



**General Overview:**

Avondale rest home and hospital is part of the Bupa care facilities and provides hospital, rest home and dementia level care for up to 67 residents. On the day of the surveillance audit there were 22 hospital residents, 28 rest home residents and 14 residents in the secure dementia unit.

The service has continued to implement a comprehensive quality and risk management system since previous audit. The service provides regular training sessions and competencies are completed by staff.

The service has addressed the corrective actions required from their previous certification audit around staffing rosters, quality meeting minutes and management, staff files and orientation.

This surveillance audit has identified improvements required around village call-outs, medication management and aspects of care planning documentation.

**Health and Disability Sector Standards**

**Consumer Rights** - Services are provided in a manner that is respectful of resident rights, facilitates informed choice, minimizes harm, and acknowledges cultural and individual values and beliefs. Residents and family members interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment.

The Health and Disability Commissioner (HDC) Code of Health & Disability Residents' Rights (the Code) is readily displayed along with complaint forms and complaints processes are implemented with complaints and concerns actively managed and well documented.

Systems are in place to ensure residents and where appropriate their family/whanau are being provided with appropriate information to assist them to make informed choices and give informed consent. Incident forms and documentation in resident files indicates that family are informed of any changes in care or following incidents.

**Organisational Management** - Bupa Avondale has an established quality and risk management system that supports the provision of clinical care and support. Interviews with staff and a review of meeting minutes and reports demonstrate a culture of quality improvements. Key components of the quality management system link to the meetings including resident, health and safety, head of department, hospital, dementia unit, rest home, infection control and staff meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings.

Quality and risk performance is reported across the facility meetings and also to the organisation's management team. Avondale is linked into benchmarking groups across the organisation established for rest home, hospital and dementia services. There is an active health and safety committee. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development.

The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Interviews with staff and management confirmed that there is a comprehensive in-service training programme covering relevant aspects of care and support and the requirements.

There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. Staff turnover is low. Currently there are five swing beds located in the rest home area of which are two are currently occupied by hospital level care residents. There is a registered nurse in the rest home in the morning and the nurse who is stationed on the hospital in the afternoon and nights is responsible for overseeing care.

The clinical manager and the manager state that the only time a resident requiring hospital level care would be in the RH swing bed is where they are still mobile and if they deteriorated and became less mobile, they would be transferred to the hospital area. The rest home beds meet physical requirements for hospital level care.

Improvements noted since the last audit are in relation to the quality and risk management programme, training and recruitment processes. An improvement is required to registered nurse cover in the hospital area.

**Continuum of Service Delivery** - Families and residents interviewed are satisfied with the care being provided and that needs are being met. 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 overall 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. Improvements are required around updating care plans when there is a change of health status.

Medications overall are managed appropriately in line with accepted guidelines. However, improvements are required around medication documentation and management. The medications are stored in locked rooms in locked trolley's in each unit. 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** - There is a current building WOF and maintenance occurs.

**Restraint Minimisation and Safe Practice**

There are implemented policies and procedures around restraint and enablers and challenging behaviour with staff training including annual competencies completed for all staff. A review of restraint used for one resident indicated that appropriate documentation is completed with the resident experiencing services that are the least restrictive. The service has four residents currently using restraint (lap belt, bed side and beanbags and there are no residents requiring the use of enablers.

**Infection Prevention and Control**

Infection control management systems are documented and implemented to minimize the risk of infection to consumers, service providers and visitors. The infection control programme implemented meets the needs of the organisation and provides information and resources to inform the service providers.

Surveillance undertaken is appropriate to the size and complexity of the organisation and includes quarterly audits of environmental hygiene, hand hygiene and standard precautions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner with an active benchmarking programme in place.

Total out of 31 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	0	28	3	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.*