

Kyber Health Care Limited - Glenbrae Gardens

Introduction

This report records the results of a 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 BSI Group New Zealand Ltd, 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: 1 April 2021 End date: 1 April 2021

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 14

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.

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

Glenbrae Gardens is privately owned and provides rest home level care for up to 18 residents. On the day of the audit there were 14 residents.

This certification audit was conducted against the relevant 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, relatives, management, staff and the general practitioner.

The facility manager covers both Glenbrae and the sister facility Waikiwi Gardens. She has been in the role for 18 months and has a background in business management. The facility manager is supported by the owners who have experience in aged care and own three rest homes including Glenbrae Gardens. They are supported by registered nurses and long-standing experienced staff.

The quality and health and safety programmes are being implemented. There is a strong resident focus, and staff were knowledgeable of residents needs and preferences. The residents, relatives and the GP interviewed were complimentary of the service provided.

There were four areas for improvement identified at this certification audit related to complaints, the hazard register, education and food services.

Consumer rights

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
---	--	---

Glenbrae Gardens provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. 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 are encouraged to maintain former links with the community. There are a number of community visitors to the home.

Organisational management

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

Policies and procedures are maintained by an external aged care consultant who ensures they align with current good practice and meet legislative requirements. An annual business and quality plan is documented. Quality data is collated for infections, accident/incidents, concerns and complaints, internal audits and surveys. Quality data is discussed at meetings and is documented in minutes. The health and safety programme meets current legislative requirements. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care. Residents and relatives interviewed reported there were sufficient staff to meet resident needs.

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.		Some standards applicable to this service partially attained and of low risk.
--	--	---

All stages of service provision were completed in a timely and competent manner. There is an admission package available prior to or on entry. Registered nurses are responsible for each stage of service provision, and review each resident's needs, outcomes, and care plan goals at least six-monthly. Resident files include medical notes by the general practitioner, nursing team and allied health professionals.

A diversional therapist provides planned activities that meet the needs and interests of the residents as individuals and in group settings.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers administer medication and complete annual education and medication competencies. The medication charts had been reviewed by the general practitioner, at least three-monthly.

Residents' food preferences and dietary requirements are identified at admission. Meals are cooked and transferred from Waikiwi Gardens to Glenbrae Gardens, Monday, Wednesday and Friday. On the other days, meals are prepared on site by caregivers. There is a food control plan in place.

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.
--	--	--

The building warrant of fitness was unable to be completed and a certificate 12b was displayed. There is a preventative and planned maintenance schedule in place, and this includes equipment and electrical checks.

Staff use protective equipment and clothing. Chemicals and equipment are safely stored. Laundry is undertaken on site and evaluated for effectiveness. Cleaning of the facility is conducted by household staff and monitored. Staff use protective equipment and clothing when necessary. Housekeeping staff maintain a clean and tidy environment.

Glenbrae has three shared rooms, two had double occupancy on the day of the audit. There are adequate numbers of communal toilets and showers. Residents have enough space to move freely around the facility. 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. Staff are trained in the use of emergency equipment and supplies and attend regular fire drills. Security is maintained. Each shift has a person on duty with first aid training.

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.
---	--	--

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint, should this be required. The facility remains restraint free. No restraint or enabler was in use on the day of audit.

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.
---	--	--

There is a suite of infection control policies and guidelines to support practice which have been updated to include Covid-19 guidelines. 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. The infection control coordinator has completed external education and coordinates education and training for staff. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks since the previous audit.

Covid-19 was well prepared for. Meetings were held with staff around new procedures and protocols in line with Covid-19 guidelines. Isolation kits are easily accessible, staff reported they had training around the use of personal protective equipment,

isolation procedures and hand washing. Relatives were updated using social media, emails and phone calls. Adequate supplies of personal protective equipment were sighted during the audit.

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	41	0	2	2	0	0
Criteria	0	89	0	2	2	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>	FA	<p>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. A policy relating to the Code is implemented and staff interviewed (two owners, the facility manager, one registered nurse (RN) three caregivers and 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 and is included in the ongoing education plan.</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>There are established informed consent policies/procedures and advanced directives. All five resident files reviewed had signed admission agreements on file. General consent is included in the admission agreement. Specific consents are obtained for procedures such as influenza vaccine. Residents interviewed confirmed staff ask permission prior to attending to cares. An informed consent policy is implemented with signed consents in place. There are three shared rooms at Glenbrae Gardens, two are currently occupied. One room has family member's sharing a room and the other has unrelated residents sharing a room. Consent forms were in place for these residents sharing rooms. Resuscitation status had been signed appropriately. Advance directives were signed for separately, identifying the resident's wishes for end-of-life care.</p> <p>Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with</p>

		appropriate information to make informed choices and informed decisions. The caregivers interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.
<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	Health and Disability advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. Leaflets on the advocacy service were available at the entrance to the facility. Residents and relatives interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. The caregivers interviewed were knowledgeable around the advocacy services, where to find the information, and stated they would report concerns to the RN for referral to the advocacy service if required.
<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	The service encourages their residents to maintain their relationships with friends and community groups. Residents may have visitors of their choice at any time. Assistance is provided by the caregivers to ensure that the residents continue to participate in their chosen community group. There are a number of community visitors to the facility including kindergartens and entertainers and there are regular van outings to destinations of the residents choosing.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	PA Moderate	<p>There is a complaints policy to guide practice which aligns with Right 10 of the Code. The facility manager and the owner described the process of receiving a complaint, the investigation process and maintaining contact with the complainant to resolve the complaint. The owner reported there have been no complaints other than the Health and Disability (HDC) complaint received since taking over the facility in 2019. A compliment/complaint folder is in place with 'thank-you' cards of appreciation form relatives. The complaint policy and procedure and a register was in place on the day of the audit, however, the previous complaints register could not be located, and the register did not include the HDC complaint. Complaints forms are visible at the entrance to the facility.</p> <p>The Ministry requested follow up against aspects of a complaint that included nutrition, safe food and fluid management, service provision requirement, staffing levels, and complaints management. This audit has identified issues with food service (link 1.3.13.5) and complaints management.</p> <p>The manager and owner reported they would discuss complaints and corrective actions with staff at meetings. However, there have been no complaints to date since change of ownership.</p> <p>Residents and families interviewed were aware of the complaints process, and reported they felt comfortable discussing concerns with the management team or the registered nurse.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families. The nurse manager or registered nurse discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the resident/family meetings. Three residents and five family members interviewed reported that the residents' rights were being upheld by the service.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The residents' personal belongings are used to decorate their rooms. Three caregivers interviewed reported that they knock on bedroom doors prior to entering rooms and this was demonstrated on the day of audit. Care staff confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit confirmed that the residents' privacy is respected. Guidelines on abuse and neglect are documented in policy. Abuse and neglect is included in the 2021 education planner.</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 for any residents who identify with Māori. There were no residents who identified with Māori on the day of audit. The service has no current linkages with Māori groups but can access advisors through the DHB. The manager reported resident needs identified on admission to the service would be accommodated.</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 in consultation with the resident and relatives. Beliefs and values are incorporated into the residents' care plans in resident files reviewed. Residents and family interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual cultural and spiritual, values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p>	FA	<p>Professional boundaries and code of conduct are discussed with each new employee during their</p>

<p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>		<p>induction to the service. Professional boundaries and code of conduct are also described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries and the code of conduct including the boundaries of the caregivers' role, expected behaviour and responsibilities. Professional boundaries are reconfirmed through staff meetings and performance management.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service has implemented policies and procedures that are reviewed by management two yearly and as required. The policies and procedures meet legislative requirements. The quality programme has been designed to monitor contractual and standards compliance and the quality-of-service delivery in the facility. The facility manager is the health and safety officer for Glenbrae and their sister facility Waikiwi Gardens. Both assistant managers (there is a resident assistant manager who deals with 'resident' issues and facilitates resident meetings across the two facilities. The 'staff' assistant manager deals with staffing, rostering etc) and the facility manager have completed external training and are forming a health and safety committee between the two facilities. Eight of 16 staff have completed New Zealand Qualification Authority (NZQA) qualifications through Careerforce. Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training.</p> <p>The service meets the individualised needs of residents with needs relating to rest home level care. This was observed during the day, with the staff demonstrating an inclusive and caring attitude to the residents. Residents and family interviewed stated they are very happy with the level of care provided. Staff interviewed stated that they feel supported by the management team and the owners.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. Residents and family interviewed confirmed the admission process and agreement was discussed with them. They were provided with adequate information on entry. The facility manager is easily contactable when not on site, and the registered nurse (RN) operates an open-door policy. Ten incident/accident forms reviewed for February and March 2021 identified family were notified following a resident incident. The facility manager and RN confirmed family are kept informed. Relatives interviewed confirmed they are notified promptly of any incidents/accidents. Interpreter services are available if required.</p>
<p>Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and</p>	<p>FA</p>	<p>Glenbrae Gardens is privately owned by Kyber Healthcare, who also own Waikiwi Gardens (rest home) in Invercargill. Both facilities share a facility manager, three assistant managers (one finance and procurement, one resident manager and one staff manager) all of whom are non-clinical. They are supported by two registered nurses currently and are actively recruiting a third registered nurse.</p>

<p>appropriate to the needs of consumers.</p>		<p>Glenbrae Gardens provides care for up to 18 rest home level residents. On the day of audit, there were 14 permanent residents including two residents on a younger person with a disability contract through Accessibility, and one resident on respite.</p> <p>Glenbrae Gardens mission and philosophy is identified in the business plan which is reviewed annually. The business plan goals for the year include renovations, the management team completing health and safety training and forming a health and safety committee to review policy and procedures. Promoting the facility to increase and maintain occupancy, provide adequate training, mentoring and recompense caregiving staff to create job satisfaction. The 2020 plan has been reviewed by the owners and the management team who developed the 2021 plan which identifies strengths, weaknesses, threats and opportunities.</p> <p>The owners (husband and wife team) have previously been actively involved in the day to day running of the facilities. Since the employment of a facility manager they have been providing more oversight of the general running of the business. The facility manager has been in the role for 18 months. The facility manager is non-clinical and has a background in business management. The facility manager is responsible for the day to day running of the facility and is supported by a registered nurse at Glenbrae. The facility manager, staff manager and resident manager provide two weekly reports to the owners reporting on occupancy, maintenance, health and safety, and a general overview of the business. Any urgent issues are communicated to the owners immediately.</p> <p>The facility manager has attended a management training day held by the New Zealand Aged Care Association (NZACA) and health and safety training.</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>	<p>FA</p>	<p>In the temporary absence of the facility manager, the assistant managers with support from the owners and registered nurses would provide temporary cover. The registered nurses provide afterhours clinical cover and cover each other's leave.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an</p>	<p>PA Low</p>	<p>Policies and procedures are maintained by an aged care consultant, who reviews policies to ensure they align with current good practice and meet legislative requirements. Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data, and surveys. Data that is collected is analysed and compared monthly and annually for a range of</p>

<p>established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>adverse event data. Where improvements are identified, corrective actions are developed, implemented and regularly evaluated. Information is shared with all staff as confirmed in meeting minutes and during interviews. Staff, residents and family interviewed confirmed any concerns they had were addressed by management and corrective actions are implemented.</p> <p>Facility meetings include a monthly manager meeting and combined quality, staff, health and safety and infection control meeting. Quality data and corrective actions are documented, and the minutes are sent by email to all members of staff electronically. The resident manager facilitates resident meetings monthly which provides an open forum for residents to feedback suggestions and compliments across the service. Informal clinical meetings are held between the registered nurses.</p> <p>The 2020 resident survey evidenced the eight respondents were overall satisfied with all areas of the service. A discussion around the complaint procedure is planned for the next resident meeting as this was an area all eight respondents replied, 'not applicable'. A staff survey was conducted in 2020 where seven staff responded. All were overall satisfied with the services; low satisfaction was identified around the orientation process and resident products available. The resident products have been reviewed and resolved. The orientation process is ongoing. These are the first satisfaction surveys held since the current owners have taken possession, so no comparison was available.</p> <p>A company-wide health and safety programme is in place and will be reviewed once the 'new' committee are assigned. The proposed committee is representative of both facilities. Internal audits are conducted around civil defence kit checks, building compliance, fire safety quiz for staff, safety audits, and first aid questionnaires. Caregivers interviewed were knowledgeable around hazard management and documentation. A hazard register is in place, however, has not been reviewed annually. Individual fall prevention strategies are in place for residents at risk of falling.</p>
<p>Standard 1.2.4: Adverse Event Reporting</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>	<p>FA</p>	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident. There is timely RN assessment including after hours for accident/incidents. Incident/accident data is linked to the quality and risk management programme. Ten accident/incident forms were reviewed. Each incident involved a resident clinical assessment and follow-up by a registered nurse. Neurologic observations were conducted for suspected head injuries, and a post-fall assessment completed each shift the next day as required. There is a section on the incident report to evidence relatives' notification. Relatives were notified in the ten incident reports reviewed. A new initiative has included the diversionary therapist performing nail cares once a week for residents.</p> <p>The owner and facility manager confirmed they are aware of their responsibility to notify relevant authorities in relation to essential notifications. Two section 31 notification forms have been completed</p>

		for a change of management, and a drug error. There have been no outbreaks since the previous audit.
<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>	PA Moderate	<p>There are human resources policies to support recruitment practices. Five staff files sampled (one registered nurse, three caregivers, one diversional therapist) contained all relevant employment documentation. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. Current practising certificates are maintained on file.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The service has made improvements to the orientation programme since staff survey feedback. Staff interviewed had been employed from between seven to fourteen years. They could describe the buddy system in place for new caregivers to learn routines and tasks. New staff spend a day at Waikiwi Gardens to complete relevant documentation including of review policies and completion of the orientation handbook.</p> <p>A 2021 education plan is in place which exceeds the eight hours required contractually. However, there is no documented evidence of education sessions held prior to 2021.</p> <p>Staff are encouraged to complete NZQA qualifications through Careerforce. Currently there are five caregivers with level 4, one caregiver with level 3 and two with level 2 NZQA qualifications. The registered nurses are both interRAI competent.</p> <p>Following the HDC complaint the Ministry of Health requested follow-up of staffing levels. The staff employed are appropriately qualified and experienced. There are appropriate staffing levels to meet the needs of the residents as confirmed during interviews with staff, residents and relatives.</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>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. Caregivers reported that staffing levels and the skill mix was appropriate and safe. The residents and relatives interviewed stated that they felt there was sufficient staffing. The registered nurse works from Monday to Friday and shares on call with the other registered nurse. The manager is on call for non-clinical matters.</p> <p>Currently there are 14 residents; there are two caregivers rostered on a morning shift; 1x 7.30 am to 4 pm and 1x 7.30 am to 1.30 pm. The afternoon shift has two caregivers: 1x 4 pm to midnight and 1x 4 pm to 7 pm. One caregiver is on duty overnight from midnight to 8 am.</p> <p>The diversional therapist is rostered from 1.15 pm to 3.15 pm Monday to Friday.</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>	FA	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into each resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held in secure rooms. Archived records are secure in a separate locked area. Residents' files demonstrated service integration. Entries are legible, dated, timed and signed by the relevant caregiver or RN, including designation.</p>
<p>Standard 1.3.1: Entry To Services</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>All residents have been assessed by the Needs Assessment and Service Coordination (NASC) team prior to admission. Residents enter the service when the required level of care has been assessed and confirmed by the NASC agency. Prospective residents and/or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Records sampled confirmed all entry requirements were conducted within the required timeframes in a competent and timely manner. Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission in a respectful manner. Files reviewed contained completed demographic detail, assessments, and signed admission agreements in accordance with contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or transfer is managed in a planned and coordinated manner, with an escort. In the interview with the registered nurse, it was confirmed that follow-up contact with referral services would be made to ensure they receive the transfer documents and receive handover before the resident returns to the facility. At the time of transition, appropriate information is provided to the person/facility responsible for the ongoing management of the resident. All referrals are recorded in the progress notes. Residents and family/whānau are supported to access or seek referral to other health and/or disability service providers when required or if the need for other non-urgent services is indicated or requested.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice</p>	FA	<p>There is an electronic medication management system to ensure that residents receive medicines in a secure and timely manner. Medicine management policies and procedures are adequate to cater for hospital level residents when required. Medications are stored securely in the trolley and locked cupboards. Medication reconciliation is conducted by registered nurses. The general practitioner reviews the resident's medication three-monthly and as required. Ten medication charts were reviewed, all had current photographs, allergies documented and had been reviewed at least three-monthly by the general practitioner. 'As required' (PRN) medication administration, reason and outcome have been</p>

<p>guidelines.</p>		<p>documented by caregivers and registered nurses.</p> <p>Annual medication competencies are completed for all staff administering medications (link 1.2.7.5). All eye drops and creams in medication trolleys were dated on opening. The registered nurse was observed administering medicines and complying with required medication protocol guidelines and legislative requirements. Staff were aware of self-administration medication policy requirements, there were no residents self-administering medications at the service in the audit days. Glenbrae Gardens does not have standing orders. The thermometer that monitors the temperature was faulty and replaced on the day of the audit. The insulin and other medicines that require to be kept in the refrigerator are kept in the kitchen fridge in a locked box with the temperature checked weekly and records were sighted. Weekly and a six-monthly pharmacy stock count of the controlled drugs is completed.</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>PA Low</p>	<p>On Mondays, Wednesdays and Fridays, meals are prepared off site at Waikiwi Gardens (sister facility) and are transported for lunchtime service. There is a domestic style kitchen adjacent to the lounge and meals are served directly to the residents by caregivers. Snacks and drinks are available for residents when required. On Tuesday, Thursday and weekends, the caregivers prepare and cook meals. There is no documented evidence that staff have been trained in safe food handling (link 1.2.7.5). Food safety procedures are adhered to.</p> <p>A nutritional profile is developed on admission and reviewed every six-months or when there is any significant change. Diets are modified as required and the caregiver interviewed confirmed awareness of dietary needs of the residents. Resident dietary profiles and likes and dislikes are known by staff, and the registered nurse informs staff of any changes as they occur. There are records of food temperature monitoring and fridges and freezers temperatures are maintained. Regular cleaning is conducted.</p> <p>There is a four-week winter and summer menu, which was last reviewed by a dietitian in September 2019 and is due to be reviewed again. 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. There is a verified food control plan in place which expires in August 2021.</p> <p>The current food service is satisfactory to accommodate the needs of the residents.</p> <p>Interviewees stated that there were adequate portion sizes and personal preferences were met. This was evident on the day of the audit. There were snacks and extra drinks available for residents.</p> <p>Stores and supplies are provided from Waikiwi Gardens. On the day of the audit there were a number of containers with no dates indicating when they had come into the kitchen, a number of items that had</p>

		expired had neither a date indicating when they had been obtained, opened or decanted into another container. Other aspects of food procurement, production, preparation, transportation, delivery, and disposal comply with current legislation and guidelines.
<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	Prospective residents who are declined entry are recorded. The reason for declining would be if the client did not meet the level of care provided at the facility or there are no beds available. When a potential resident is declined entry, family/whānau the potential resident are referred back to the referral agency to ensure that they will be admitted to the appropriate service provider.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	Initial assessment tools are used to assess the residents' needs, support requirements and preferences on admission. Nursing assessments and an initial care plan are completed within the required timeframe on admission. Long-term care plans and interRAI assessments are completed within three weeks according to policy. Activities assessments and care plans were detailed and included input from the family/whānau, residents, and other health team members as appropriate and in a timely manner. Additional assessments are completed according to need and this included pain, behavioural, falls risk, nutritional requirements, continence, skin, and pressure injury assessments. Family/whānau and residents interviewed expressed satisfaction with the assessment process.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	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 reviewed were developed for short term problems or in the event of any significant change, with appropriate interventions to guide care. Review and updates are documented, and short-term care plans are closed out or integrated into the long-term care plan if not resolved. In interviews, staff reported they received adequate information for continuity of residents' care. The residents and family/whānau had input into their care planning and review, confirmed at resident and family interviews. Care plans are resident focussed, integrated, and provide continuity of service delivery. Assessments were completed in a timely manner. Long-term care plans included goals that are specific and measurable, and interventions are detailed to address the desired goals/outcomes identified during the assessment process. Care plans sampled were integrated and included input from the multidisciplinary team.

<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 general practitioner documentation and records were current in the files sampled. In interviews, residents and family/whānau confirmed they and their relatives' current care and that treatment met their needs. Staff who were interviewed were able to describe their understanding of current interventions for the residents.</p> <p>The documented interventions in short and long-term care plans were sufficient to address the assessed needs and desired goals/outcomes. Significant changes are reported in a timely manner and prescribed orders carried out satisfactorily as confirmed by the general practitioner in the interview conducted. Progress notes are completed on every shift. Monthly observations are completed and are up to date. Clinical supplies are adequate, and the staff confirmed they have access to the supplies and products they needed.</p> <p>Monitoring forms sighted included (but not limited to), vital signs, weight, fluid balance, blood sugar monitoring, and behaviours. On the day of the audit there was one resident with a pressure injury. Documentation included a wound assessment, management plan and evaluation. The wound care specialist was involved with the chronic pressure injury.</p> <p>Testing and monitoring for the residents with diabetes includes care plan interventions to measure blood sugar levels, nutritional plans and action plans for low/high blood sugars.</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>	<p>FA</p>	<p>The diversional therapist leads the Monday to Friday afternoon activities programme. There is a regular programme of activities which allows for flexibility and spontaneity when opportunities arise. Regularly planned activities include a weekly van outing and bingo. When the diversional therapist is not at work activities are undertaken by the caregivers. An activity assessment is completed with an individualised plan for each resident as part of the resident file. On the day of the audit residents were observed involved at activities. Residents are encouraged to continue with activities that they were involved with in the community. Residents and relatives interviewed expressed satisfaction with activities offered. Monthly resident meetings are now run by the resident assistant manager (based at the sister facility), the diversional therapist still attends them. Follow-up to these meetings is completed by the managers.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a</p>	<p>FA</p>	<p>Long-term care plans have been evaluated by the registered nurse six-monthly or earlier for any health changes in the resident. Activity plans are evaluated at least every six months and updated when there are any changes. The evaluations record how the resident is progressing towards meeting their goals and responses to interventions. Short-term care plans are developed and when required, evaluated,</p>

<p>comprehensive and timely manner.</p>		<p>closed out when the short-term problem has been resolved, or intergraded into the long-term plan if not resolved. This records progression towards achieving resident goals, in partnership with the resident and family/whānau if appropriate, information is gained from all team members involved in resident care including the caregivers, diversional therapist, dietitian, podiatrist etc. Interviews with residents and family confirmed their participation in care planning, three monthly general practitioner and medication reviews and six-monthly evaluations. The weekly registered nurse updates and six-monthly care plan evaluations identified residents' progress in meeting identified goals.</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>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 district health board.</p> <p>There is a documented process for the management of all referrals. The service utilises a standard referral form when referring residents to other service providers. The registered nurse confirmed that processes are in place to ensure that all referrals are followed up accordingly. The general practitioner and the nursing team send a referral to seek specialist services assistance from the district health board (DHB). Referrals are followed up on a regular basis by the nursing team or the general practitioner. The resident and the family are kept informed of the referral process, as verified by documentation and interviews.</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>There are policies and procedures in place for the management of waste and hazardous substances. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Safety data sheets were not available at Glenbrae Gardens; however these were at Waikiwi Gardens and were brought down to the Glenbrae Gardens on the day of the audit.</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. Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. A hazard register and maintenance plan are 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>A current building warrant of fitness expired on the 4 May 2020. As the required inspections have been unable to be provided, a certificate 12a has been issued by the council declaring the systems are safe and the warrant of fitness has been extended until June 2021. Both reactive and preventative maintenance plans are in place. Interviews with staff and observation of the facility confirmed there was adequate equipment. Electrical equipment has been tested and tagged with current calibration of clinical/medical equipment. When there have been hot water temperatures above the recommended safe temperature, action is taken, and rechecking of the temperature occurs to ensure it is maintained at a safe temperature.</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. There are pleasant outdoor and accessible areas for residents with seating and shade.</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 personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate numbers of accessible toilets/bathing facilities. Visitors' toilet and communal toilets are conveniently located and have privacy indicators. There are appropriately secured, and approved handrails provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence. Hot water temperatures are monitored monthly.</p> <p>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.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>There is adequate personal space provided to allow residents and staff to move around within their bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. There are three double rooms with two rooms having double occupancy; shared agreements have been completed. Alcohol hand sanitisers were available throughout the facility and at the front door for visitors. There is room to store mobility aids and wheelchairs when required.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with</p>	<p>FA</p>	<p>Glenbrae Gardens has one centrally located homely lounge area with an adjoining dining area. The dining and lounge areas are spacious and accessible for residents, family/whānau and staff. Communal areas such as the lounge are available for residents to engage in activities. All areas are easily accessible for residents. Furniture is appropriate to the setting and residents' needs. There is an outside patio area at the main entrance for residents to sit outside in the nice weather and shade is provided.</p>

<p>safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>Residents were observed moving freely within these areas.</p>
<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>	<p>FA</p>	<p>Cleaning and laundry policies and procedures are available. Cleaning chemicals are securely stored in locked cupboards and are labelled. The interview with the laundry/housekeeping staff member described the cleaning processes and the use of chemicals for cleaning purposes and that the laundry is all done at Glenbrae Gardens. The staff member described the management of laundry including the collection, sorting, storage, laundering, and the return of clean laundry to the residents.</p> <p>There are safe and secure storage areas for cleaning equipment and chemicals and staff have access to these areas as required. Handwashing facilities are available throughout the facility with alcohol hand sanitisers in various locations. When there is no laundry or housekeeping staff these tasks are undertaken by caregivers, who receive appropriate training. Cleaning and laundry processes are monitored through the internal audit programme.</p> <p>Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</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>	<p>FA</p>	<p>There are emergency procedures in place 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. A fire safety quiz was completed by staff in June 2020, however, there is no evidence of six-monthly fire evacuation drills occurring prior to 2021 (link 1.2.7.5). The service has contracted an external service to perform fire drills six-monthly. There have been two sessions of two hours held in 2021, one in January and one in March.</p> <p>The civil defence kit includes (but not limited to); a transistor radio, torches, and the contents are checked monthly. Emergency supplies of water and food is stored, and there is sufficient for at least three days. The service has a gas cooker and BBQ to provide meals for residents. Emergency lighting is battery powered and lasts for two hours; a portable gas heater is held in the storage area. First aid kits are checked and are in place in the nurses' station, the facility car and van. All staff have current first aid certificates.</p> <p>An indicator light and panel call bell system is in place. Call bells were observed to be answered in a timely manner during the audit. Call bells were observed to be within easy reach of residents during a walk around the facility.</p> <p>Security procedures are established. Staff conduct checks of the building in the evenings to ensure the</p>

		facility is safe and secure.
<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	Residents' rooms and communal areas are heated and ventilated appropriately. Residents interviewed stated the environment was comfortable. Individual bedrooms and communal areas are heated by electric heaters, there are gas heaters available for emergencies. There is a designated smoking area for residents to use.
<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 registered nurse is the delegated infection control coordinator. Responsibility for infection control is described in the job description which was signed and on file. The infection control coordinator oversees infection control for the facility and is responsible for the collation of infection events. The infection control programme has been fully reviewed annually. Infection control surveillance is reviewed at the monthly combined infection control/ staff/ quality meeting.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. There have been no outbreaks since the last audit.</p> <p>Covid-19 guidelines are adhered to in line with current lockdown requirements. Contact tracing and wellness checks are completed for all visitors and contractors entering the facility in line with current guidelines. Hand sanitiser is freely available.</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>	FA	<p>The infection control coordinator provides a monthly report to the infection control/staff/quality meeting. Glenbrae Gardens have close links with the DHB infection control specialist, who has provided education sessions to staff, and is available for advice. Infection control expertise is accessed within the DHB, aged care consultant, wound nurse specialist, public health, and laboratory. The GP monitors the use of antibiotics.</p> <p>The management and infection control coordinator interviewed reported Covid-19 was well prepared for. Education provided to staff around isolation protocols, standard precautions, hand washing and donning and doffing PPE (link 1.2.7.5) meetings were held to update staff changes. Protocols were implemented and have remained in place around staff uniforms being laundered at the facility. A resource folder was developed and has been reviewed, containing instructions for staff to follow for each level of lockdown. The management, owners and staff reported the last lockdown was well managed, with the manager contacting families and the staff swiftly implementing lockdown requirements.</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>	FA	<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, procedures and the pandemic plan have been developed and updated by an aged care consultant to include Covid-19. All staff interviewed were knowledgeable around infection control policies and procedures.</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>	FA	<p>The infection control coordinator has completed infection control and prevention education through online courses which included extra precautions. The infection control coordinator plans to attend the DHB infection control study days when next available. The infection control coordinator is responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and included in the 2021 annual training schedule (link 1.2.7.5). Staff complete infection control questionnaires. Hand hygiene competencies are completed during orientation and annually. Resident education is expected to occur as part of providing daily cares.</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. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at the combined infection control/staff/quality meetings. Data and graphs of infection events are available to staff. The service completes monthly and annual comparisons of infection rates for types of infections. The infection control coordinator provides an annual analysis of infections. The GP signs-off the infection control data and a copy has previously been sent to the pathologist. Trends are identified and analysed, and preventative measures put in place.</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>There are current policies that reflect best practice and meet the restraint minimisation standard around restraints and enablers. The registered nurse is the restraint coordinator and has a job description that defines the role and responsibilities. No residents were using restraints or enablers on the day of audit.</p> <p>Caregivers interviewed were able to describe the difference between an enabler and a restraint, however, there was no evidence of staff training around restraint or challenging behaviours (link 1.2.7.5).</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)
<p>Criterion 1.1.13.3</p> <p>An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.</p>	<p>PA</p> <p>Moderate</p>	<p>A recently developed compliments/complaint folder is maintained with the complaint policy and procedure to follow. The owner reported there have been no complaints received since taking over the facility. Residents and relatives reported they feel comfortable discussing concerns with the manager or registered nurse. The previous complaint register could not be located.</p>	<p>The previous complaints register could not be located, the current register did not include the HDC complaint.</p>	<p>Ensure the complaints register is maintained and lists all complaints made.</p> <p>90 days</p>

<p>Criterion 1.2.3.9</p> <p>Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:</p> <p>(a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;</p> <p>(b) A process that addresses/treats the risks associated with service provision is developed and implemented.</p>	PA Low	There are documented health and safety policies in place, and staff could easily describe maintaining a safe work place and hazard management and reporting procedures. A hazard register is in place, however, has not been reviewed annually.	The hazard register was last reviewed in 2019.	Ensure the hazard register is reviewed at least annually. 90 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 Moderate	An education folder has been implemented since January 2021. This includes attendance sheets, documentation of the education session presented and individual staff education records. A 2021 education plan is being implemented. The facility manager and staff reported there have been education sessions held in 2020, however the attendance records and documentation around the education sessions held has not been maintained. Medication competencies were up to date.	There is no evidence of the education sessions including fire drills held prior to 2021.	Ensure records are maintained of education sessions held and staff attendance. 90 days
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Low	The meals are prepared and transported to Glenbrae, temperatures are checked on arrival and at serving. Food waste is disposed of as per policy however, there were decanted dry foods and tins of food which did not indicate expiry dates.	Dry foods which had been decanted into containers did not evidence date of opening or expiry.	All decanted food and opened packages to evidence the date of opening and expiry on the container.

				90 days
--	--	--	--	---------

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.