

# Glenbrae Resthome and Hospital Limited - Glenbrae Resthome and Hospital

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## 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 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:

<b>Legal entity:</b>	Glenbrae Resthome and Hospital Limited
<b>Premises audited:</b>	Glenbrae Resthome and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 27 February 2019      End date: 28 February 2019
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	42



# Executive summary of the audit

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## Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Arvida Glenbrae is part of the Arvida aged care residential group. The service provides rest home and hospital (medical and geriatric) level of care for up to 41 residents in the care centre and up to 16 residents in the serviced apartments. On the day of the audit there were 42 residents. The service is managed by an experienced village manager/registered nurse who has been in the role seven years. She is supported by a clinical manager and clinical nurse leader, national quality manager and stable workforce.

The residents, relatives and allied health professionals interviewed spoke positively about the care and services provided at Glenbrae.

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, physiotherapist and general practitioner.

The service has been awarded continuous improvement ratings around recognition of Māori culture, good practice and food services.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

All standards applicable to this service fully attained with some standards exceeded.

Policies and procedures that adhere with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are in place. The welcome/information pack includes information about the Code. Residents and families are informed regarding the Code and staff receive ongoing training about the Code.

The personal privacy and values of residents are respected. There is an established Māori Health plan in place. Individual care plans reference the cultural needs of residents. Discussions with residents and relatives confirmed that residents and (where appropriate) their families are involved in care decisions. Regular contact is maintained with families including if a resident is involved in an incident or has a change in their current health. Families and friends are able to visit residents at times that meet their needs.

There is an established system for the management of complaints, which meets timeframes established by HDC.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. A village manager, clinical manager and clinical nurse leader oversee and manage day-to-day operations. Goals are documented for the service with evidence of regular reviews.

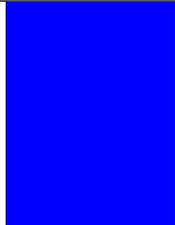
A quality and risk management programme are in place. Corrective actions are implemented and evaluated where opportunities for improvements are identified. The risk management programme includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. A comprehensive orientation programme is in place for new staff. Ongoing education and training for staff includes in-service education and competency assessments.

Registered nursing cover is provided seven days a week and on call 24/7. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

The integrated residents' files are appropriate to the service type.

## 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.		All standards applicable to this service fully attained with some standards exceeded.
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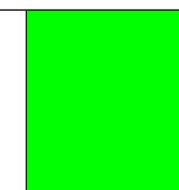
There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in electronic resident records demonstrated service integration and were evaluated at least six monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Qualified nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three monthly by the general practitioner.

The activity team provide and implement an interesting and varied integrated activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and resident preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. There is a mix of bedrooms with own ensuites, shared ensuites and communal toilets/showers. Rooms are personalised. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff have planned and implemented strategies for emergency management. There is a staff member on duty at all times with a current first aid certificate.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Staff receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers. There were no residents requiring the use of restraint and two residents using an enabler. Staff regularly receive education and training in restraint minimisation and managing challenging behaviours.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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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. Documentation evidences that 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. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. The infection control coordinators collate results of surveillance which are acted upon, evaluated and reported to relevant personnel in a timely manner. There have been no outbreaks.

## 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	2	43	0	0	0	0	0
Criteria	3	90	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>	FA	<p>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with seventeen staff (four healthcare assistants (HCAs), three registered nurses (RN) including one clinical nurse leader (CNL), three activities coordinators, one physiotherapy assistant, one administrator, one cook, one cleaner, one gardener, one laundry, one maintenance) confirmed their familiarity with the Code and its application to their job role and responsibilities.</p> <p>Interviews with eight residents (seven rest home and one hospital) and eight relatives (four rest home and four hospital) confirmed the services being provided are in line with the Code. The Code is discussed at resident, staff and quality meetings.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. Written general consents for photographs, release of medical information, and medical cares were signed as part of the admission agreement (under permissions granted) for long-term residents under the ARCC (including the hospital resident under long-term chronic health condition contract). Specific consent had been signed by resident/relatives for procedures such as the influenza vaccine. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p>

<p>they need to make informed choices and give informed consent.</p>		<p>Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated where required.</p> <p>Advance directives for health care including resuscitation status had been completed where residents were deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the family. Discussion with family members (four hospital and four rest home) identified that the service actively involves them in decisions that affect their relative's lives.</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>A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. This was evidenced on the complaints register that indicated family were offered access to an advocate. The Health and Disability advocate for the local area was the speaker for an in-service on the code of rights and the complaints process (13 July 2017). Interviews with staff and residents informed they are aware of advocacy and how to access an advocate.</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>Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, all staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting could occur at any time.</p> <p>A separate folder was sighted that lists community services and their contact details (eg, Te Whare Wananga o Awanuiarangi, Lynmore Primary School, Alzheimers New Zealand, Tauranga animal petting zoo, church and spiritual services, Tangi Tuaine's Island Girls, Kapa haka group).</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>There is a complaints procedure and the complaints process is explained in the service information provided to all residents and families. A record of all complaints, both verbal and written is maintained by the facility manager using a complaints' register.</p> <p>There were only four complaints made in 2018 and no complaints have been logged in the register for 2019 (year-to-date). Two complaints were selected for review. Both complaints were managed in accordance with Right 10 of the Code. A review of complaint documentation evidenced resolution of both complaints to the satisfaction of the complainants.</p> <p>Residents and family members advised that they are aware of the complaint procedure. Family members</p>

		stated that the service is very responsive to concerns and manages them quickly and efficiently. Discussions around concerns, complaints and compliments were evident in facility meeting minutes.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	There are posters of the Code on display throughout the facility and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. On entry to the service, the village manager discusses the information pack with the resident and the family/whānau. The information pack includes a copy of the Code.
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.	FA	The service has policies which align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting resident's privacy and could describe how they manage maintaining privacy and respect of personal property. All residents interviewed stated their needs were met. There are only single occupancy resident rooms in this facility.  All but six residents' rooms have their own private ensuite. These six rooms share three ensuites with each ensuite located between two rooms. Appropriate privacy door locks are in place.  There is a policy that describes spiritual care. Church services are conducted regularly. All residents interviewed indicated that resident's spiritual needs are being met when required.
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	The service has established cultural policies to help meet the cultural needs of its residents. There is a Māori health plan. Four residents identified as Māori on the day of the audit and cultural needs were addressed in two Māori care plans selected for review. The service values and encourages active participation and input of the family/whānau in the day-to-day care of the resident.  Cultural and spiritual practice is supported and identified needs are incorporated into the care planning process and reviewed as demonstrated in resident files sampled. In particular, a range of examples were provided that indicated the needs of Māori residents are exemplary and have resulted in a rating of continuous improvement.  Discussions with staff confirmed that they are aware of the need to respond to cultural differences with a range of examples provided.
Standard 1.1.6: Recognition	FA	The service has established cultural policies aimed at helping meet the cultural needs of its residents. All

<p>And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>residents interviewed reported that they were satisfied that their cultural and individual values were being met.</p> <p>Information gathered during assessment including resident's cultural beliefs and values, is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on.</p> <p>There is one resident who is Chinese speaking only. Her family assists with translation and are available 24 hours a day. A range of examples were provided where family had been requested to assist with translation. In addition, the family provided staff with an in-service on 'cultural awareness and effective communication with residents who are unable to communicate in English (16 October 2018) with 19 RNs and HCAs attending.</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>The facility has a staff code of conduct which states there will be zero tolerance against any discrimination occurring. The RNs supervise staff to ensure professional practice is maintained in the service. The abuse and neglect processes cover harassment and exploitation. All residents interviewed reported that the staff respected them. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<p>The service has policies to guide practice that align with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. The resident satisfaction survey reflects high levels of satisfaction with the services that are provided. Residents interviewed spoke very positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. A rehabilitation programme has been implemented that reflects evidence of enhanced resident quality of life and has resulted in a rating of continuous improvement.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. The village manager and clinical nurse manager confirmed family are kept informed. Relatives interviewed stated that the service is very open, and they are notified promptly of any incidents/accidents as well as invitations to the six-monthly multi-disciplinary meetings. Residents/relatives have the opportunity to feedback on service delivery through surveys and open-door communication with management.</p> <p>Regular resident meetings encourage open discussion around the services provided (meeting minutes</p>

effective communication.		sighted). Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required.
<p>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 Home and Hospital is owned and operated by the Arvida group. The service provides rest home and hospital – geriatric/medical level care for up to 41 residents in the care centre and 16 residents in the serviced apartments. All 41 beds in the care centre are certified as dual-purpose beds.</p> <p>On the day of the audit, there were 20 rest home level residents and 22 hospital level residents. This included two (rest home level) residents in the serviced apartments, two (hospital level) residents on the long-term support chronic health condition (LTS-CHC) contract, and one (rest home level) resident under the care of mental health services. All remaining residents were under the age-related residential care services agreement (ARCC).</p> <p>The organisation has a mission, vision and values. The service business plan was updated on 11 January and lists goals around the resident experience, health and safety, leadership, expense management and occupancy. Achievements against these plans are regularly reviewed by the management team. Regular meetings are held between the village manager and head office as well as weekly meetings between the village manager, clinical manager and clinical nurse leader.</p> <p>The village manager is a registered nurse and maintains an annual practicing certificate. She has been this role at the facility for seven years. The village manager is supported by a clinical manager (RN) and a clinical nurse leader (RN). The village manager has completed in excess of eight hours of professional development in the past twelve months.</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>In the absence of the village manager, the clinical manager is in charge with support from the clinical nurse leader, the registered nursing staff and the care staff.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	FA	<p>Since the previous audit the service has transitioned over to the Arvida Group policies which are reviewed at least every two years across the group. The policies and procedures are implemented and provide</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Staff (three caregivers, four registered nurses, the chef and the activities person) confirmed they are made aware of any new/reviewed policies.</p> <p>Monthly staff/quality meeting minutes sighted evidenced staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. This meeting collates all matters arising from all other smaller meetings to ensure an overall quality approach. The service collates accident/incident and infection control data. Monthly comparisons include trend analysis and graphs which are posted up in the staff room. Additional meetings include monthly RN (where clinical issues are discussed) meetings, bi-monthly night staff meetings, activity and family/resident meetings. The staff interviewed were aware of quality data results, trends and corrective actions.</p> <p>There is a robust internal audit programme that covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. Corrective actions are developed, implemented and signed off.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice as well as a separate health and safety meeting. There is a current hazard register which documents review, this is an improvement on the previous audit. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>Falls management strategies include assessments after falls and individualised strategies. The service has documented emergency plans covering all types of emergency situations and staff receive ongoing training around this.</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 accidents and incidents reporting policy. The village manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at monthly quality meetings including actions to minimise recurrence. A registered nurse conducts clinical follow-up of residents. Eight incident forms sampled (from a sample of resident files) demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Discussions with the facility manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human</p>	<p>FA</p>	<p>There are human resources management policies in place. This includes that the recruitment and staff</p>

<p>Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Eight staff files were reviewed (four HCAs, one diversional therapist, one physiotherapy assistant, two RNs) and evidenced that employment agreements and job descriptions were signed, and reference checks were completed. Two volunteer files selected for review reflected evidence of signed service agreements and non-disclosure statements, and completed competencies that were included as part of their orientation to the service (eg, infection control, health and safety, fire training and vehicle usage).</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice and is specific to work type. The in-service education programme is complimented by a computer-based learning programme that staff can utilise if they are unable to attend an in-service.</p> <p>The registered nurses are able to attend external training, including sessions provided by the local DHB. Eight of the ten registered nurses have completed interRAI training. Annual staff appraisals were evident in all staff files reviewed.</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>Glenbrae Home and Hospital's policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents.</p> <p>In addition to the facility manager (RN), who works full time, there is a clinical manager/RN and a clinical lead/RN who work Monday to Friday. One staff RN is rostered on the AM, PM and night shifts.</p> <p>The care facility is broken down into four dual purpose wings. HCA staffing rosters are as follows:</p> <p>Rosewood and Glengary wings (10 hospital level residents and eight rest home level residents): one long shift and one short shift HCA on the AM and PM shifts.</p> <p>Jasmine wing (eight hospital and six rest home level residents): one long shift and one short shift HCA on the AM and PM shifts.</p> <p>Camilla wing (four hospital and four rest home level residents): one short shift HCA on the AM shift and assistance on the PM shift by the HCAs rostered for Rosewood, Glengary and Jasmine wings.</p> <p>Additional HCA staff are rostered to help where needed. Two (flexi) HCAs are rostered in the AM shift (0700 – 1100 and 0730 – 1030 and one (flexi) HCA is rostered on the PM shift (1600 – 1900). The resident on the mental health contract has a private carer for six hours a day.</p> <p>Two long shift HCAs assist the one RN during the night shift. In addition, a third HCA is scheduled from 0530 to 0730 to assist with the serviced apartment occupants.</p> <p>The serviced apartments (25 residents with two rest home level) have a one long and one short shift</p>

		<p>caregiver for the AM and PM shifts. The night shift is covered by the care centre staff using remote telecommunications (walkie talkie).</p> <p>There are separate cleaning and laundry staff rostered seven days a week.</p> <p>The registered nurse on each shift is aware that extra staff can be called on for increased resident requirements. Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents. No agency staff has been needed but is available.</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 resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. 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. Entries in records are legible, dated and signed by the relevant HCA or registered nurse.</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>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs on the services and rest home and hospital level of care are provided for families and residents prior to admission or on entry to the service. All admission agreements reviewed for six long-term residents including the resident under the long-term chronic health condition (LTS-CHC) align with contractual requirements. Exclusions from the service are included in the admission agreement. There was a specific agreement for the one rest home resident under compulsory treatment order.</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>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exit or discharges to and from the service.</p>
<p>Standard 1.3.12: Medicine Management</p>	FA	<p>There are policies and procedures in place for safe medicine management. Clinical staff who administer medications (RNs, enrolled nurses and senior caregivers with level 4) have been assessed for competency</p>

<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>on an annual basis and attend annual medication education. Registered nurses have completed syringe driver training with hospice. Medications are stored safely. All medication (robotic rolls) are checked on delivery against the medication chart. The medication fridge is checked daily and are maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. There is a bulk supply order for hospital level residents and the expiry dates are checked regularly. There were no residents self-medicating on the day of audit.</p> <p>Fourteen medication charts (paper-based) were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three monthly.</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>CI</p>	<p>All meals and baking are prepared and cooked on-site by two cooks who cover the seven-day week. The cooks are supported by morning and afternoon kitchenhands. There are six weekly rotating seasonal menus that have been reviewed by the dietitian. The cook receives resident dietary profiles and notified of any dietary changes including weight loss. The menu provides pureed/soft meals. Dislikes and food allergies are known and accommodated. The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the dining room. Meals are plated, covered and delivered on a trolley to the second dining room and resident rooms. Meals are delivered in the bain marie to the serviced apartments. The main meal is at midday with a lighter option in the evening and fruit platters. The service introduced buffet breakfasts a year ago which have proven to have a positive impact on resident's well-being and social interaction.</p> <p>Freezer, fridge and end cooked, re-heating (as required), cooling and serving temperatures are taken and recorded daily. The dishwasher rinse and wash temperatures are taken and recorded. All perishable foods and dry goods were date labelled. A cleaning schedule for cooks and kitchenhands is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. The current food control plan has been verified 12 February 2019.</p> <p>Residents provide feedback on the meals through resident meetings and resident survey. The cook receives feedback directly both verbally and through resident meetings. Residents and relatives interviewed spoke positively about the choices and meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the</p>	<p>FA</p>	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>

immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.		
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The RN completes an admission assessment including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes for long-term residents including the resident under LTS-CHC and the resident under compulsory treatment order. The outcomes of assessments are reflected in the needs and supports documented in the care plans. Other available information such as discharge summaries, medical notes and consultation with resident/relative or significant others are included in the long-term care plans.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Resident care plans on the resident electronic system for all resident files reviewed were resident focused and individualised. Support needs as assessed were included in the long-term care plans. The e-Case programme identifies interventions that cover a comprehensive set of goals including managing medical needs/risks. Care plans include the involvement of allied health and community workers to assist the residents in meeting their specific goals around wellbeing. Key symbols on the resident's electronic home page identify current and acute needs such as (but not limited to); current infection, wound or recent fall. Short-term needs are updated and added to the relevant eCase care plan.  There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, physiotherapy aide, podiatrist, dietitian and community mental health services.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Residents interviewed reported their needs were being met. The family members interviewed stated their relative's needs were being appropriately met. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or nurse specialist consultant. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs sign a care activity worklog with scheduled tasks and monitoring charts including repositioning, bowel chart, behaviour chart, food and fluid chart, weight, neurological observations and toileting regime. Monitoring charts are well utilised. Family are notified of all changes to health as evidenced in the electronic progress notes.  Wound assessments, wound management plans with body maps, photos and wound measurements were reviewed on e-Case for three residents with wounds (skin tear, ulcer and skin condition). There were no pressure injuries on the day of audit. When wounds require a change of dressing this is scheduled on the

		<p>RN daily schedule. The wound champion (enrolled nurse) reviews wounds (overseen by the RN) and has access to the wound nurse specialists at the DHB.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p>
<p><b>Standard 1.3.7: Planned Activities</b></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 service employs a team of activity coordinators to coordinate and implement the Monday to Friday activity programme in the care centre and serviced apartments. There is one activity coordinator on each day and another activity coordinator that drives the van for outings, shopping and one-on-one activities. Some of the team have dual roles including caregiver roles.</p> <p>The activity team provide individual and group activities that meets the cognitive and physical abilities and preferences of the residents. The rest home and hospital programme is integrated, and the care centre, serviced apartment and village residents have events and entertainment that is open to all residents to attend. Activities offered align with the Wellness model of eating well, thinking well, resting well, engaging well and moving well. These include (but are not limited to); exercise groups taken by the physiotherapy aid, newspaper reading, board games, quizzes, baking, happy hours, gardening, garden walks and entertainment from the Glenbrae chorus choir. One-on-one activities such as individual walks, chats and hand massage occur for residents who are unable to participate in activities or choose not to be involved in group activities. Residents receive a copy of the programme which is also displayed in the lounge areas. The programme is flexible with some spontaneous activities and also allows for resident choice of activities. There are volunteers involved in assisting with activities and one volunteer takes residents out weekly for Trishaw rides into the community including the gardens and parks, stopping for a picnic or ice-cream along the way.</p> <p>Community visitors include entertainers, SPCA pet visits, pre-school children and church services.</p> <p>The younger person under LTS-CHC has an individual activity plan that identifies their specific recreational preferences and community involvement. The resident under CTO has a one-on-one privately funded carer who spends time with the resident doing recreational activities, shopping and café visits as the resident desires.</p> <p>A resident leisure profile is completed soon after admission. Individual leisure plans were seen in resident electronic files. The activity coordinators are involved in the six-monthly review with the RN. The service receives feedback and suggestions for the programme through resident integrated meetings (rest home and hospital) and surveys. The residents and relatives interviewed were happy with the variety of activities provided.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans for long-term residents were evaluated by the RN within three weeks of admission. Long-term care plans have been evaluated by the RN six monthly or earlier for any health changes for the long-term resident files reviewed. Family are invited to attend the multidisciplinary review meeting and case conference notes are kept. Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the electronic progress notes.</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>	FA	<p>There are documented policies and procedures in relation to exit, transfer or transition of residents. Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Discussion with the registered nurse and enrolled nurse identified that the service has access to a wide range of support either through the GP, specialists and allied health services as required.</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>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-mixing unit in the laundry. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the day of audit. There are sluice rooms with appropriate personal protective clothing. There is an external locked chemical storage shed. Staff have completed chemical safety training by the provider of chemical supplies.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with</p>	FA	<p>The building holds a current warrant of fitness which expires 24 February 2020. The maintenance officer is a health and safety representative and works four days a week. There is a maintenance request book for repair and maintenance requests which is checked daily and signed off when repairs have been completed.</p>

<p>an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, call bell checks and calibrations such as wheelchairs, hoists, weigh scales and electric beds. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. Essential contractors/tradespeople are available 24 hours as required. There is a gardening team employed to maintain the gardens and grounds. Environmental improvements include replacement of carpet, replacement of resident chairs and re-modelled gardens. The service continues to develop households within the environment.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas, courtyard and gardens were well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</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>All serviced apartments have full ensuites. All rooms have hand basins. There is a mix of ensuite resident rooms, shared ensuites and communal bathrooms/showers within the facility. There are six standard rooms with a communal shower/toilet closely located to the room. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs if appropriate. There are signs and privacy locks on all communal and shared shower/toilet doors.</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</p>	<p>FA</p>	<p>All rooms are single. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>

setting.		
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are two dining areas. One main dining room is adjacent to the kitchen for more independent residents. The second dining room is where more dependent residents have meals as they require more assistance and feeding. One of the developed households has its own dining/lounge area which is also used as a smaller lounge/family room with tea/coffee making facilities. There are seating alcoves throughout the facility. The communal lounge doors open out onto the courtyard and gardens. All communal areas are easily accessible for residents with mobility aids.</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>	FA	<p>All laundry and cleaning is done on-site by dedicated laundry and housekeeping staff seven days a week. The laundry is divided into a "dirty" and "clean" area. There is a separate clean laundry folding and ironing room across the corridor from the laundry. Personal protective equipment is available. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The cleaner's trolley was attended at all times and is locked away in the cleaner's room when not in use. All chemicals on the cleaner's trolley were labelled. Staff have completed chemical safety training.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back-up power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. Activities staff who go on outings also hold a current CPR certificate.</p> <p>There are call bells in the residents' rooms and lounge/dining room areas. Residents were observed to have their call bells in close proximity. For those residents who are able, a pendant is available for their use to use as a call system. Sensor mats are also used, and one resident uses a pendant alarm.</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>All bedrooms and communal areas have ample natural light and ventilation. All communal areas and resident rooms have wall heaters.</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 clinical nurse leader/RN and clinical manager share the responsibility of overseeing infection control management for the service. The infection control coordinators provide a report to the bi-monthly quality meeting and to the general clinical manager at the support office. The infection control programme is reviewed annually in consultation with the infection control coordinators.</p> <p>Visitors are asked not to visit if they are unwell. Hand sanitisers are appropriately placed throughout the facility. Residents and staff are offered the annual influenza vaccine.</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 Clinical Nurse Lead (CNL)/infection control coordinator has a diploma in infection prevention and control (2012) and has completed the RN Altrura on-line infection control module. The clinical manager attends the Arvida twice yearly forums that includes education on infection control. Quality meeting minutes which includes infection control data are available to staff. Infection control is linked into facility and clinical meetings. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. Advice and support is readily available from expertise within the organisation, infection control nurse specialist at the DHB, and GPs.</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</p>	FA	<p>There are infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes responsibilities of the infection control team and training and education of staff. The policies have been reviewed by the Arvida Group at support office and available on the intranet for all staff to access.</p>

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.		
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred on orientation and annually that includes infection control induction, hand hygiene audits and infection control education updates.  Resident education occurs as part of daily cares and residents are informed on the annual influenza vaccines.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Infection surveillance is an integral part of the infection control programme and is described in the Arvida group infection control manual. Monthly infection data is collected for all infections based on signs, symptoms and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends monthly and annually. Infection control surveillance is discussed at facility meetings and meeting minutes are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives benchmarking feedback from the support office. There have been no outbreaks.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. The service has implemented systems to ensure the use of restraint is actively minimised. A registered nurse is the designated restraint coordinator.  During the audit there were no residents with restraint and two (hospital level) residents who had voluntarily requested an enabler (mobility scooter lap belt, bedrails). Both enabler files were reviewed. All necessary documentation has been completed in relation to the enablers.  Staff interviews evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Staff education on RMSP/enablers has

		been provided.
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## Specific results for criterion where corrective actions are required

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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
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## 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.4.3</p> <p>The organisation plans to ensure Māori receive services commensurate with their needs.</p>	CI	<p>The management and staff at Glenbrae have demonstrated their commitment to ensuring that the individual interests, customs, beliefs, and cultural and ethnic backgrounds of Māori are valued and fostered within the service.</p>	<p>A range of examples were provided by management, care staff and residents that reflected an organisation that exceeds the standard in demonstrating how Māori residents receive services that are commensurate with their needs. Examples provided included the following:</p> <p>i) A powhiri at the beginning of the audit was led by a resident who is the designated kaumātua of the facility. He is also a kaumātua for other aged care facilities and has completed 45 blessings since September 2016. He also supports palliative care residents, special events and formally welcoming guests to Glenbrae. He makes himself available for one-on-one care if requested by whānau of other residents. The powhiri prior to this audit included many staff from many different cultures. Staff who were not scheduled to work chose to come to the powhiri and many dressed in their native dress.</p> <p>ii) Interviews with two HCAs who identify as Māori identified that the (pakeha) managers are culturally sensitive to the needs of Māori. They were described by the HCAs as ‘doing it the Māori way’. Often if a Māori resident is dying, family stay in the resident’s room 24 hours a day. Mats are placed on the floor</p>

			<p>for sleeping. A separate whānau room is also available. When a resident passes, a waiata is performed by staff as the resident leaves the facility. Karakia's (blessings) are performed in the dining room and although only a handful of residents say the karakia, many residents participate by adding closure to the prayer (saying amen).</p> <p>iii) Te reo Māori language is posted on walls and in toilets. A Māori language translator is available who assisted with translation during the powhiri.</p> <p>iv) Mai kai (food) is offered to residents. The activities programme features a range of Māori entertainers (Whānau singing group, Māori volunteer to lead waiatas for Glenbrae choir).</p> <p>v) A detailed Māori health plan was evidenced in the two Māori resident files selected for review.</p>
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>The facility encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals and education of staff. The general practitioner (GP) confirmed that the service seeks prompt and appropriate medical intervention when required and were responsive to medical requests. The service has a resident focus, and accesses DHB initiatives, such as rehabilitation improvements for residents. Residents are provided with opportunities to participate in these initiatives.</p>	<p>A pilot study facility by Queen Elizabeth Hospital in August 2017 was initiated with the goals of improving strength and balance and potentially reduce falls in the older adult. A cohort of residents were selected to take part in strength and balance activities. The programme proved so successful that it was continued beyond the original timeframe. Outcome measures including using the timed up and go test before and after the programme was initiated. Times significantly reduced for those residents who took part in the exercise classes. In addition to the group exercise classes, four residents who had been immobile for a number of years were now able to walk with an assistive device and staff support. A short video was produced that reflected these positive resident outcomes. Residents reported feeling happier in their life and wellbeing.</p>
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional</p>	CI	<p>The service implemented buffet breakfasts at the end of 2017 and have achieved iron and bronze level of the eating well pillar of Avida's living well</p>	<p>Buffet breakfasts are available every morning in the dining room and smaller family room as arranged. The selection of foods is largely based on whole/natural fresh foods. The buffet breakfast is set up as an activity with cooking toast and brewing coffee. The tableware and glassware look like homeware. Residents rise at a time to suit and join others for a relaxed buffet</p>

<p>needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>		<p>model.</p>	<p>breakfast. Residents interviewed during the buffet breakfast on audit day stated they enjoyed the relaxed atmosphere and being able to choose their breakfast, how much they would like and time they came down to the dining room. Residents socialise and have more time to eat and drink and there have been benefits to the residents including reduced urinary tract infections and reduced incidence of unintentional weight loss. Resident meeting minutes evidence comments by residents around the buffet breakfasts. The formal living well evaluation tool shows 86% in bronze achievement in August 2018 and 100% bronze achievement in January 2019.</p>
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End of the report.