



## **General Overview: -**

Bupa Winara Rest Home is part of the Bupa aged care residential group. The service provides rest home, hospital and dementia level of care for up to 86 residents. On the day of the audit there were 82 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 since 2007. 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 Winara.

This audit identified areas for improvement around complaints communication, care plan documentation, neurological observations, maintenance documentation and stored water.

The audit has also awarded two continuous improvements around; the activities programme and food services.

## **Health and Disability Sector Standards**

**Consumer Rights** - Staff at Bupa Winara 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 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 are recorded on a register.

**Organisational Management** - The service is implementing the 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. Residents/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 has been implemented with a current training plan in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

**Continuum of Service Delivery** - There is an admission package available prior to or on entry to the service including information on the dementia care unit. Registered nurses are responsible for completing initial assessments, interRAI assessments, development of care plans and the evaluation of resident's care needs in consultation with the resident/relatives. Care plans demonstrate service integration and are reviewed at least six monthly. Resident files included notes by the general practitioner and other allied health professionals. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies annually. The electronic medication records reviewed included documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner.

An activities programme is implemented separately for the rest home, hospital area and for the dementia care unit. Residents and families reported satisfaction with the activities programme. The programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the groups of residents.

All food and baking are done on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. Meals are well presented, and a dietitian has reviewed the Bupa menu plans. Nutritious snacks are available 24/7 in the dementia care unit.

**Safe and Appropriate Environment** - Chemicals are stored securely throughout the facility. The buildings hold a current warrant of fitness. There is a reactive maintenance system in place. All rooms are single and have hand basins. There is a mix of ensuites and communal toilets/shower facilities. Communal areas within each area are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. There is a safe external walking path and gardens for the dementia care residents that are freely accessible. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training and information for responding to emergencies is provided. There is an emergency

management plan in place. There is an approved evacuation scheme. A first aider is on duty at all times. The temperature of the care home units is comfortable and constant.

### **Restraint Minimisation and Safe Practice**

Restraint minimisation and safe practice policies and procedures are in place. There were five residents using restraints and one resident using an enabler during the audit. A registered nurse is the designated restraint coordinator. Staff are offered training in restraint minimisation and challenging behaviour management, which begins during their orientation to the service. Staff are also expected to complete a restraint minimisation competency annually.

### **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.

<b>Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)</b>	<b>CI</b>	<b>FA</b>	<b>PA</b>	<b>UA</b>	<b>NA</b>
	2	94	5	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)**