



General Overview: -

Glenburn Rest Home and Hospital is part of the Bupa group. The service is certified to provide hospital (medical and geriatric); psychogeriatric, rest home care and dementia care. Of the 103 beds in the service, 91 were occupied during the audit.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, management, staff, and a general practitioner.

The care home manager provides leadership and management and is supported by four-unit coordinators.

The three previous audit shortfalls around staffing, neurological observations and covert medications have been addressed.

This audit identified further shortfalls related to monitoring of air temperatures and the decking timber on one deck.

Health and Disability Sector Standards

Consumer Rights - There is evidence that residents and family are kept informed. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service.

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 with a very high level of satisfaction expressed. This was also supported by residents and relatives interviewed. ‘

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 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. Sufficient information is gained through the initial assessment and support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents at rest home, hospital, dementia, and psychogeriatric levels of care. The care plans are resident, and goal orientated. Care plans are evaluated every six months or earlier if required. Files reviewed identified integration of allied health and team input into resident care. The general practitioner reviews residents at least every three months. There is mental health services psychiatrist input into management of challenging behaviours. The community mental health nurse visits fortnightly.

The activities team implements the activity programme in each “community” to meet the individual needs, preferences, and abilities of the resident groups. The programme encourages the maintenance of community links. There are regular entertainers, outings, and celebrations. Activities are focused on meaningful and sensory activities in the dementia care and psycho-geriatric units.

Medications are managed appropriately in line with accepted guidelines. Registered nurses and caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the General Practitioner or Psychiatrist.

All meals are prepared and cooked on-site. There is a current food control plan in place. Resident dietary needs are met, and alternative foods offered for dislikes. There are nutritious snacks available 24 hours.

Safe and Appropriate Environment - The building has a current warrant of fitness. There is a reactive repairs and maintenance system and a 52-week maintenance plan. The outdoor areas are easily accessible and secure for the residents who require this. Seating and shade are provided in all outdoor areas.

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 definitions in NZS 8134.0. The process of assessment and evaluation of enabler use is the same as restraint and included in the policy. The service has 12 residents on the register with restraint and no enablers. Restraint includes bedrails, lap belts / T belts and other such as hand holding when in the shower. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

Infection Prevention and Control

The infection control surveillance programme is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated, and reported to relevant personnel.

Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	0	39	2	0	60

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)