



### **General Overview: -**

Glenburn Rest Home and Hospital is part of the Bupa group. The service is certified to provide hospital (medical, geriatric); psychogeriatric, rest home and dementia level care for up to 103 residents. On the day of the audit there were 96 residents.

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

The care home manager at Glenburn is an experienced manager (RN) who has been newly employed in the role. The home care manager has over 20 years' experience as a registered nurse, including seven years as a business and care manager in a different facility.

There are systems being implemented that are structured to provide appropriate quality care for residents. An orientation and in-service training programme continues to be implemented that provides staff with appropriate knowledge and skills to deliver care. Residents and family advised that the staff provide a caring and homely environment.

This audit identified shortfalls around; staffing, interventions and medication process.

### **Health and Disability Sector Standards**

**Consumer Rights** - Glenburn endeavours to provide care in a way that focuses on the individual residents' quality of life. There is a Māori Health Plan supporting practice. Cultural assessment is undertaken on admission and during the review process. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code of Rights and services is readily available to residents and families. Annual staff training supports staff understanding of residents' rights. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented, and complaints and concerns are managed and documented. Residents and family interviewed, verified ongoing involvement with the community.

**Organisational Management** - Glenburn is implementing the organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Quality initiatives are implemented which provide evidence of improved services for residents. There are four benchmarking groups across the organisation focusing on rest home, hospital, dementia, and psychogeriatric/mental health services. Glenburn is benchmarked in all of these. There are human resources policies to guide practice and an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care. External training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

**Continuum of Service Delivery** - Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. The residents and family interviewed confirmed their input into care planning and access to a typical range of life experiences and choices. A sampling of residents' resident files included interRAI assessments and care plans for all residents. Planned activities are appropriate to the group setting. The residents and family interviewed, confirmed satisfaction with the activities programme.

Individual activities are provided either within group settings or on a one-on-one basis. Staff responsible for medication management had current medication competencies. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met where required. There is a large well-equipped kitchen and the kitchen manager/chef oversees provision of the food service. All kitchen staff have completed food safety training.

**Safe and Appropriate Environment** - The service provider's documentation evidences appropriate (reactive and planned maintenance) systems are in place to ensure the consumers' physical environment and facility is maintained. There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals were stored safely throughout the facility and there is appropriate protective equipment and clothing for staff. Material safety datasheets are available.

Housekeeping staff maintain a clean and tidy environment. There is a large well-equipped laundry area with separate clean and dirty areas. There is a system in place to manage soiled linen appropriately and safely. The

facility is appropriately heated and ventilated. There is an approved evacuation scheme and emergency supplies for at least three days. At least one first aid trained staff member is on duty always.

**Restraint Minimisation and Safe Practice**

There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that is congruent with the definition in the standards. The process of assessment and evaluation of enabler use is the same as restraint and included in the policy. The service has eight residents on the register with restraint and no enablers. Restraint includes bedrails and seating restraint. Review of restraint use across the group is discussed at regional restraint approval groups and at the facility in monthly restraint meetings. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

**Infection Prevention and Control**

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control officer (clinical manager) is responsible for coordinating/providing education and training for staff. The infection control officer is supported by the Bupa quality and risk (CSI) team. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	0	98	3	0	0

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

**Fully Attained (FA)** - *The service 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 service is unable to demonstrate appropriate processes, systems or structures to meet the criterion.*

**Not Audited or Not Applicable (NA)**