



General Overview: -

Erin Park rest home and hospital is part of the Bupa group. The service has 115 beds (51 rest home level and 64 hospital level) with 106 residents occupying beds during this full certification audit. The service also holds the Young Persons with Disability (YPD) contract with nine residents on this contract (three rest home level and six hospital level).

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

An experienced aged care facility manager and clinical nurse manager manage the service. Both managers have been long-standing in their roles and are supported by rest home and hospital unit coordinators. In place is a comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support.

There are well-developed systems, processes, policies and procedures structured to provide appropriate quality care for people who use the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to Erin Park. Quality initiatives are implemented which provide evidence of improved services for residents.

A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place. The facility has embedded the InterRAI assessment protocols within its current documentation.

The service is commended for maintaining and achieving three continual improvement ratings relating to good practice, implementation of the quality system and training.

One improvement has been identified around completion of all InterRAI assessments.

Health and Disability Sector Standards

Consumer Rights - Staff strive to 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 Code of Health and Disability 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 - The care home manager is supported by the clinical manager, unit coordinators, registered nurses, caregivers and support staff. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities are conducted, which generates improvements in practice and service delivery.

Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held regularly. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. A comprehensive education and training programme has been implemented.

Appropriate employment processes are adhered to. The staff roster schedules sufficient and appropriate cover for the effective delivery of care and support.

Continuum of Service Delivery - Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. There is sufficient information gained through the initial support plans, specific assessments, and the care plans to guide staff in the safe delivery of care to residents. The care plans are resident and goal orientated and reviewed every six months or earlier if required, with input from the resident/family as appropriate.

Files sampled identified that the integration of allied health and a team approach is evident in the overall resident file. There is a three monthly general practitioner review. The activities team implements the activity programme to meet the individual needs, preferences and abilities of the residents. Community links are maintained. There are regular entertainers, outings and celebrations.

Medications are managed appropriately in line with accepted guidelines. Registered nurses and senior caregivers who administer medications have an annual competency assessment and receive annual education. Medication

charts are reviewed three monthly by the general practitioner. Residents' food preferences and dietary requirements are identified on admission and all meals are cooked on site. This includes consideration of any particular dietary preferences or needs.

Safe and Appropriate Environment - The building is two stories with lift access between floors and flat access to the external areas from each floor, as the site is graduated. There is a current warrant of fitness and an approved fire evacuation plan. There are effective waste management systems in place and chemicals are stored safely. Residents' rooms are single accommodation. Some rooms have their own ensuite, some have shared ensuite facilities and a minority of rooms use communal toilets and showers.

External areas are safe and well maintained. The facility has a van available for transportation of residents. Staff that transport residents hold current first aid certificates. There are several lounges throughout the facility and spacious dining rooms in the rest home and hospital wings. Activities occur throughout the facility. Dedicated staff manage cleaning.

All laundry is managed offsite at a neighbouring Bupa facility. There are systems in place for emergency management and there is at least three days of emergency supplies stored on site. All key staff hold a current first aid certificate. The facility is light and ventilated. There is overhead electric heating with some heat pumps in public areas. The maintenance manager monitors internal temperatures. There is a designated smoking area within the grounds.

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, there were three hospital level residents using restraint and seven residents using an enabler. Restraint management processes are adhered to.

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 (clinical manager) is responsible for coordinating/providing education and training for staff. The Bupa quality and risk team supports the infection control coordinator.

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. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. 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
	4	96	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.*