



General Overview:

Parkhaven hospital is part of the Bupa care facilities and provides hospital care and specialist hospital care including psychogeriatric and mental health care for up to 81 residents. There is a secure psychogeriatric unit (Fusi fetokai unit) with 14 residents, and a secure mental health unit (garden wing) with 11 residents. There are two hospital units, current occupancy is 55 of 56 hospital residents. The facility also provides day-care services with 10 - 17 residents in the hospital daily.

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 (both experienced registered nurses). They are supported by unit coordinators (registered nurses). The service provides regular training sessions and competencies are completed by staff. All staff in the psychogeriatric/mental health unit have completed or are in the process of completing dementia qualifications.

The service has addressed all the corrective actions identified in the previous audit. This audit identified good clinical management and documentation including management of behaviours. One required improvement has been identified in this unannounced audit around pharmacy generated medication signing sheets and medication transcribing.

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. One relative stated that they are always informed when their family member's 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 -

Parkhaven has a well established quality and risk management system. Discussions with staff and review of meeting minutes demonstrate a culture of quality improvements. Quality and risk performance is reported across the facility meetings and also to the organisation management team. An annual resident/relative satisfaction survey is completed. There is a quarterly resident meeting where people can raise issues. Key components of the quality management system link to the two monthly quality committee.

The service is active in analysing data collected as demonstrated in meeting minutes reviewed. The service has two monthly quality meetings, senior nurses' meetings and unit meetings that include discussion and analysis of quality data, review of practice, training and communication.

Four benchmarking groups across the organisation are established for rest home, hospital, dementia, psychogeriatric/mental health services. Parkhaven is benchmarked in two of these - hospital and psychogeriatric/mental health. Quality indicators are provided to the benchmarking groups. Comparisons for facilities within the benchmarking groups is provided as graphs and is available on the internal intranet. Quality action forms are utilised at Parkhaven. 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. Discussion with staff and management confirmed there is a comprehensive in-service programme of training in relevant aspects of care and support and in relation to the requirements. All except one staff in the psychogeriatric 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.

Continuum of Service Delivery

A review of six resident files identified that there is sufficient information gained through the initial support plan, specific assessments, the short-term care plan, and the long term support plan to guide staff in the safe delivery of care to residents. Files identified integration of allied health, involvement of relatives and a team approach is evident. There are short term care plans to focus on acute and short-term issues. Changes to the long term lifestyle care plan are made as required and at the six monthly review if required.

Activities are well planned and age appropriate. There are several programmes running that are meaningful and reflect ordinary patterns of life. There are also visits from community groups. There are activities provided in each unit.

Medication management is appropriately in line with accepted guidelines. One improvement has been identified in this unannounced audit around pharmacy generated medication signing sheets and medication transcribing

The residents have a Nutritional Profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents’ dietary needs are communicated to the kitchen. Special diets are noted in the kitchen. There is evidence that there is additional nutritious snacks available over 24 hours.

Safe and Appropriate Environment -

The service has a current building warrant of fitness and maintenance is carried out.

Restraint Minimisation and Safe Practice

The service currently has no residents requiring enablers and sixteen residents requiring bedsides or a low bed that are assessed as restraint. There is restraint register and a separate enabler register. Restraint minimisation and managing challenging behaviour training is completed each year and staff complete restraint competencies regularly. The restraint standards are being implemented and implementation is reviewed through internal audits with benchmarking across the organisation. Parkhaven also reviews restraint through its monthly restraint meetings.

Infection Prevention and Control

Infection control data is collated monthly and reported to the quality, health and safety and IC meeting. The meetings include the monthly IC report. Infections are documented on the Infection monthly register for each unit. The surveillance of infection data assists in evaluating compliance with infection control practices. The IC Programme is linked with the Quality Management Programme.

Total out of 41 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	0	39	1	0	1

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.*