

General Overview:

Winara rest home and hospital is part of the Bupa care facilities and provides hospital, rest home and dementia level care for up to 81 residents. On the day of the surveillance audit there were 23 of 24 hospital residents, 25 of 27 rest home residents, and 25 of 30 residents in the secure dementia unit.

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 experienced clinical manager. They are supported by a team of registered nurses.

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.

The service has addressed the corrective actions required from their previous certification audit. This surveillance audit has identified one improvement required around short term care plans.

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 from across all three units 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. These demonstrate that complaints are well managed.

Organisational Management

Winara has a well established quality and risk management system. 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 are regular family/resident meetings where people can raise issues. Key components of the quality management system link to the staff meetings.

Four benchmarking groups across the organisation are established for rest home, hospital, dementia, psychogeriatric/mental health services. Winara is benchmarked in three of these - hospital, rest home and dementia.

Quality indicators are provided to the benchmarking groups. Quality action forms are utilised at Winara. 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 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

Families and residents interviewed are satisfied with the care being provided and that needs are being met. Discussion with, RN's, caregivers and management indicates care is being provided at an acceptable level.

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 registered nurses. Residents and 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. The medications are stored in locked rooms in locked trolley's in each unit. In the rest home/dementia unit senior caregivers who have passed their competency are responsible for administering the medications and in the hospital registered nurses are responsible. 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 all corrective actions required from their partial provisional audit around the opening of the hospital unit have been completed.

Restraint Minimisation and Safe Practice

The service currently has one resident in the hospital requiring a bedside that have been assessed as an enabler. The resident has consented to the bedrails. There is an enabler register. There are clear guidelines in the policy to determine what is a restraint and what is an enabler. The restraint standards are being implemented and implementation is reviewed through internal audits and at an organisational level. Restraint enabler and challenging behaviour 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. The IC programme links with the quality management programme.

Total out of 31 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	0	30	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.*