



## **General Overview: -**

Bupa Glenburn Rest Home & Hospital is certified to provide psychogeriatric level care; hospital (geriatric and medical), dementia and rest home level care for up to 103 residents. During the audit, there were 102 residents.

This unannounced surveillance audit was conducted against a subset of the 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 resident's and staff files, observations and interviews with residents, relatives, staff and management.

The care home manager and clinical manager are appropriately qualified and experienced. Interviews with residents and relatives confirmed overall satisfaction with the care and service provided.

The one shortfall identified at their previous audit has been addressed. This was around ensuring resuscitation plan discussion with EPOA/family.

There were no further improvements identified at this unannounced surveillance audit.

## **Health and Disability Sector Standards**

**Consumer Rights** - Residents and family are well informed including of changes in resident's health. The care home manager and clinical manager have an open-door policy. Complaints processes are implemented and complaints and concerns are managed and documented and learning's from complaints shared with all staff.

**Organisational Management** - Bupa Glenburn Rest Home & Hospital has a quality and risk management system that supports the provision of clinical care and support. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. The facility is benchmarked against other Bupa facilities. Incidents documented demonstrated immediate follow-up from a registered nurse. There are 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. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

**Continuum of Service Delivery** - The registered nurses are responsible for each stage of service provision. The registered nurse assesses and reviews each resident's needs, outcomes and goals at least six-monthly. Care plans demonstrated service integration and included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurses, enrolled nurses and senior caregivers responsible for administration of medication complete annual education and medication competencies. The electronic medicine charts had been reviewed by the general practitioner at least three-monthly.

An activity plan is coordinated and implemented for the residents across seven days of the week. The programme includes community visitors, outings and activities that meet the individual and group recreational preferences for the residents. Residents' food preferences and dietary requirements are identified at admission. All meals and baking are cooked on-site. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines. Dislikes are accommodated.

**Safe and Appropriate Environment** - A current building warrant of fitness is posted in a visible location.

## **Restraint Minimisation and Safe Practice**

There is a documented definition of restraint and enablers that aligns with the definition in the standards. At the time of the audit there were four hospital residents using restraints and no residents requiring the use of an enabler.

## **Infection Prevention and Control**

The infection prevention and control programme includes policies and procedures to guide staff. A monthly infection control meeting is held, trends identified and acted upon. Benchmarking occurs and a six-monthly comparative summary is completed.

Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	0	40	0	0	61

**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.*

**Not Audited or Not Applicable (NA)**