



***General Overview:***

Gardenview rest home is part of the Bupa care facilities and provides dementia level care for up to 41 residents. On the day of the surveillance audit there were 38 residents.

The service has continued to implement a comprehensive quality and risk management system since previous audit.

The service has long-standing and experienced staff and is managed by an experienced manager and clinical manager (registered nurse). There is also an additional registered nurse and enrolled nurses rostered across afternoon and evening shifts. The service provides regular training sessions and competencies are completed by staff. All staff in the dementia unit have completed or are in the process of completing dementia qualifications. This surveillance audit has identified one improvement required by the service around fridge temperature monitoring.

***Health and Disability Sector Standards***

***Consumer Rights*** - There is a policy to guide staff on the process to ensure full and frank open disclosure. Staff described open disclosure processes. Relatives stated that they are always informed when their family members health status changes. There is a complaints register that is up to date and includes relevant information regarding the complaint. A complaints management record is completed for each complaint. Documentation includes follow up letters and resolution. These demonstrate that complaints are well managed. Verbal complaints are also included and these identify actions and response.

***Organisational Management*** - Gardenview has an established quality and risk management system. The current quality / risk system is implemented and supported by the annual staff training plan, a strategic and local quality and risk management plan, an internal audit system and monthly quality and staff meetings. An annual resident/relative satisfaction survey and regular resident meetings are completed.

Four benchmarking groups across the organisation are established for rest home, hospital, dementia, psychogeriatric/ mental health services. Gardenview is benchmarked in one of these - dementia. Quality indicators are provided to the benchmarking groups. Quality action forms are utilised at Gardenview. These document actions that have improved or enhanced a current process or system or actions which have improved outcomes or efficiencies in the facility.

There is an active health and safety committee. Established human resource policies are implemented for recruitment, selection and appointment of staff and each employee file includes police checks, referee checks and up to date performance appraisals. Discussion with staff and management confirmed there is a comprehensive in-service programme of training in relevant aspects of care and support in relation to the requirements.

All staff in the dementia unit have completed or are in the process of completing dementia qualifications. There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. Staff turnover is low.

***Continuum of Service Delivery*** - There is sufficient information gained through the initial support plans, specific assessments, the short-term care plans, and the long term support plan to guide staff in the safe delivery of care to residents. Progress notes include input from caregivers and the registered nurse. Relatives are involved in care plan development and review. Files identified integration of allied health and a team approach is evident in the overall resident file. Lifestyle care plans are goal oriented and reviewed six monthly.

Medications are managed appropriately in line with accepted guidelines. Senior caregivers who have passed their competency are responsible for administering the medications. Residents' food preferences are identified at admission. This includes consideration of any particular dietary preferences or needs (including cultural needs). Likes and dislikes are kept in the kitchen.

**Safe and Appropriate Environment** - The facility has a current Building Warrant of Fitness and maintenance is carried out.

**Restraint Minimisation and Safe Practice**

The service remains restraint-free and no residents requiring enablers. The restraint standards are being implemented and implementation is reviewed through internal audits and at an organisational level. Restraint, challenging behaviour and dementia training has been provided.

**Infection Prevention and Control**

Surveillance is carried out in accordance with agreed objectives, priorities and methods and is specified in the infection control programme. The IC programme is monitored at organisational level and bench marking of infection rates occurs against facilities of similar type and size.

Total out of 28 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	0	27	1	0	0

**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.