

Kyber Health Care Limited - Glenbrae Gardens

Introduction

This report records the results of a Provisional 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: Kyber Health Care Limited

Premises audited: Glenbrae Gardens

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 23 May 2019 End date: 23 May 2019

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 17

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

General overview of the audit

Glenbrae Rest Home provides rest home level care for up to 18 residents. On the day of audit there were 17 residents.

This provisional audit was completed to assess the suitability and preparedness of the prospective new owner. The provisional audit was conducted against the health and disability standards and the contract with the district health board. The audit process included the review of existing policies and Glenbrae Rest Home procedures, the review of resident and staff files, observations and interviews with residents, staff and management.

The service has two owners. One owner is a registered nurse and is the nurse manager, and the other owner is the business manager. Both provide after-hours support. The owners are supported by a team of experienced long serving care staff.

The prospective new owner currently manages and owns another aged care facility in Invercargill and a younger persons disabled facility in Temuka. The new owners provided a transition plan and reported there are no changes planned to existing policies at this time. The prospective owners (non-clinical), reported all caregiving staff will remain in place following the purchase. A

registered nurse will be rostered on five days a week to provide clinical oversight. The expected settlement date is 14 June 2019. The DHB is aware of the pending change of ownership.

This provisional audit did not identify any areas for improvement.

Consumer rights

Glenbrae Rest Home provides care in a way that focuses on the individual resident. The service identifies the residents' personal needs, culture, values and beliefs at the time of admission. Information about services provided is readily available to residents and families/whānau. The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. There is a policy to support individual rights. 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 community.

Organisational management

Glenbrae Rest Home is implementing a quality and risk management system that supports the provision of clinical care. Policies and procedures are maintained by the nurse manager and business manager who jointly ensures they align with current good practice and meet legislative requirements. Quality data is collated for infections, accident/incidents, concerns and complaints and internal audits surveys. The health and safety programme meets current legislative requirements. There are human resources policies including recruitment, job descriptions, selection and orientation. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an annual education/training schedule. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

The nurse manager is responsible for all aspects of care planning. All resident files reviewed had an initial assessment completed on admission. All interRAI assessment and reassessments have been completed within expected timeframes. All care plans and evaluations have been developed and evaluated within required timeframes. Residents and the relative interviewed confirmed they have input to the care planning process.

The diversional therapist provides activities which are relevant and meaningful to residents. The residents interviewed spoke positively about the activities on offer.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. The general practitioner reviews medications three-monthly.

All meals and baking are cooked on site. Individual dietary requirements are accommodated. Residents were complimentary of the meals provided.

Safe and appropriate environment

The building has a current warrant of fitness. There is a preventative and planned maintenance schedule in place. Chemicals are stored safely throughout the facility. There are four shared rooms in Glenbrae. There are adequate numbers of communal toilets and showers. There is enough space to allow the movement of residents around the facility. The hallways and communal areas were spacious and accessible. The outdoor areas were safe and easily accessible. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is a person on duty at all times with first aid training. Housekeeping staff maintain a clean and tidy environment. All laundry services are managed on-site.

Restraint minimisation and safe practice

The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers. There were no residents with restraint or enablers at the time of the audit. Staff have received education and training in restraint minimisation and managing challenging behaviours.

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 reviewed annually and meets the needs of the service. The infection control coordinator has attended external education. Relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	45	0	0	0	0	0
Criteria	0	93	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	<p>FA</p>	<p>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. Staff interviewed (one nurse manager, one business manager, two caregivers, one diversional therapist) could describe how the Code is incorporated into their everyday delivery of care. Staff receive training about the Code during their induction to the service.</p> <p>Interview with the prospective owner confirmed their understanding of the consumer rights and their obligations to ensure the Code of Health and Disability Services Consumers' Rights and the Nationwide Health and Disability Advocacy Service information is clearly displayed and easily accessible to anyone to whom the information is relevant.</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</p>	<p>FA</p>	<p>There are established informed consent policies/procedures and advanced directives. General consent is included in the admission agreement. Specific consents are obtained for specific procedures such as influenza vaccine. Residents interviewed confirmed staff ask</p>

<p>choices and give informed consent.</p>		<p>permission prior to attending to cares. An informed consent policy is implemented. There are four shared rooms at Glenbrae, four unrelated residents sharing two of the rooms have signed consents in place and have been sharing together for a number of years.</p> <p>Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The caregivers (CG) interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>Resuscitation status had been signed appropriately. Advance directives were signed for separately, identifying the resident's wishes for end of life care.</p> <p>All five resident files reviewed had signed admission agreements on file.</p>
<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>	<p>FA</p>	<p>Residents and families are provided with information about the Nationwide Health and Disability Advocacy Service. Advocacy pamphlets are available in the information folder in each resident's room. Caregivers interviewed were aware of the resident's right to advocacy services and how to access the information. Resident advocates are identified on admission. Interviews with residents and a family member confirmed that they are aware of their right to access advocacy.</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>	<p>FA</p>	<p>The service maintains key linkages with other community and external groups including kindergartens, churches and schools. Visiting arrangements are suitable to residents and family/whānau. Families and friends are able to visit at times that meet their needs. Discussion with staff, residents and relatives, determined that residents are supported and encouraged to remain involved in the community.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood,</p>	<p>FA</p>	<p>There is a complaints policy to guide practice, which aligns with Right 10 of the Code. The manager leads the investigation of any concerns/complaints in consultation with the support of the quality</p>

<p>respected, and upheld.</p>		<p>manager and RNs as required, for clinical concerns/complaints. Complaints forms are available in each residents' room. A complaints procedure is provided to residents within the information pack at entry. A complaints register is maintained. There have been two complaints made since the last audit. Appropriate action has been taken within the required timeframes and to the satisfaction of the complainants. Corrective actions were implemented and followed up. Residents and family interviewed are aware of the complaints process.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.</p>	<p>FA</p>	<p>Details relating to the Code are included in the resident information folder that is provided to new residents and their family. This information is available from the nurses' station at the main entrance. A manager discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are held during the three-monthly resident/family meetings. Eight residents and one family member interviewed, reported that the residents' rights are being upheld by the service and that they received sufficient information to be able to make informed choices on matters that affect them.</p> <p>The prospective new owner currently owns and manages another facility and is knowledgeable in the Health & Disability Commissioner Code of Rights and applies the code of rights in practice in their current role.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The residents' personal belongings are used to decorate their rooms. Two caregivers interviewed, reported that they knock on bedroom doors prior to entering rooms. Care staff confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and family interviewed and observations during the audit, confirmed that the residents' privacy is respected. Guidelines on abuse and neglect are documented in policy. Staff have received training around abuse and neglect. There were four double bedrooms that each had privacy curtains installed. Spiritual needs are identified, and church services are held.</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>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents. The service has access to a cultural advisor from a local Māori advocacy group. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. At the time of the audit there were no residents in the service who identified as Māori.</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>	FA	<p>The service identifies the residents' personal needs, culture, values and beliefs at the time of admission. This is achieved in collaboration with the resident, whānau/family and/or their representative. Beliefs and values are incorporated into the residents' care plans in resident files reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also described in job descriptions. Interviews with the caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregiver's role and responsibilities. Professional boundaries are reconfirmed through education/training sessions, staff meetings and performance management if there is infringement with the person concerned. Caregivers are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Interviews with two caregivers and a diversional therapist could describe how they build a supportive relationship with each resident.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The team are committed to providing services of a high standard, based on the service philosophy of care. This was observed during the day, with the staff demonstrating an inclusive and caring attitude to the</p>

		<p>residents. Residents and family interviewed stated they are very happy with the level of care provided. The service has implemented policies and procedures that are reviewed by management two yearly and as required. The policies and procedures meet legislative requirements. Caregivers interviewed stated there are care guidelines in place to guide the delivery of care to residents. They receive a verbal handover from the nurse manager or the senior caregiver and there is a daily handover sheet that details any significant events.</p> <p>The prospective owner stated that they will continue with best practice at Glenbrae Rest Home.</p>
<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. There is an information pack in each room which contains a range of information regarding the scope of service provided to the resident and their family on entry, and any items they have to pay for that is not covered by the agreement. The information pack is available in large print and advised that this can be read to residents. Interpreter services are available as required. Residents and family interviewed, confirmed the admission process and agreement was discussed with them and they were provided with adequate information on entry. Nine incident forms reviewed for March and April identified family were notified following a resident incident or not, according to documented preferences. Discussions with caregivers identified their knowledge around open disclosure. The family member interviewed confirmed they are notified of any incidents/accidents. There are resident meetings held three-monthly with the opportunity for feedback on the services.</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>Glenbrae Rest Home is owned and operated by the clinical manager and the business manager. The service is certified to provide rest home level care for up to 18 residents with 17 residents on the day of audit. There was one resident on an ACC contract and one respite resident on the day of audit. The clinical manager is experienced in aged care and has been in the role for the past 25 years. She maintains an annual practicing certificate. She is supported by the business manager. The business manager and nurse manager have each maintained at least</p>

		<p>eight hours annually of professional development.</p> <p>There is a documented business plan and a health and safety improvement plan which are reviewed annually. They include the quality and risk management programme, mission statement and philosophy. The service has an annual audit schedule to monitor service goals and services delivered. Quality data is collected, analysed and communicated to staff via the staff meetings.</p> <p>The prospective new owners (interviewed by phone), own and have been managing an aged care facility in Invercargill for over four years. The prospective owners have also owned a certified residential disability care facility since 2015. The new owners have a comprehensive understanding of compliance and keep up-to-date on legislative requirements. The existing caregivers will remain employed under the prospective new ownership who will jointly take on management roles and provide guidance and support as required. There are four registered nurses from the prospective owners Invercargill based facility who will rotate on a weekly basis and provide clinical oversight, support and on call with the backup of the new owners for non-clinical concerns.</p> <p>The expected settlement date is 14 June 2019. The DHB is aware of the pending change of ownership. The transition plan confirms there are no proposed changes to management or clinical systems, policies or procedures at this time. The prospective new owner will continue current memberships with established professional bodies.</p>
<p>Standard 1.2.2: Service Management</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>During the temporary absence of the owners, the facility manager at the other Invercargill facility or registered nurses will undertake the role of manager. The RNs are also available to support the owner/managers as required. The new managers have extensive experience in aged care management.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous</p>	FA	<p>Glenbrae Rest Home has a quality and risk programme that is being implemented and includes quality goals for 2019. Policies and procedures are reviewed biannually by the two owner managers, who review policies to ensure they align with current good practice and meet</p>

<p>quality improvement principles.</p>		<p>legislative requirements. Staff confirmed they are made aware of any new/reviewed policies. Progress with the quality and risk management programme is being monitored through monthly combined staff (includes health and safety, quality and infection control) meetings. Minutes for all meetings have included actions to achieve compliance where relevant. Discussions with staff confirmed their involvement in the quality programme. Resident meetings are held three-monthly and provide residents with a forum for feedback on the services. Data is collected on complaints, accidents, incidents, infection control and restraint use. The internal audit schedule for 2018 has been completed and 2019 is being implemented. Areas of non-compliance identified at audits have been actioned for improvement. The service has a quality improvement focus. Residents and relatives are surveyed annually to gather feedback on the service provided (with positive results) and the outcomes are communicated to residents, staff and families. The 2018 and 2019 survey results identify satisfaction with all aspects of service delivery.</p> <p>The two owners share the role of health and safety officers and have both completed external health and safety training. Risk management, hazard control and emergency policies and procedures are in place. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. The data is tabled at staff meetings. A review of the hazard register indicated that there is resolution of issues identified.</p> <p>Falls prevention strategies are implemented for individual residents, and staff receive training to support falls prevention.</p> <p>Interview with the prospective owners confirmed the current quality management system and performance monitoring programme will continue following the sale initially. The owner/managers will help mentor the prospective owners to the quality risk system during the transition period. There are long-term plans to merge the policies and procedures across both Invercargill facilities.</p>
<p>Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically</p>	<p>FA</p>	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. The service collects incident and accident data and</p>

<p>recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>analyses falls according to time, resident service level and location of fall. Monthly collation includes graphs and trend analysis. These are reported and discussed at monthly staff and quality meetings.</p> <p>Nine accident/incident forms (four unwitnessed falls, two witnessed falls, one skin tear, one near miss and one other) for the months of March and April 2019 were reviewed. All document timely RN review and follow-up including neurological observations as required. There is documented evidence the family had been notified of incidents/accidents or if not if there is documentation that family are not to be contacted.</p> <p>There have been no outbreaks or section 31 reports since the last audit. Discussions with the owner/manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31 notifications.</p> <p>The prospective owners are familiar with reporting requirements of essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of the practising certificate for the registered nurse (nurse manager) is kept. Five staff files were reviewed (four caregivers and one diversional therapist) and included all appropriate documentation. The service has an orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals are conducted for all staff.</p> <p>A comprehensive in-service education calendar is implemented and exceeds eight hours annually and has covered appropriate topics. The nurse manager attends external training including seminars and education sessions with the local DHB. A competency programme is in place with evidence of annual medication competencies for the RN and caregivers. The nurse manager is interRAI trained.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. Care staff reported that staffing levels and the skill mix was appropriate and safe. The family member and residents interviewed stated that they felt there was sufficient staffing. The service has a staffing levels policy implemented, which determines that the owner managers provide on call. The business manager and the nurse manager work full-time.</p> <p>For 17 rest home residents, there is a business manager who works from 10.30 am to 9.00 pm and nurse manager who works 9.00 am to 7.00 pm Monday-Friday. On morning shift there are two caregivers (one short and one long) and a caregiver cleaner position from 9.00 am to 12 midday. On afternoon shift there are two caregivers (one long and one short) and there is one caregiver on night shift. The management team provide on call cover after hours.</p> <p>The prospective owners stated in the interview that there is no intention for them to make any changes to staff that will transfer over to the new owners on the date of settlement. The prospective owners will be taking on the day to day management, organisational management and governance of the facility from the current owner/manager. An RN will be rostered on duty Monday to Friday and will be available to provide afterhours support. The prospective owners have experience managing staff in care facilities, including staff skill mix and contractual obligations. The prospective owners will also be available to the staff 24 hours, seven days a week.</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. Residents' files are protected from unauthorised access by being locked away in the nurses' station. Informed consent to display photographs is obtained from residents/family/whānau on admission. Sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public.</p>
<p>Standard 1.3.1: Entry To Services</p>	<p>FA</p>	<p>All residents are screened by the nurse manager prior to admission. All residents have been assessed by the NASC team prior to admission.</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>		<p>The respite resident has a NASC interRAI assessment on file.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Glenbrae rest home identifies, documents and minimises risks for residents during transition, exit, discharge or transfers out of the service. Transfer records to the local DHB included the diagnosis, medicines management charts, allergies, current physical abilities, nursing and medical needs. Interview with the nurse manager confirmed that follow-up contact with the other services have been made to ensure they receive the transfer documents and receive handover before the resident returns to the facility as sighted in the resident files.</p>
<p>Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Medicine management complies with current medication guidelines. Medication reconciliation of four weekly blister packs is completed by the nurse manager and any errors fed back to the pharmacy. A log of all medications received from which pharmacy is maintained. Caregivers who administer medications have been assessed for competency. Caregivers interviewed could describe their role regarding medicine administration. Education around safe medication administration has been provided. Medications sighted were stored safely. Medication fridges are monitored weekly. All eye drops and creams in medication trolleys were dated on opening.</p> <p>Ten paper-based medication charts were reviewed. All medications had photographs, allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that medications are administered as prescribed and the indication for use is documented for 'as required' medications. The effectiveness of 'as required' medications is documented in the progress notes. There were no self-medicating residents.</p> <p>The prospective owners plan to implement an electronic medication management system.</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>All meals at Glenbrae rest home are prepared and cooked on site. There is a four-week winter and summer menu, which has been reviewed by a dietitian in July 2017. The service has a domestic style kitchen near the lounge and meals are served directly to the residents.</p> <p>Care staff prepare and cook meals and are trained in safe food handling. Food safety procedures are adhered to. Fridge, freezer and hot and cold food temperatures are monitored, these were running one degree higher than recommended, this was addressed on the day of the audit. There is a verified food control plan in place. Staff were observed delivering meals and assisting residents with their lunchtime meals. Diets are modified as required. Resident dietary profiles and likes and dislikes are known by staff, and the nurse manager informs staff of any changes as they occur. Weights have been monitored monthly or more frequently if required or as directed by a dietitian. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Interviews with residents and family members indicated satisfaction with the food service. Resident meetings are held and there is an opportunity for resident feedback on food services</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>	<p>FA</p>	<p>Reason for declined admissions are if there are no beds or unable to provide the level of care.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>All files reviewed identified the residents' needs, outcomes and goals were identified via the assessment process and recorded in files sampled. The facility has processes in place to seek information from a range of sources. All residents had current interRAI assessments and care plans addressed all identified needs. Assessment forms sighted in resident files include; all risk assessments, oral assessment, and challenging behaviour.</p> <p>In interviews, residents and family confirmed their involvement in assessments.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>In all files sampled the residents' care plans were personalised and holistic to reflect all aspects of care required. The long-term care plans reflect the assessments and the level of care required. Short-term care plans were available and used for acute changes in care. They were signed off by the RN when problems were resolved in files sampled with a short-term care plan. In interviews, staff reported they received adequate information for continuity of residents' care. The residents had input into their care planning and review, confirmed at resident and family interviews. The respite resident is non-English speaking, there is a comprehensive care plan developed in partnership with the relative and contains details on the resident's rhythms and routine, likes, dislikes and covers all aspects of care. There is a folder for staff to use with words translated to English, and picture cue cards to utilise.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The residents' care plans sampled evidenced interventions based on assessed needs and desired outcomes or goals of the residents. The GP documentation and records were current in files sampled. In interviews, residents and family confirmed they and their relatives' current care and that treatment met their needs. Interviewed staff confirmed they were familiar with the current interventions of the resident they were allocated.</p> <p>Wound care assessments, plans and evaluations were sighted in resident files for healed wounds. There were no residents with wounds or pressure injuries on the day of the audit. There was adequate dressing and continence supplies available.</p> <p>Weights are monitored on a monthly basis.</p> <p>Monitoring forms sighted included (but not limited to); vital signs, weight, fluid balance, blood sugar monitoring, and behaviours.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a</p>	<p>FA</p>	<p>The activities programme is delivered by a diversional therapist (DT) who works between 1.15 pm to 3.15 pm Monday to Friday. Caregivers lead the activities in the morning. Weekend activities are spontaneous</p>

<p>consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>and supervised by weekend caregivers. An activity plan is developed for each individual resident, based on assessed needs. Residents were encouraged to join in activities that were appropriate and meaningful and to participate in community activities. The service has access to a van that is used for fortnightly outings. Residents were observed participating in activities on the day of the audit.</p> <p>The activity plans were reviewed at the same time as the care plans in resident files sampled. Residents and the relative interviewed expressed satisfaction with activities offered. Resident meetings were run by the DT and she stated that individual feedback is sought and never dismissed any concerns or suggestions. Follow-up is completed by the managers.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The residents' files evidenced the residents' care plans were up-to-date and reviewed six monthly. The review of resident long-term care plan and evaluation of goals form is completed on a six-month basis.</p> <p>This records progression towards achieving resident goals, in partnership with the resident and relatives (if appropriate), information is gained from all team members involved in resident care including the caregivers, DT, dietitian, podiatrist etc. Interviews with residents and family confirmed their participation in care plan evaluations.</p> <p>The residents' progress records were entered on each shift in each file sampled. When resident's progress was different than expected, the registered nurse (RN) contacts the GP, as required. Short-term care plans were in the residents' files and have been reviewed and resolved.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) 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>Referral to other services is discussed with the GP. The service facilitates access to other medical and non-medical services. Residents are given a choice regarding the options they have when they want to access other health services, confirmed at the resident and relative interviews. Referral documentation is maintained on residents' files. Resident files reviewed showed evidence of residents accessing other health services and specialist services from the local DHB.</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>Documented processes for the management of waste and hazardous substances are in place. All chemicals were labelled with manufacturer labels. There is a designated area for storage of cleaning/laundry chemicals, and they are stored securely. Material safety datasheets and product user charts are available and accessible for staff. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>There was provision and availability of protective clothing and equipment that was appropriate to the recognised risks and used by staff. Interviews with caregivers confirmed management of waste and chemicals, infection control policies and specific tasks/duties for which protective equipment is to be worn.</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>A current building warrant of fitness is displayed and expires on 4 May 2020. There is reactive and preventative maintenance in place. There is a current test and tag programme of electrical equipment and current calibration of clinical/medical equipment. Interviews with staff and observation of the facility confirmed there was adequate equipment.</p> <p>Hot water temperature monitoring has been recorded randomly each month and temperatures are all within range.</p> <p>There are quiet areas at the facility for residents and visitors to meet and areas that provide privacy when required. There are outside areas where residents can sit with outside seating and shade provided.</p> <p>Floor surfaces are appropriate, corridors allow residents to pass each other safely and there is enough space to allow the safe use of mobility equipment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</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</p>	<p>FA</p>	<p>There are adequate numbers of accessible toilets/bathing facilities located at the facility. Visitors' toilet and communal toilets are conveniently located and have a system that indicates if it is engaged or vacant.</p>

personal hygiene requirements.		Residents and the relative interviewed, reported that there are sufficient toilets and showers. Fixtures, fittings, and floor and wall surfaces are easily cleaned and meet infection control requirements. Alcohol hand cleaners were available throughout the facility and at the front door for visitors.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	There are four large double rooms in the facility. All have privacy curtains and call bells. There is adequate personal space provided in all bedrooms to allow residents and staff to move around within the room safely. Residents interviewed all spoke positively about their rooms. Rooms are personalised. Hallways and communal areas allow residents to move around freely with mobility aids.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There is one centrally located homely lounge area with an adjoining dining area. The activities are held in the lounge. There is an outside patio area at the main entrance for residents to sit outside in the nice weather, shade is provided. All areas are easily accessible for residents.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are policies and procedures for management of laundry and cleaning practices. The caregivers are responsible for the laundry. There is a clearly defined dirty to clean area in the laundry with a dirty (in) door and a clean (out) door. Residents and the relative interviewed confirmed satisfaction with laundry and cleaning services. The sluice is in the laundry. There is a designated area for the secure storage of cleaning and laundry chemicals. Laundry and cleaning processes are monitored for effectiveness via the internal audit programme.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	There are emergency procedures in place at both buildings to guide staff should an emergency or civil defence event occur. There are first aid trained staff across all shifts. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Six-monthly fire

		<p>evacuation practice documentation was sighted. Fire evacuation drills are completed six monthly. Fire training, emergency evacuation and security situations are part of orientation of new staff and ongoing training. Emergency equipment is available.</p> <p>A civil defence kit is stocked and checked monthly. Water is stored, sufficient for at least three days. Security procedures are established. Staff conduct checks of the building in the evenings to ensure the facility is safe and secure.</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>Residents are provided with plenty of natural light, safe ventilation and an environment of comfortable temperatures. There are large windows all with external views in resident rooms and communal areas. Heating is provided by heat pumps in the 'old' end and underfloor heating the 'new' end. There are heaters in resident rooms to provide for individual preferences. There is an environmental temperature check completed at least monthly and earlier in times of colder weather. Residents interviewed stated the environment was comfortable. There is a designated smoking area for residents to use.</p>
<p>Standard 3.1: Infection control management</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 infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practices and reporting. The nurse manager is the infection control coordinator and is responsible for implementing the infection control programme. The nurse manager is responsible for the development of the infection control programme and its review. The infection control programme is well established at the facility. All staff are part of the infection control team. External expertise is available through bug control the infection control nurse specialist at the DHB and from the GPs as required.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents and staff are offered the influenza vaccine. There have been no outbreaks since the last audit.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>There are adequate resources to implement the infection control programme. The infection control coordinator has maintained best practice by attending external infection control seminars. There is access to infection control expertise within the DHB, wound nurse specialist, public health, and laboratory. The GPs monitor the use of antibiotics. Infection prevention and control is part of staff orientation and ongoing annual education schedule. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</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>	<p>FA</p>	<p>The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection; and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies have been developed by the nurse manager and are reviewed regularly.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Infection control training is regularly held, including (but not limited to): outbreak management (March and June 2018), infection control (February 2019) and safe food handling (June 2018).</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>	<p>FA</p>	<p>The surveillance policy describes the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.</p> <p>Infections are monitored as they occur and documented under; date, infection, organism identified, antibiotic, and length of course prescribed, if an infection was resolved or not. These are transferred to a monthly infection control report with; a) Type of infection, b) Number of infections and c) Percentage for the month.</p>

		<p>These results are taken to staff meetings and a discussion occurs around trends and recurring infections. Outcome of IC data is discussed with staff, on ways to reduce, isolate or eliminate the infections. These are documented in staff meeting minutes. Staff interviewed were aware of infection rates and IC prevention activities.</p> <p>A quality review of outcomes is documented by the IC coordinator annually.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Glenbrae Rest Home has policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. The nurse manager is the restraint coordinator. On the day of the audit there were no residents on restraints or enablers. The restraint coordinator confirmed that the service promotes a restraint-free environment. Restraint education is included in the two-yearly training programme and last occurred in April 2018.</p> <p>The prospective owner is familiar with restraint standards and has good understanding of restraint minimisation and safe practise.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.