



General Overview: -

Bupa Redwood provides rest home, hospital, dementia, and psychogeriatric levels of care for up to 82 residents. During the audit, there were 79 residents.

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

There are well-developed systems, processes, policies and procedures that are 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 Redwood. 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 service has made a number of environmental improvements and refurbishments since previous audit.

The care home manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse).

This certification audit did not identify any shortfalls.

The service is commended for achieving a continuous improvement rating awarded around staff training.

Health and Disability Sector Standards

Consumer Rights - Bupa Redwood provides care in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrated an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Organisational Management - Services are planned, coordinated and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is embedded in practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is being implemented and includes in-service education and competency assessments.

Registered nursing cover is provided 24 hours a day, 7 days a week. The integrated residents' files are appropriate to the service type.

Continuum of Service Delivery - There is an admission pack that provides information on all levels of care. Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. Sufficient information is gained through the initial support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents. The care plans are resident, and goal orientated. Care plans are reviewed every six months or earlier if required. Files reviewed identified integration of allied health and a team approach is evident in the overall resident file. There is a review by the general practitioner at least every three months.

The activities team implements the activity programme to meet the individual needs, preferences and abilities of the resident groups. The programme encourages the maintenance of community links. There are regular entertainers, outings, and celebrations. Activities are focused on meaningful and sensory activities in the dementia care and psychogeriatric units.

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.

All meals are provided on site. There is a current food control plan in place. Resident dietary needs are met, and alternative foods offered for dislikes. There are nutritious snacks available 24 hours.

Safe and Appropriate Environment - The building has a current warrant of fitness and emergency evacuation plan in place. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. Cleaning and laundry services are well monitored through the internal auditing system. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge and dining areas throughout the facility in addition to its main communal areas in each wing. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible and secure for the wings that require this. Staff have planned and implemented strategies for emergency management. Emergency systems are in place in the event of a fire or external disaster.

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. At the time of audit, there were three residents requiring handholding restraint and two residents with enablers. Assessments and consents were completed for the enablers. The service has an approval process that is applicable to the service. The approval process includes ensuring the environment is appropriate and safe. Assessments and care plans identify specific interventions or strategies to try (as appropriate) before restraint is used. Restraint use is reviewed through the three-monthly evaluation, monthly restraint meetings and six-monthly multidisciplinary meeting, which includes family/whānau input.

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. 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 |
|--|----|-----|----|----|----|
| | 1 | 100 | 0 | 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)