



General Comments:

Glenburn rest home and hospital is part of the Bupa group of facilities and provides care for up to 103 hospital, rest home and psychogeriatric residents. On the day of the audit there were 26 of 26 rest home residents, 52 of 52 hospital residents, and 20 of 25 psychogeriatric residents.

Bupa's overall vision is "Taking care of their lives in our hands".

In 2009 Bupa introduced a person-centred care focus which includes six pillars. This has been embedded in service delivery at Glenburn rest home and hospital.

Standardised policy and procedure, annual education programme, core competency assessments and orientation programmes are directed by Bupa head office and implemented at Glenburn. Service appropriate management systems, policies, procedures, codes of practice and guidelines are implemented and maintained. This includes an internal audit system to regularly assess service performance with its systems and communication of results to staff.

Bupa has robust quality and risk management systems implemented across its facilities. Four benchmarking groups across the organisation are established for rest home, hospital, dementia, psychogeriatric and mental health services. Glenburn rest home and hospital is benchmarked in three of these.

Bupa worldwide have an established 'personal-best programme', this was piloted in Bupa NZ last year and rolled out at Glenburn early 2010.

At an organisational level, there is a policy and procedure review committee that maintains 'Best Practice'. The manager (trained social worker) has been in a managers role at Glenburn for the last three years. She is supported by a clinical manager (registered nurse), a unit coordinator (registered nurse) across the two hospital wards, and a unit coordinator (registered nurse) in the rest home.

Staffing levels are stable at Glenburn and staff interviewed were confident in their roles.

The service is commended for achieving one continual achievement (CI) rating related to organisational and service-level implementation and ongoing review of quality goals.

The audit has identified improvements around care planning documentation including assessments and evaluations, staff in the psychogeriatric wing completing required dementia standards, and including all infections as part of surveillance

Health and Disability Sector Standards

Consumer Rights- Information is fully available to residents and family about services provided and the Code of Rights. There are implemented policies to support rights such as privacy, dignity, abuse / neglect, culture, values and beliefs, complaints, advocacy and informed consent. Annual staff training reinforces a sound understanding of the rights of residents and their ability to make choices. Care planning accommodates individual choices of clients and/or their family/whānau. Residents and relatives spoke very positively about care provided at Glenburn.

Bupa has introduced a project 'personal best,' whereby staff undertake a project to benefit or enhance the lives of a resident or residents. Since implementing the 'personal best', staff at Glenburn have embraced this project and have implemented a number of initiatives that residents have enjoyed. Two improvements have been identified around: the provision of sexuality and intimacy training and completing the advance directive form and resuscitation treatment plan..

Organisational Management- Glenburn rest home and hospital has a well established quality and risk management system. The Glenburn quality/risk committee reports quarterly on progress to meeting the quality goals identified and this is forwarded to the quality coordinator for Bupa. Resident meetings occur regularly and annual satisfaction surveys.

A regular progress review of the 2010 quality goals identified that three of the goals were achieved.

There are relevant care and support policies, including relevant clinical procedures for the management of rest home, hospital and psychogeriatric level care.

The service consults with the Bupa geriatrician, district nurses for wound care, dietitian for advice on nutrition and so on. The psychogeriatric unit has been running for the last year. The service has accessed input from other psychogeriatric units within Bupa to provide guidance and direction in improving services in that area.

There is an organisational document control process in place. Key components of the quality management system link to the monthly quality committee.

There is an organisational H&S and risk management programme in place and implemented at Glenburn. The hazard register is reviewed annually with input from staff including the H&S committee .

There are comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Training in relevant aspects of care and support and in relation to the requirements are implemented and exceed eight hours annually.

There is registered nurse input into all four units and a flexible roster related to the needs of residents.

Continuum of Service Delivery- The service conducts an assessment of needs on entry of a resident to the service. This includes identification of risks. The service has a well developed information pack available for residents/families/whānau at entry. Assessments and support plans included input from allied health where appropriate including; physiotherapist, diabetic nurse, geriatrician, dietitian and palliative care nurse specialist.

All 10 resident files reviewed identified that family/residents involvement in assessments, care plans and evaluations.

All six relatives interviewed are very supportive of the care provided and express that the needs of their family member are being met. The GP spoke very positively about the nursing care provided. Interviews with 11 residents confirmed that staff and management were supportive.

The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed 6 monthly as part of the care plan review. There is special equipment available as required. The dementia unit has a wide variety of snacks available 24 hours a day.

There are three activities officers' who work 20 hours a week in the psychogeriatric unit, 38 hours a week and in the hospital, and 30 hours a week in the rest home. They are also rostered on for weekends in the rest home and hospital. There are multi-cultural needs addressed with the involvement of the Indian support group and Maori support for residents.

Medications are managed appropriately in line with accepted guidelines. There are medication management policies, these are comprehensive and clearly direct staff to their responsibilities in each stage of medication management.

There are improvements identified around the wound care documentation, care plan interventions, activities officer training and monitoring of medication fridges temperature consistently.

Safe and Appropriate Environment- Glenburn is a well maintained facility with individual rooms for residents (hospital, rest home and psychogeriatric residents). There are large lounge/dining rooms and small lounges. There has been building renovations completed since the previous audit. The facility is inviting and warm with ample space for residents to mobilise. Exterior areas are well maintained and functional. There are safe garden areas in the psychogeriatric unit. Residents' rooms are personalised, warm and airy. Residents may bring their own possessions within reason so as to ensure safety of movement. Glenburn has policies and procedures comply with legislation and guidelines related to safe practise and the environment. This includes ensuring the facility is safe and there is a secure environment for residents. Hazardous risks are identified and minimised to prevent harm. Cleaning and laundry policies and procedures are comprehensive comply with legislation requirements. . There is a comprehensive health and safety manual and emergency procedures manual in place. Staff interviewed are aware of procedures and described evacuation procedures and exits. There is a qualified nurse on each shift (24/7) and the

majority have current first aid certificates. There is an evacuation scheme and current building warrant of fitness. There is one improvement identified around the call bell system that the service is currently addressing.

Restraint Minimisation and Safe Practice

The restraint standards are being implemented and implementation is reviewed through internal audits and at an organisational level. In the hospital wings, the service currently has nine residents with bedrails enablers and 12 residents assessed as requiring restraint (bedrails, T belts). In the psychogeriatric wing, the service currently has six residents assessed as requiring restraint (bedrails, T belts). There is an enabler register and a register for each restraint.

There is a responsibilities and accountabilities table in the restraint policy that includes responsibilities for key staff at an organisational level and a service level. The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service.

A restraint assessment form is completed for those residents requiring restraint and these were evident on the four resident files reviewed. Interventions and risks identified through the assessment process were not transferred into the care plan. Restraint documentation identifies involvement of family. Restraint authorisation is in consultation/partnership with the consumer (as appropriate) or whanau and the facility restraint coordinator. It is reviewed at least three monthly within the facility. Monitoring and observation process is included in the restraint policy. This identifies the frequency of monitoring and is being implemented.

The four restraint files reviewed identified that evaluations have occurred 3 monthly. Families are involved in the multi disciplinary review that includes reviewing restraint.

Infection Prevention and Control

The infection control (IC) programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. Staff are well informed about IC practises and reporting. The Infection Control Coordinator (ICC) is the clinical manager and she is responsible for Infection Control activities across the facility. Surveillance of infections and audits of infection control compliance are reported monthly, the ICC uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Surveillance data is available to all staff, discussions with caregivers 14 and RNs four, demonstrated the value of surveillance.

Not all infections are being captured on the monthly ward report, and standardised definitions, as described in the policy are not being strictly adhered to, thus affecting the validity of data..

Total out of 247 HDSS criteria (excl ARC contract criteria)	CI	FA	PA	UA	NA
	1	189	13	0	44

Continuous Improvement (CI) - *Criterion are fully attained, with the service demonstrating continued review and improvement in this area.*

Fully Attained (FA) - *The care home can clearly demonstrate the implementation of processes, systems and structures that meet the criterion.*

Partially Attained (PA) - *There is evidence of processes and systems without required supporting documentation or evidence of a documented process but the care home is unable to demonstrate full implementation*

Unattained (UA) - *The care home is unable to demonstrate appropriate processes, systems or structures to meet the criterion.*