensure new staff employed has an orientation appropriate to their role.  Prior to

		PEG, IC and medications.		occupancy days
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	<p>The service has an in-depth training programme in place for all staff, however, this is directed at rest home level care. The service has planned additional training for caregivers to ensure their readiness for residents requiring a higher level of care.</p>	<p>Partial provisional: The additional training for caregivers around caring for resident with higher level of care has yet to be provided, including but not limited to: manual handling and turning residents, pressure injury prevention, end-of-life, continence, and care of catheters.</p>	<p>Ensure all staff are trained to care for higher needs residents.</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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 of this audit.

No data to display
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End of the report.