

**Peter Mathysen and Sharon Jordan**

**CURRENT STATUS: 06-Mar-13**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.**

### **GENERAL OVERVIEW**

Glenbrook Rest Home is privately owned by two people. It is a stand-alone business which continues to offer rest home level care for up to 19 residents. On the day of audit there are 16 residents.

The two areas requiring improvement from the previous audit now meet the requirements. There are no areas identified for improvement in this audit. The requirements of the provider's contract with the district health board are met.

### **AUDIT SUMMARY AS AT 06-MAR-13**

Standards have been assessed and summarised below:

#### **Key**

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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
	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
	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

<b>Consumer Rights</b>	Day of Audit 06-Mar-13	Assessment
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.		<b>Standards applicable to this service fully attained</b>

<b>Organisational Management</b>	Day of Audit 06-Mar-13	Assessment
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.		<b>Standards applicable to this service fully attained</b>

<b>Continuum of Service Delivery</b>	Day of Audit 06-Mar-13	Assessment
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.		<b>Standards applicable to this service fully attained</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 06-Mar-13	Assessment
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.		<b>Standards applicable to this service fully attained</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 06-Mar-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>Standards applicable to this service fully attained</b>

<b>Infection Prevention and Control</b>	Day of Audit 06-Mar-13	Assessment
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.		<b>Standards applicable to this service fully attained</b>

**Peter Mathysen and Sharon Jordan**

**CURRENT STATUS: 28-Jun-11**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.**

#### **GENERAL OVERVIEW**

Glenbrook Rest Home is situated in a rural setting south of Auckland. The rest home is owned and run by a couple, one of whom is a registered nurse with extensive experience in aged residential care. The facility is homely with pleasant, well maintained mature grounds and safe outdoor areas. There are pigs and chickens onsite and residents enjoy the company of a dog and cat. Staffing is relatively stable. There is an education plan implemented to ensure staff are kept up to date with current knowledge related to their practice.

Staff demonstrate a good rapport with residents and each other. Residents and relatives express the atmosphere is nurturing and family-like. They express their satisfaction with all aspects of the service. There are two minor areas for improvement that are required - that residents are fully informed of the costs prior to entry and admission agreements are signed on the day of entry as required by the contract with the District Health Board.

#### **AUDIT SUMMARY AS AT 28-JUN-11**

Standards have been assessed and summarised below:

#### **Key**

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
------------------	--------------------	-------------------

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 28-Jun-11	Assessment
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.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

Organisational Management	Day of Audit 28-Jun-11	Assessment
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.		<b>No short falls</b>

<b>Continuum of Service Delivery</b>	Day of Audit 28-Jun-11	Assessment
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.		<b>No short falls</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 28-Jun-11	Assessment
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.		<b>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 28-Jun-11	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> <li>• Consumers receive and experience services in the least restrictive manner through restraint minimisation</li> <li>• Consumers requiring restraint receive services in a safe manner</li> <li>• Consumers requiring seclusion receive services in the least restrictive manner</li> </ul>		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 28-Jun-11	Assessment
Includes 6 standards which require: <ul style="list-style-type: none"> <li>• There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service.</li> <li>• There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation.</li> <li>• Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of service provided.</li> <li>• The organisation provides relevant education on infection control to all service providers, support staff and consumers.</li> <li>• Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme.</li> </ul>		<b>No short falls</b>

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.</li> </ul> |  |  |
|---|--|--|

## AUDIT RESULTS AS AT 28-JUN-11

### Consumer Rights

Both residents and families confirm they are very happy with the services provided and that their rights are respected at all times. A chaplain visits monthly to provide spiritual and advocacy care to residents. Education is provided to both staff and residents on consumer rights. A code of conduct for staff is included in their orientation. Policies and procedures are in place and Sharon the registered nurse owner manager oversees the clinical care. There are systems in place that ensure that resident's physical and personal privacy is maintained in both single and shared bedrooms, and shared bathroom amenities. There are appropriate guidelines relating to visitors, and the code of rights includes visitor access. Sufficient space to ensure privacy for discussions is provided. There is a documented complaints process in place which is provided at the time of admission to residents. There have been no complaints since the current owners took over three and a half years ago. There are two minor areas for improvement that are required - that residents are fully informed of the costs prior to entry and admission agreements are signed on the day of entry as required by the contract with the District Health Board.

### Organisational Management

The organisation is managed by husband and wife owners, Sharon the full-time registered nurse oversees all clinical care, while Peter provides day to day operational oversight. The philosophy of the organisation is "we make our home your home". The objectives of the organisation are documented and provided to residents at the time of admission. Strategic and business planning includes risk management and is completed and reviewed annually. An internal audit programme that includes satisfaction surveys, risk reporting and quality data is fed into staff meetings and any areas of deficit addressed. Clinical policies and procedures are in place. Human resources processes are documented and well managed with a low staff turnover. A comprehensive orientation and education programme is in place with most staff currently completing ACE education programme modules. All staff have a current first aid certificate. The staff roster meets rest home contractual requirements.

### Continuum of Service Delivery

Residents are assessed as requiring rest home level care prior to entry. There is accurate and detailed information about the service on line. Prospective residents and families are encouraged to visit prior to entry to meet staff and view the facility. On admission residents undergo a comprehensive assessment by the registered nurse. The general practitioner assesses residents within 48 hours of admission. Residents and family members are encouraged to express their preferences and to identify their own goals. These are used as the basis for developing a plan of care.

Clinical files reviewed during the audit show that care is tailored to the needs and preferences of residents. Care plans are reviewed on an ongoing basis and formally at six monthly intervals. Residents and families are invited to participate in care plan reviews. The general practitioner reviews residents three monthly if they are stable or more often if required. This includes review of medications. When the needs of residents change or progress is less than expected, residents are reassessed by the registered nurse who communicates with the general practitioner when needed. Families are kept informed. Care plans are updated to reflect the current needs of residents.

There is an activities programme in place that enhances physical, mental, social and spiritual well-being. Residents are asked about their personal interests and hobbies and these are used to plan activities. Residents are encouraged to give feedback about the activities programme. Residents are able to access the services of other health care providers. This is facilitated by staff at Glenbrook. When residents transfer to another facility, this is a planned process and any risks to the resident are managed safely.

Medication management is safe and complies with legal requirements. Allergies and sensitivities are recorded and flagged on medication charts. Staff are required to demonstrate competency before being able to administer medications. This is reassessed at least annually. Residents are able to take herbal and nutritional supplements if the general practitioner has determined there would be no interaction with regular medications.

A summer/winter Dietitian approved menu is in place. Resident personal food preferences and needs are met. Residents are weighed regularly and weights are recorded in the clinical files. Food training is provided.

### **Safe and Appropriate Environment**

There are policies and procedures implemented for the management of waste and hazardous substances. Chemicals are stored in a locked room. Appropriate personal protective equipment is used.

Glenbrook is a nineteen bed rest home that has both single and shared room accommodation. A planned maintenance programme is in place. Medical equipment calibrated annually. There is a current building warrant of fitness and an approved evacuation plan in place. As a result of an ongoing refurbishment programme fourteen of the fifteen bedrooms now have hand basins in them. Adequate toilets and showers are provided within the communal facilities. Outdoor areas are provided for residents for seating and shade, with the provision of a designated smoking area.

### **Restraint Minimisation and Safe Practice**

There are policies and procedures fully implemented that avoid the use of restraint and ensure safe practice. Staff receive training in the policies and procedures during orientation and at regular intervals. Where residents ask for a type of restraint to assist them or keep them safe this is provided within a safe and transparent process. Currently there is no use of restraint at Glenbrook Rest Home.

## **Infection Prevention and Control**

Policies and procedures for the prevention and control of infection are in place. The registered nurse is responsible for all aspects of infection control in conjunction with all staff. External expertise is available if required. Staff receive training on infection control practice during orientation and at regular intervals. Training is based on current issues and best practice in infection control matters. Data is collected on all infections. This is collated at monthly intervals and reported to the owners and to staff. The results show that there are relatively low rates of infection and infections are well manage