



General Overview: -

Bupa Fergusson rest home and hospital is part of the Bupa aged care residential group. The service provides rest home, hospital and dementia level of care for up to 112 residents. On the day of the audit there were 108 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, management, staff and the general practitioner.

The care home manager is a registered nurse and has aged care clinical and management experience with Bupa. She is supported by a clinical manager with aged care experience. The management team is supported by a regional operations manager.

The residents and relatives spoke positively about the staff and the care provided at Bupa Fergusson.

This audit identified improvements required around; meeting minutes, corrective actions, agency staff induction, staff training, timeframes for assessment and care plans, progress notes, care plan interventions, implementation, self-medication management and water stored for civil defence.

Health and Disability Sector Standards

Consumer Rights - Staff at Bupa Fergusson ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

Organisational Management - There is a documented organisational quality and risk management system that supports the provision of clinical care. Quality activities are conducted and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Resident/family meetings have been held and residents and families are surveyed regularly. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. An education and training programme is documented with a current training plan in place. Appropriate pre-employment processes are adhered to. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of Service Delivery - An information pack is available prior to or on entry to the service. Registered nurses' complete initial assessments including interRAI assessments, care plans and evaluations within the required timeframes. Care plans are integrated and include the involvement of allied health professionals. Residents and relatives interviewed confirmed they were involved in the care planning and review process.

Each resident has access to an individual and group activities programme. The group programme is varied and interesting and includes outings, entertainers and community interactions.

Medicines are stored and managed appropriately in line with legislation and guidelines. Registered nurses and senior caregivers administering medications have completed annual competencies. The general practitioners review the medication charts at least three monthly.

Meals are prepared and cooked on site under the direction of a Food Service Leader. The menus are reviewed by a dietitian. The menu is varied and provides meal options. Individual and special dietary needs are catered for. Nutritious snacks are available 24 hours a day. Residents interviewed were very complimentary about the food service.

Safe and Appropriate Environment - The building has a current warrant of fitness. All rooms are single, personalised and some have ensuite facilities. The environment is warm and comfortable. There is adequate room for residents to move freely about the home using mobility aids. Communal areas are spacious and well utilised for group and individual activities. The dining and lounge seating placement encourages social interaction. Outdoor areas are safe and accessible and provide seating and shade for residents. The dementia unit has space for residents to wander freely.

There is adequate equipment for the safe delivery of care. All equipment is well maintained and on a planned schedule. All chemicals are stored safely, and the laundry is well equipped. The cleaning service maintains a tidy, clean environment. There is an emergency evacuation procedure. There is a first aid trained staff member on duty at all times.

Restraint Minimisation and Safe Practice

Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, the service had five residents using restraint and none using an enabler. Documentation reviewed identified safe implementation of restraint and regular review.

Infection Prevention and Control

The infection control programme and its content and detail are appropriate for the size, complexity, and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Staff receive ongoing training in infection control.

Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	0	91	10	0	0

Continuous Improvement (CI) - *Criterion are fully attained, with the service demonstrating continued review and improvement in this area.*

Fully Attained (FA) - *The service 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 service is unable to demonstrate appropriate processes, systems or structures to meet the criterion.*

Not Audited or Not Applicable (NA)