

Glenbrae Resthome and Hospital Limited - Glenbrae Resthome and Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Glenbrae Resthome and Hospital Limited	
Premises audited:	Glenbrae Resthome and Hospital	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 17 October 2024	End date: 18 October 2024
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:	48	

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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 sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. 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 subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections 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 subsections 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 subsections 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 subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Arvida Glenbrae provides hospital (geriatric and medical), and rest home care for up to 71 residents. At the time of the audit there were 48 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures; the review of resident and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

The village manager is supported by a clinical manager, a clinical coordinator, and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village and clinical managers.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. Residents and family/whānau reported a high level of satisfaction with care and support provided at the service.

The service has addressed the previous shortfall around care plan interventions.

This surveillance audit identified no shortfalls.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Arvida Glenbrae demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code), with complaints investigated and complainants kept informed around outcomes.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

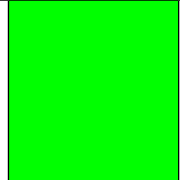
Subsections applicable to this service fully attained.

Arvida has a well-established, and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The 2024-2025 business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting.

Human resources are managed in accordance with good employment practice. A role specific orientation programme, regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family whānau input. Care plans demonstrate service integration. Resident records included medical notes by the contracted general practitioner and visiting allied health professionals.

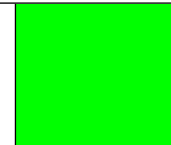
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All resident's transfers and referrals are coordinated with residents and families/whānau.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

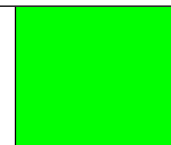


Subsections applicable to this service fully attained.

The buildings, plant, and equipment are fit for purpose at Arvida Glenbrae and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's culture and supports cultural practices. The facility has a current building warrant of fitness. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.




Subsections applicable to this service fully attained.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at executive and Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been three outbreaks recorded and reported on since the last audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator portfolio is the responsibility of the clinical coordinator. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections 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)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Arvida Glenbrae utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit, there were Māori staff and residents who confirmed in interview that mana motuhake is recognised. This was also observed during the days of audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework. Residents who identified as Pasifika confirmed that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Arvida Glenbrae.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Documentation confirmed that a copy of the Code is provided in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Staff have completed training around the Code and its implementation in the service, with training records confirming that staff have completed this in the last year.</p> <p>Managers interviewed included the village manager, clinical coordinator, and head of clinical governance. Staff interviewed included four registered nurses, four wellness partners (caregivers), laundry assistant, maintenance, and kitchen team lead. All confirmed knowledge of the Code and described implementation. Māori staff interviewed confirmed that staff recognise Māori mana motuhake, with examples given of implementation.</p> <p>Nine residents were interviewed (four requiring hospital level of care and five using rest home level of care, including one in the serviced apartments). Four family were also interviewed (one rest home and three hospital). All stated that their rights were upheld.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Arvida Glenbrae policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property (clause 9 of the admission agreement), including an independent corporate trustee to protect resident finances.</p> <p>All staff at Arvida Glenbrae are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed and stated that there was no evidence of abuse at the service. Residents and family/whānau confirmed a high level of satisfaction with all aspects of the service. A review of care plans for residents who identify as Māori demonstrated that their cultural needs were documented. Observations during the audit confirmed that there was no evidence of abuse and personal property is respected by staff. Residents interviewed state that they manage any personal funds and there are systems in place to</p>

		protect comfort funds within the scope of the service provided.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. The registered nurses have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with family/whānau and residents confirmed their choices regarding decisions and their wellbeing is respected. Residents were observed giving verbal consent to cares prior to these being provided.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Complaint forms are located at the entrance to the facility or on request from staff. Complaints can be handed to reception or to any manager or staff member, who would in turn take to the village manager. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose, with any letter to a complainant including reference to the Nationwide Advocacy Service. The Code and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There have been two complaints made in 2023, and two in 2024 year to date. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p>

		<p>There has been one external complaint from the HDC lodged with the service in August 2023. Avida Glenbrae is waiting for a response from HDC to ascertain if any action is required or if the complaint has been closed. There were no issues identified in relation to the HDC complaint.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical coordinator and village manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Arvida Glenbrae is owned and operated by the Arvida Group. The service provides care for up to 71 residents. This includes 41 dual purpose beds in the care centre and 30 serviced apartments certified for rest home level of care located in the same building. On the day of the audit there were 48 residents in total: 21 rest home residents and 27 hospital level residents, including two residents under a younger person with a physical disability (YPD) contract. Seven residents requiring rest home level of care were in serviced apartments. All remaining residents were under the age-related residential care (ARRC) agreement.</p> <p>Arvida Group has a well-established organisational structure, including a head of clinical quality and head of clinical governance, providing guidance and clinical governance that is appropriate to the size and complexity of the organisation. The governance group provides leadership and commitment to the quality and risk management system, with review and discussion of reports that are completed by the managers of the service and submitted to the Board. The Board monitors quality indicators. The overarching current strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive.' The structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals. The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve, to identify and</p>

		<p>address barriers to equitable service delivery.</p> <p>The service has a village manager who has been in the role for 10 years, with extensive previous experience in palliative care and in nursing education. The village manager is supported by a clinical manager who has been in the role for nine years and a clinical coordinator who has been in the role for seven years, including four of those years at Avida Glenbrae. The clinical coordinator is completing their nurse practitioner programme and is bringing learnings from the training to the service as opportunities for improvement.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Arvida Glenbrae collects and reports on clinical indicator data with discussion leading to improvements in service delivery. Monthly meetings include quality improvement/health and safety meetings; registered nurse (RN) meetings; infection prevention and control meetings; staff meetings; and two monthly 'other' meetings including housekeeping, night staff and kitchen staff. These provide an avenue for discussions in relation to quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements. Evidence of progress was sighted when issues were being addressed and there was evidence of resolution in a timely manner.</p> <p>Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Corrective actions are discussed at relevant meetings to ensure any outstanding matters are addressed with sign-off when completed. The resident/relative satisfaction survey completed in 2023 showed 97% satisfaction in staff knowledge, skills and getting to know residents. Survey results analysis and generated corrective actions from results are developed with the support office if required.</p> <p>A health and safety system is in place. There is a quality/health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register were reviewed. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is</p>

		<p>documented with any follow-up action(s) required, evidenced in 16 accident and incident forms reviewed. Results are discussed in the quality health and safety meetings and at handover.</p> <p>There have been Section 31 notifications completed to notify HealthCERT of two unstageable pressure injuries, a medication error and wandering residents. Avida Glenbrae follows the National Adverse Event Reporting Policy for internal and external reporting, with a Severity Assessment Code (SAC) rating and triage tool in place. Managers can describe reporting of serious events as per the severity of adverse events on actual outcome. There were two previous Covid-19 outbreaks in May and October 2023, and an influenza A outbreak reported on a Section 74 to Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Arvida Glenbrae has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. Staffing rosters were sighted and there is staff on duty to meet the resident needs. The village manager, clinical manager and clinical coordinator work 40 hours per week and are available on call after-hours for any operational and clinical concerns. There is at least one RN on duty at all times. The RN on each shift is aware that extra staff can be called on for increased resident requirements. There are dedicated housekeeping and laundry staff. Interviews with staff and residents confirmed there are sufficient staff to meet the needs of residents. Interviews with residents and families/whānau confirmed staffing overall was 'very good'.</p> <p>There is an annual education and training schedule completed and implemented for 2024. The education and training schedule lists compulsory training, which includes cultural safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Health New Zealand and other external providers such as hospice.</p> <p>There are 54 caregivers employed in total. Arvida Glenbrae supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Caregivers have achieved either a level three or level four NZQA qualification, unless they have been newly employed into the organisation.</p>

		<p>All wellness partners are required to complete annual competencies for restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; insulin administration; and cultural competencies. All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional RN specific competencies include subcutaneous fluid, and interRAI assessment competencies. There are nine RNs, as well as the village and clinical managers and clinical coordinator. There are also four enrolled nurses (EN). There are a total of 10 RNs and one EN who are interRAI trained. All RNs are encouraged to attend in-service training and complete critical thinking, problem solving, and infection prevention and control training (including Covid-19 preparedness). Competencies have been completed in a timely manner, as sighted in staff records reviewed.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Six staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and wellness partners to provide a culturally safe environment for Māori. Wellness partners interviewed reported that the orientation process prepared new staff for their role and could be extended if required. All staff who had been employed for over one year have an annual appraisal completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best</p>	<p>FA</p>	<p>Five resident records were reviewed: two rest home, and two hospital, including one younger person with a disability. The registered nurses (RNs) are responsible for all resident's assessments, care planning and evaluation</p>

<p>supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>of care.</p> <p>Resident initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The previous shortfall (3.2.3) has been addressed. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans (STCP) are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months, in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The contracted medical practice provides weekly clinics and after-hours support. Medical documentation and records reviewed were current. When interviewed, the GP was complimentary regarding the quality of care delivered and the clinical leadership. The facility has a contracted physiotherapist and a physio aid who provide weekly clinics. A podiatrist</p>
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		<p>visits regularly and a dietitian, speech language therapist, palliative care, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds require additional specialist input, a wound nurse specialist is consulted. At the time of audit there was one unstageable pressure injury.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations, such as weight and blood pressure, were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records and repositioning charts. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. All clinical staff had completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and medication competent healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotics packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in locked cupboards in the two medication rooms. The medication fridge temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on</p>

		<p>opening.</p> <p>Ten medication charts were reviewed. Each chart sampled had photo identification and allergy status identified. Indications were noted for pro re nata (PRN) medications, and the effectiveness of pro ne rata (PRN) medication was consistently documented in the electronic medication system and progress notes. There was one resident who was self-administering medications. Evidence was sighted they had three-monthly reviews by the GP to confirm they had competence to do so. Safe storage was provided in their bedroom for all medications. The RNs regularly checked in with the resident to ensure they were still managing and had no problems. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents’ requests.</p> <p>There is a verified food control plan current to 14 June 2025. The residents and family/whānau interviewed were complimentary regarding the standard of the meals served.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident, family/whānau and other service providers to ensure continuity of care.</p>

<p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant and equipment are fit for purpose at Glenbrae Rest Home and Hospital and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's culture and supports cultural practices.</p> <p>The current building warrant of fitness expires 24 February 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an infection, prevention, and antimicrobial programme and procedure/ Kaupapa Moroiti-kore me te karo Pokenga policy that includes the pandemic plan. This links to the overarching quality programme and is reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</p>
<p>Subsection 5.4: Surveillance of health care-associated</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control</p>

<p>infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>programme is reviewed annually and endorsed by the Arvida executive team. Monthly infection control data is presented and discussed at the monthly clinical, quality and risk meetings.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs in real time. This data is monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes. Action plans are completed for any infection rates of concern.</p> <p>Infections, including outbreaks, are reported and reviewed so improvements can be made to reduce HAI. Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. Benchmarking occurs monthly within the organisation. Monthly infections of concern are presented to the Board each month by the Arvida support office.</p> <p>There had been two Covid-19 and one Influenza A outbreak since the previous audit. These were well documented and managed. Outbreaks were reported to Public Health.</p> <p>The service captures ethnicity data and incorporates this into surveillance methods and data captured around infections.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The organisation is committed to providing services to residents without use of restraint. The restraint coordinator is the clinical coordinator. The use of restraint is actively monitored by the general manger Wellness and Care, with all incidents involving restraint reported through the established process as required.</p> <p>Restraint practices are relevant to individual resident requirements and the least restrictive options are used first. Restraints are only used where it is clinically indicated, justified, and other strategies including falls prevention interventions have been demonstrated to be ineffective. At the time of audit, there were no residents using restraint.</p> <p>Restraint documentation processes are described in the restraint</p>

		<p>minimisation elimination and safe practice policy and include assessments, consent, monitoring and evaluation processes to minimise associated risks. Staff reported in interview that should a restraint event occur, a quality review of restraint would be completed, reviewed monthly and would be benchmarked against other facilities. The use of restraint is reported in the quality and staff meetings.</p>
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Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our 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 subsections, individual criterion within a subsection 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 subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

No data to display

End of the report.