

Anglican-Methodist South Canterbury Glenwood HomeTrust Board - Glenwood Home

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:

Legal entity:	Anglican-Methodist South Canterbury Glenwood Home Trust Board
Premises audited:	Glenwood Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 April 2019 End date: 24 April 2019
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:	39



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

The Anglican-Methodist South Canterbury Glenwood Home Trust Board owns and operates Glenwood Home. The service provides care for up to 42 residents and on the day of audit there were 39 residents.

The certification audit was conducted against the Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, and observations and interviews with residents, family, management, a general practitioner (GP) and staff.

Glenwood has an established quality and risk management system, and annual consumer survey results show 94% satisfaction. Residents, families and the GP interviewed, commented positively on the standard of care and services provided at Glenwood. There are well developed systems that are structured to provide appropriate quality care for residents.

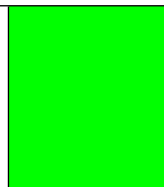
The facility manager has health management experience in a public hospital setting. The board meets monthly and the management team provides reports to the board regarding all aspects of service provision.

This audit has identified no areas requiring improvement.

Glenwood exceeds the required standard around the activities programme and infection control surveillance.

Consumer rights

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

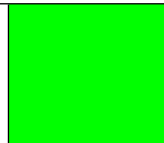


Standards applicable to this service fully attained.

Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents and/or their family. Interviews confirmed that residents and relatives are kept informed regarding care. Informed consent records were maintained in residents' files. Professional boundaries are covered in the orientation and induction programme. Residents have offered assistance in accessing advocacy services and receive information on how and where to access services independently. Residents participate in community activities and services. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints are documented and maintained in a complaints' register, they are investigated and resolved.

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.

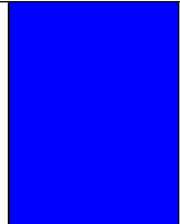


Standards applicable to this service fully attained.

Glenwood has an established and well-maintained quality and risk management processes showing high compliance. Adverse events are recorded by the staff, and there is evidence of assessment and first aid provided by registered nurses. Human resource management policies are implemented. Competencies and practicing certificates are up to date and documented in a register. The service has an internal training programme which includes a wide range of topics. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

The home uses an electronic medication system and patient management system. Some paper-based residents' records are also maintained. All relevant initial information is recorded within required timeframes into the resident's individual record.

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. Registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans viewed demonstrated service integration and are reviewed at least six monthly. Resident files include medical notes by the contracted GP and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers are responsible for the administration of medicines. Medication charts are reviewed three monthly by the GP.

The activities coordinator implements the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations.

All meals are cooked on site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. Residents were very satisfied with the meals.

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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Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. The building holds a current warrant of fitness. All rooms have a shared or individual toilet or full ensuite facilities, and there are sufficient communal showers/toilets. External areas are safe and well maintained with shade and seating available. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are monitored through the internal auditing system. Systems and supplies are in place for essential, emergency and security services.

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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Glenwood maintains a restraint free environment. Restraint minimisation is practiced and overseen by the clinical manager. There are no residents using enablers or restraints.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control (IC) programme meets the needs of the service and provides information and resources to inform and guide staff. The IC coordinator is a senior nurse with relevant skills, expertise, and access to resources necessary to achieve the requirements of this standard. Staff completed training around infection control, and IC audits show 100% compliance. The surveillance data is collected and analyzed monthly to identify areas for improvement or corrective action requirements. Trends are identified, and quality initiatives are discussed at staff meetings. Glenwood has achieved a reduction in urinary tract infections.

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	1	44	0	0	0	0	0
Criteria	2	91	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>Discussions with 11 staff members (three healthcare assistants (HCAs), three registered nurses (RNs), two cooks, one diversional therapist, one laundry staff and one housekeeper) confirmed their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Seven residents (three rest home and four hospital) and five relatives (one rest home and four hospital) were interviewed and confirmed the services being provided are in line with the Code. Observation during the audit confirmed this in practice.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has in place a policy for informed consent. Completed resuscitation forms were evident on all resident files reviewed (five hospital and two rest home). General consent forms were signed on admission and included outings, storage of information, photographs and treatment. A separate form identified sharing of information with family specifying who and when details and times of notification. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. Enduring power of attorney forms if available are filed in the resident's charts.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Residents are provided with a copy of the Code on entry to the service. Pamphlets on advocacy services are available at the entrance to the facility. Residents interviewed confirmed that they are aware of their right to access independent advocacy services. Discussions with relatives confirmed that the service provided opportunities for the family/enduring power of attorney (EPOA) to be involved in decisions. The resident files include information on residents' family/whānau and chosen social networks.</p> <p>Resident meetings occurred monthly and follow-up from the meetings completed by the facility manager. The local advocacy services visit at least yearly and provides training to staff.</p> <p>HCA's and RNs interviewed were aware of the resident's right to advocacy services and how to access the information.</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 and relatives interviewed confirmed open visiting. Visitors were observed coming and going during the audit. Interview with residents confirmed that they are encouraged to be involved with the service and care. The activities programme included opportunities to attend events outside of the facility, and residents are encouraged wherever possible to maintain former activities and interests in the community. A van is available for weekly outings.</p> <p>Community services include pharmacy services for the supply of pharmaceuticals, a house general practitioner (GP) who visits the facility weekly and as required, a physiotherapist who is available on request, a dietitian who is available on request, palliative care practitioners who are available upon referral, a podiatrist who visits the residents regularly and a hairdresser who is on site at least once per week. Regular church services are provided.</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>The facility manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. There is a complaint register that included relevant information regarding the complaint. Complaints were reported monthly to staff via the various meetings and the board on a monthly basis. There were three complaints received in 2019 year to date. All of the complaint documentation included follow-up letters, and resolutions were completed within the required timeframes. A complaints procedure is provided to residents within the information pack at entry. Feedback forms are available for residents and relatives in various places around the facility.</p> <p>Staff interviewed were able to discuss the complaints process.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>There is a welcome pack provided to residents on entry that includes information on how to make a complaint, Code of Rights pamphlet, and advocacy services brochures. Relatives and residents are informed of any liability for payment of items not included in the scope of the service. This is included in the service agreement. Residents and family members interviewed confirmed that they received all the relevant information during admission.</p> <p>Monthly resident meetings provide the opportunity to raise concerns. An annual residents/relatives survey is completed.</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>	<p>FA</p>	<p>Residents interviewed confirmed that staff respect their privacy and support residents in making choice where able. Staff have completed education around privacy, dignity, elder abuse and neglect. During the audit, staff were observed treating residents with respect and ensuring their dignity is maintained. Care plans reviewed identified that values & beliefs are documented. Staff interviewed, and documentation reviewed identified that there were no incidences of abuse & neglect, and staff could describe definitions of abuse and neglect and their responsibilities for reporting.</p> <p>The 2018 residents' and relatives' satisfaction surveys showed improvements from the previous survey around this criterion compared to the previous year. The satisfaction rate was 90% and over, in all components of the survey questions around privacy, dignity and resident's rights.</p> <p>Resident paper-based files were stored securely, and electronic records were password protected.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>There is a Māori health plan and a cultural safety policy. Cultural needs are addressed in the care plan. This was evidenced in the review of one resident file with a different ethnic background. There are no residents who currently identify as Māori. Linkages with Māori community groups are available and accessed as required.</p> <p>Cultural safety and treaty of Waitangi training was last provided in November 2018. The Māori health plan identifies the importance of whānau. Interviews with healthcare assistants and RNs confirmed their understanding about the importance of family/whānau involvement. Discussions with families confirmed that they are regularly involved.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture,</p>	<p>FA</p>	<p>Glenwood provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. There are multi-cultural staff available, and interviews with all</p>

<p>Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>residents confirmed that individual values and beliefs are considered and discussed. HCA and RNs interviewed were able to give specific examples of ways that they meet the individual needs of the residents.</p> <p>An initial care planning meeting is carried out with the resident and/or family members as appropriate/able are invited to be involved. Individual beliefs or values are further discussed and incorporated into the care plan.</p> <p>The Chaplain blesses rooms on request and offers counselling to residents, staff and family. The home is involved with the Time Slips programme which stimulates participation of isolated or reticent residents or those with dementia or palliative care needs. This programme is provided by a facilitator who is a reverend from the local community and has relevant experience in her pastoral roles and dealing with those who are grieving or dying.</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>Job descriptions include responsibilities of the position and are in place for all roles within the service. The RNs and allied health professionals practice within their scope of practice. Management and staff meetings include discussions on professional boundaries and concerns/complaints as they arise. Management provides guidelines and mentoring for specific situations. Interviews with the facility manager, the clinical manager, RNs and HCAs confirmed an awareness of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The quality improvement programme is well implemented and linked to all aspects of the service delivery. A number of quality initiatives have been completed following the last survey outcome, previous audit findings, and as a response to legislative changes and/or sector best practice.</p> <p>Glenwood has been working alongside the DHB to create a Business Continuity Plan (near completion) and to train staff in Coordinated Incident Management System (introductory training has been completed and more sessions are planned).</p> <p>Management and the Board have lifted their activity and involvement in Health and Safety. This is confirmed by the managements team and a board of trustee. During refurbishment of the dining room, Glenwood has increased health and safety activities. Staff and management stated that they were exposed to different issues that were not occurring previously. However, an incident highlighted an opportunity for Glenwood to improve health and safety activities. An external review around building safety was undertaken and required corrective actions and system improvements were completed. Contractor management including induction and hazard identification, were tightened up. Board and staff/quality meetings show robust discussions and training around health</p>

		and safety.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>A specific policy to guide staff on the process to ensure full and frank open disclosure is available. Full information is provided at entry to residents and family/relatives. The information pack is available in large print and advised that this can be read to residents. Families are involved in the initial care planning and in ongoing care.</p> <p>Management promotes an open-door policy. Residents interviewed were aware of the open-door policy and confirmed on interview that the staff and management are approachable and available. Residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>Regular contact is maintained with family including if there is an incident/accident, a care or medical issue or a complaint arises. Fifteen incident forms reviewed identified that family were notified following a resident incident unless specified not to be notified for minor incidences or on the resident request. This information was all recorded.</p> <p>Interpreters are available as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The Anglican-Methodist South Canterbury Glenwood Home Trust Board owns and operates Glenwood Home. The service provides care for up to 42 residents (including 29 dual-purpose beds and 13 rest home beds). On the day of audit, there were 14 rest home residents (including three residents under a YPD contract) and 25 hospital care residents (including one on an end of life contract and one bariatric care). All other residents were under the age-related residential care services agreement.</p> <p>The facility manager has a background of speech and language therapy and a Diploma in Editing and Proofreading. She has significant health management experience in a public hospital setting.</p> <p>Glenwood has a business plan, which is reviewed annually. Currently the board and the management team are developing the strategic plan for 2020. The board meets monthly and the management team provides a report to the board regarding all aspects of service provision. The Board completes a Health and Safety walk-through prior to the board meetings.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-</p>	FA	<p>During a temporary absence, the clinical manager will cover the manager's role. The clinical manager is an experienced RN with many years of service in aged care.</p>

<p>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>A review of the documentation, policies and procedures and from discussion with staff, identified that the service has a quality improvement programme that includes all aspects of service delivery to minimise risk of unwanted events and enhance quality.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Policies and procedures are implemented, and this provides 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.</p> <p>Glenwood continues to implement their internal audit programme that includes all aspects of clinical care. Issues arising from internal audits are developed into corrective action plans. Monthly and annual analysis of results are completed and provided to staff, consumers and the board.</p> <p>The Glenwood Home board meets monthly and the facility manager attends the meeting and provides a monthly report.</p> <p>Facility meetings held include quality and health and safety, full staff meetings, kitchen meetings, resident and relative meetings, diversional therapy and cleaners' meetings. Meeting minutes sighted evidenced that there is discussion around quality data including complaints, compliments, health and safety, accident/incident, infection control, internal audits and survey results. The staff interviewed were aware of quality data results, trends and corrective actions.</p> <p>Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls.</p> <p>The health and safety committee meets three monthly. A newly formed health and safety management team discusses current issues and action plans and reviews policy and processes to maintain practices per the Work Safe direction provided on their website. All incident and accidents are reported to the Board at their monthly meetings and an annual report is prepared after the annual health and safety audit at year's end.</p> <p>Health and safety policies are aligned with the current legislation and the Act. The health and safety officer is experienced in the role and very passionate. Glenwood has completed work on induction processes for contractors and are continually working on identifying and addressing any hazards.</p> <p>Annual resident/relative satisfaction surveys were completed with results communicated to residents and staff. The overall service result for the resident/relative satisfaction survey completed in March 2018 was at 94%. Following the survey, Glenwood had completed a number of projects to enhance the physical environment, food services and purchase of new equipment.</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>A sample of 15 accident and incident forms from October 2018 to April 2019 were reviewed. Accidents and incidents were recorded initially in paper format then electronic records. All accident/incident forms document RN review and follow-up within a timely manner. There is documented evidence that the family/next of kin had been notified promptly of accidents and incidents.</p> <p>There is evidence of assessment and first aid provided, registered nurse follow-up including clinical observations, review by GP and referral as appropriate. The development of short-term care plans as a result of an accident/incident was consistently evident in paper-based files.</p> <p>Staff interviewed confirmed that incident and accident data are discussed, and information is made available.</p> <p>Discussions with management confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment and retention of staff. Nine staff files sampled (the clinical manager, two RNs, a cook, an activities coordinator, a cleaner and three healthcare assistants) contained all relevant employment documentation. Position descriptions outline accountability, responsibilities and authority. Staff files are internally audited to ensure full compliance.</p> <p>Current practicing certificates were sighted for the RNs, and allied health professionals. Performance appraisals were up to date. Current performance appraisals demonstrate an evaluation of staff performance and competence.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and covers the essential components of the services provided. Staff interviewed believed that new staff were adequately orientated to the service on employment.</p> <p>The education planner in place covers the compulsory education requirements as well as additional clinical in service and external education. Five RNs including the clinical manager, have completed interRAI training. Staff completed competencies relevant to their role.</p> <p>The facility manager has professional supervision related to workplace support. The clinical manager also can access clinical supervision.</p>
<p>Standard 1.2.8: Service Provider</p>	<p>FA</p>	<p>Glenwood has a documented rationale for determining staffing levels and skill mixes for safe service</p>

<p>Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support including management of dual service beds.</p> <p>The clinical manager and an RN provide on call cover including weekends. There is an RN on duty 24 hours. There are six HCAs on morning and five HCAs on afternoon shifts including long and short shifts. There are two staff on night shift.</p> <p>Three HCAs and three RNs interviewed confirmed that they have appropriate staffing numbers and skill mix on their shifts. They confirmed that staff sickness and vacant shifts were covered. Review of the roster showed that staffing hours were extended to support increased acuity at times. The clinical manager stated that a senior RN role has been developed to support the clinical manager and to mentor RNs. This is work in progress.</p> <p>Residents and relatives interviewed stated that there were adequate staff on duty at all times. Staff stated that they feel supported by RNs, and the management team.</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>Glenwood uses an electronic medication system and an electronic patient management system. Some paper-based resident's records were also being maintained.</p> <p>All relevant initial information is recorded within required timeframes into the resident's individual record. All resident records containing personal information is kept confidential and electronic records are password protected. Paper records are kept secure. All files are integrated.</p> <p>In the paper records, entries were legible, dated and signed by the relevant HCA, RN, allied health 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>There are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack available for residents/families at entry. The admission agreements reviewed meet the requirements of the ARC contract. Exclusions from the service are included in the admission agreement. Seven admission agreements sighted were signed and dated.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit,</p>	FA	<p>Policy describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities and communication with family is made.</p>

discharge, or transfer from services.		
<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 guidelines.</p>	FA	<p>Fourteen electronic medication charts were reviewed and included ten hospital (including one resident admitted under end of life contract) and four rest home.</p> <p>The medication management policies and procedures comply with medication legislation and guidelines. There is one central treatment room. Medication fridge temperatures are checked and recorded daily. Medicines are appropriately stored, and all expiry dates were in accordance with relevant guidelines and legislation. Medication administration practices complied with the medication management policy on the medication rounds observed. Medication prescribed is signed as administered on the electronic chart.</p> <p>RNs and senior HCAs administer medicines. All staff that administer medicines are competent and have received medication management training. The facility uses a blister packed medication management system for the packaging of all tablets. The clinical care manager and senior RN reconcile the delivery of medications and documents this. All medication charts reviewed aligned with prescribing requirements. There was evidence of three-monthly medication reviews by the GP. All medication charts have photo identification. Allergies or nil known allergies were recorded. There were no residents self-administering their own medicines. Standing orders are not in use.</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>	FA	<p>The service employs a morning cook from 7.00 am to 1.30 pm and an afternoon cook from 3.30 pm to 7.00 pm. There is a kitchenhand on each morning shift. All kitchen staff have current food safety certificates. The head cook oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked on site. Meals are served directly from bain maries the kitchen to the dining room. Meals going to rooms on trays have covers to keep the food warm. Special equipment such as lipped plates are available. On the day of audit, meals were observed to be hot and well-presented and residents stated that they were enjoying their meal.</p> <p>There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. A verified food control plan is implemented with an expiry date of August 2019. Internal audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded daily. Food temperatures are checked, and these were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted on a whiteboard. The four-weekly menu cycle is approved by a contracted dietitian. All residents and family members interviewed were very satisfied with the meals.</p>

<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The service records the reason for declining service entry to residents should this occur and communicates this to residents/family. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments had been completed for six of seven long-term residents' files reviewed. One resident was a new admission and did not require completion of an interRAI. The goals were identified through the assessment process and linked to care plan interventions. Other assessment tools in use included (but are not limited to) falls risk, pressure injury risk, pain and nutrition.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. Care plans are documented on an electronic resident management system and are resident-centred. Interventions document detail around support needs and provide guidelines for interventions around current assessed needs.</p> <p>Short-term care plans are in use for changes in health status. Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals including the podiatrist, wound care specialist and mental health care team for older people. The care staff interviewed advised that the care plans were easy to follow.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition changes, the RN will initiate a GP consultation. On interview, a GP confirmed that care provided is of a high standard, and GPs are kept informed. Staff stated that they notify family members about any changes in their relative's health status. All seven long-term care plans sampled, have interventions documented. Care plans have been updated as residents' needs changed.</p> <p>HCA's stated that there are adequate clinical supplies and equipment provided, including continence</p>

		<p>and wound care supplies and these were sighted.</p> <p>Wound assessment, wound management and evaluation forms are in place for all wounds. All wounds are documented on individual wound management plans and include a comprehensive assessment, management plan, photographic progress and evaluations. Wound monitoring occurred as planned. There was a total of seventeen wounds including five skin tears, one surgical wound, four skin lesions, two other and five pressure injuries (one unstageable and one grade 3, two grade 1 and one grade 2). On interview the RNs advised the wound care specialist is contacted for advice as required. All wounds are being managed according to management plans and healing.</p> <p>Monitoring forms are in use as applicable, such as weight, vital signs and wounds. Resident falls are reported on accident forms and written in the progress notes. Neurological observations are completed for unwitnessed falls or falls where residents hit their heads. Family are notified. Behaviour charts are available for any resident that exhibits challenging behaviours.</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>CI</p>	<p>A qualified diversional therapist and an activities coordinator (in training) together provide a programme over seven days a week. Both staff work on one afternoon per week to facilitate time for planning and meetings. A group of volunteers known as the friends of Glenwood come and help with happy hour, scrabble and craft activities. The volunteers fundraise twice a year and provide funds for resident gifts and special projects such as the fish tank. On the days of audit, residents were observed going for walks, listening to music and playing games. There is a comprehensive volunteers' orientation package completed by all volunteers.</p> <p>The activities programme is developed monthly, and all residents receive a monthly and updated weekly programme. The programme is also available on communal noticeboards. Residents have the choice of a variety of activities in which to participate, and every effort is made to ensure that activities are meaningful and tailored to residents' needs. These include exercises, games, quizzes, music, walks outside and regular outings. The DT drives the van and has a current first aid certificate. Residents interviewed described weekly van outings, musical entertainment and attendance at a variety of community events.</p> <p>Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat. The activities staff maintain a register and are aware of each resident's needs, and plan activities based on assessed needs.</p> <p>There is a Methodist and Presbyterian Church service held in the facility monthly. A catholic communion service is scheduled routinely. There are van outings weekly. There are regular entertainers visiting the facility. Special events like birthdays, Easter, Fathers' Day, Anzac Day and Chinese New Year are celebrated.</p>

		<p>Younger residents have individualised programmes which cater for their specific needs including (but not limited to) shopping outings, visits to the races, BBQ meals and assistance to access and attend local groups such as a woodworking group.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. Resident files reviewed identified that the activity plan is based on this assessment. Activity plans are evaluated at least six monthly at the same time as the review of the long-term care plan. Resident meetings are held monthly.</p> <p>The activities team has made significant changes over 2018 and continuing into 2019. Glenwood has exceeded the standard around its activities programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The long-term care plans reviewed (apart from the palliative care resident and a new admission) had been evaluated by the RNs six monthly or when changes to care occurs. Short-term care plans for short-term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are incorporated in the long-term care plan and these are also evaluated six monthly. The multidisciplinary review involves the RN, GP and resident/family if they wish to attend. There are three monthly reviews by the GP for all residents. The family members interviewed confirmed that they are informed of any changes to the care plan.</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>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. There was evidence of where residents had been referred to the wound care nurse specialist and mental health services for older people. Discussion with the RNs 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,</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. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff.</p>

infectious or hazardous substances, generated during service delivery.		
<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>	FA	<p>The building holds a current warrant of fitness which expires 1 May 2019. A maintenance officer works 12 hours per week and is available after hours as required. There is a preventative and reactive maintenance programme. External contractors are used when required. The gardener is contracted.</p> <p>Electrical equipment has been tested and tagged. There are scales suitable for all resident needs available. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. There is a mixture of carpet and vinyl flooring throughout the facility. The utility areas such as the kitchen and laundry have vinyl flooring. Ensuites, toilets and communal showers and toilets have nonslip vinyl flooring. There is an internal lift providing access between the two floors. All corridors have safety rails and promote safe mobility with the use of mobility aids. The facility has recently completed renovations including expansion and enhancement of the dining room. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There are courtyard areas with seating and shade provided. There is safe access to all communal areas.</p> <p>Care staff interviewed stated they have adequate equipment to safely deliver cares for all levels of care.</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>	FA	<p>All rooms are single with a combination of full ensuite and shared ensuite facilities. There are sufficient communal toilets and showers. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in the toilet and shower areas to accommodate shower chairs if appropriate. There are signs on all 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</p>	FA	<p>All resident's rooms are single. There is sufficient space to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have more than adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>

and 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 is a large recently refurbished lounge and dining room and other seating areas, which are used for activities, recreation and dining. The area is spacious and located directly off the kitchen/servery area. All areas are easily accessible for residents. The furnishings and seating are appropriate. Residents were seen to be moving freely both with and without assistance throughout the audit. Residents interviewed reported they can move around the facility and staff assist them if required.</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 is done on site. The laundry is run by designated caregivers. The laundry is divided into a "dirty" and "clean" area. There is a laundry and cleaning manual. Cleaning and laundry services are monitored through the internal auditing system. The cleaner's equipment was attended at all times or stored in locked rooms. All chemicals on the cleaner's trolley were labelled. The laundry is kept locked when not in use. Staff attend infection prevention and control education and there is appropriate protective clothing available. Manufacturer's data safety charts are available for reference if needed in an emergency. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the facility.</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>Glenwood has updated their emergency management plan. Water storage increased to 25000 litres. Alternative heating and cooking facilities are available, and a new large barbeque was purchased. Emergency lighting is provided through an on-site generator. Staff conducts checks of the building in the evenings to ensure the facility is safe and secure. The facility has a mix of gas and electric hot water.</p> <p>There is an approved fire evacuation plan in place. Fire drills are undertaken six monthly. There is currently a trained person with a first aid certificate on each shift. Fire safety training has been provided. There is an electronic call bell system in place. A civil defence kit is stocked and checked monthly.</p> <p>Food storage stock increased from meeting needs of 3 days to meeting needs for up to 100 people for 7 days. Stock for emergencies also include continence products, wipes, PPE etc. Glenwood has also been working alongside with the DHB to create a Business Continuity Plan (near completion) and to train staff in coordinated incident management system (introductory training has been completed and more sessions are planned).</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>	<p>FA</p>	<p>All bedrooms and communal areas have ample natural light and ventilation. The general living areas and resident rooms were appropriately heated and ventilated on the day of audit. Residents and family interviewed stated the environment is comfortable. There is an outdoor area where residents may smoke. All other areas are smoke free.</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>	<p>FA</p>	<p>The infection control (IC) coordinator has a job description and identified delegated responsibility for IC activities within the service. The IC coordinator provides a monthly report to management and staff. The IC programme has been reviewed annually.</p> <p>Visitors are asked not to visit if they have been unwell. Influenza vaccines are offered to residents and staff. There are hand sanitisers throughout the facility and adequate supplies of personal protective equipment. There have been no outbreaks. IC and hand washing audits shows 100% compliance.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The IC programme meets the needs of the service and provides information and resources to inform and guide staff. The IC coordinator/RN is a senior nurse with relevant skills, expertise and resources necessary to achieve the requirements of this standard. The IC coordinator is also supported by the clinical manager.</p> <p>The IC coordinator can access a GP, specialists from the local DHB, Microbiologist, Pharmacist, Bug Control and Med Lab for additional education and advice.</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</p>	<p>FA</p>	<p>The IC manual outlines a comprehensive range of policies, standards and guidelines and includes the IC programme, responsibilities and oversight, training and education of staff. The policies have been reviewed.</p>

appropriate/suitable for the type of service provided.		
<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 clinical manager and IC coordinator are responsible for ensuring staff receive infection control education. This is managed by training at staff and quality meetings and at orientation. The clinical manager completed training around IC and she can access external support and advice. Staff interview confirmed specific training around hand washing and standard precautions.</p> <p>Resident education is expected to occur as part of providing daily cares. Resident's care plans included ways to assist staff in ensuring this occurs.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided. Any resident who is suspected of having an infection is reviewed by an RN and the general practitioner. Specimens are taken as appropriate and sent to the laboratory and a record of this action is maintained in the resident's clinical record. Results are received, considered and documented. The surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Trends are identified, and quality initiatives are discussed at staff meetings (minutes sighted). Glenwood has continued to maintain a low infection rate for urinary tract infections. The GP reviews antibiotic use at least three monthly with the medication review. Systems are in place that are appropriate to the size and complexity of the facility.</p> <p>Quality improvement initiatives are undertaken and recorded and have resulted in improved outcomes for residents to a level that continues to exceed the required criteria around infection control surveillance.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Glenwood provides a restraint free environment. The clinical manager oversees the restraint process within the facility. There are policies around restraint, enablers and the management of residents who may exhibit behaviours that challenge. The service remains restraint-free and no enablers are in use. There is a restraint policy that guides staff should restraint be required.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these 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 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The activities programme score in 2017 and resident feedback indicated an opportunity for improvement. A number of initiatives over 2018 resulted in an improved satisfaction rate in July 2018 of 87.5%.</p>	<p>In January 2018 the service implemented a number of initiatives designed to develop a more cohesive activities programme. Initiatives included improved communication and accountability and ensuring the programme met the needs of all residents. The activities team set objectives and implemented changes over a seven-day week. Initiatives included (but were not limited to) establishing a pen pal system with a care home in Australia, incorporating technology in quiz activities and family contact, and promoting the creation of individual books for each resident. Community access was enhanced and expanded to include activities with local dance groups, a bridge club, savage club, a preschool and the cottage residents. Highlights of the revamped annual programme have included the introduction of a brand-new activity each month, focused men’s activities, implementation of individualised music playlists, Karaoke and visits from board members.</p> <p>Changes to the advertising of the programme included a weekly planner (distributed to all residents) outlining choices and concurrent sessions, highlighting of new activities and inclusion of resident ideas. A monthly flyer is also distributed to all residents highlighting the monthly plans.</p> <p>As part of the changes, the team implemented improved measuring and auditing of resident’s enjoyment and benefits. The service has analysed the changes and have reported that the</p>

			seven-day revamped programme has increased residents' engagement, the service is more efficiently managed and resident participation information is captured more efficiently. This included evaluating resident feedback from monthly meetings, care plans and progress notes and surveys.
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>The surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements.</p> <p>Glenwood developed an infection control goal around reduction of UTI by promoting hydration in 2018. Ongoing staff training, and monitoring have resulted in continued improvement in reduction of UTIs.</p>	<p>In 2017, following a review of the infection control programme, Glenwood took up a project to decrease UTIs by promoting hydration. Staff training has been provided around IC and hydration during meetings and handovers. The clinical manager and RNs monitored staff's IC practices and compliance around scheduled and opportunistic hydration rounds. This process has been monitored throughout the year and staff awareness was increased around hydration. As a result, the number of UTIs reduced despite the fact that more hospital level care residents were admitted with higher needs compared to the previous year. The number of residents with UTIs were 30 in 2017 and this was 21 in 2018. Furthermore, surveillance data shows no UTIs in April, July and August in 2018.</p>

End of the report.