General Overview:

St Andrews Care Home is part of the Bupa group. The service is certified to provide rest home and hospital (medical and geriatric) level care for up to 40 residents. On the day of audit there were 40 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: a review of policies and procedures, a review of residents’ and staff files, observations and interviews with residents, relatives, staff, management and general practitioner.

The care home manager has been in the role since the facility opened. She is supported by a clinical manager who has over five years experience in clinical management roles at another Bupa facility.

There are quality systems and processes being implemented 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 St Andrews. Quality initiatives are being implemented, which provide evidence of improved services for residents. There is an orientation and in-service training programme in place that provides staff with appropriate knowledge and skills to deliver care and support.

Two improvements have been identified around neurological observations and documentation of controlled drugs.

Health and Disability Sector Standards

Consumer Rights - St Andrews endeavours to ensure that care is provided in a way that focuses on the individual, values residents’ quality of life and maintains their privacy and choice. Staff demonstrate 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. Care plans accommodate the choices of residents and/or their family/whānau. 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 the day-to-day operations of the facility. Goals are documented for the service with evidence of annual reviews. St Andrews is implementing the organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. Quality and risk performance is reported across the facility meetings and to the organisation’s management team. Interviews with staff and review of meeting minutes, quality action forms and toolbox talks, demonstrate a culture of quality improvements. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training for staff is in place. The staffing levels meet contractual requirements. Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of Service Delivery - Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. The residents and family interviewed confirmed their input into care planning and access to a typical range of life experiences and choices. A sampling of residents' clinical files validated the service delivery to the residents. Where progress is different from expected, the service responds by initiating changes to the care plan or recording the changes on a short-term care plan. Planned activities are appropriate to the group setting. The residents and family interviewed confirmed satisfaction with the activities programme.

Individual activities are provided either within group settings or on a one-on-one basis. Staff responsible for medication management had current medication competencies. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met where required. There is a large well-equipped kitchen and the kitchen manager/chef oversees provision of the food service. All kitchen staff have completed food safety training.

Safe and Appropriate Environment - The service provider's documentation evidences appropriate (reactive and planned maintenance) systems are in place to ensure the consumers' physical environment and facility is maintained. There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals were stored safely throughout the facility and there is appropriate protective equipment and clothing for staff. Material safety datasheets are available.
Housekeeping staff maintain a clean and tidy environment. There is a large well-equipped laundry area with separate clean and dirty rooms. There is a system in place to manage soiled linen appropriately and safely. The facility is appropriately heated and ventilated. There is an approved evacuation scheme and emergency supplies for at least three days. At least one first aid trained staff member is on duty at all times.

**Restraint Minimisation and Safe Practice**

Restraint minimisation and safe practice policies and procedures are in place. At the time of the audit, the service had no residents using restraints or enablers.

**Infection Prevention and Control**

St Andrews has an infection control programme that complies with current best practice. The infection control manual outlines a range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. There is a dedicated infection control nurse who has a role description with clearly defined guidelines. The infection control programme is reviewed annually at organisational level.

The infection control programme is designed to link to the quality and risk management system. Infection control education is provided at orientation and incorporated into the annual training programme. Training records were sighted. Education provided includes an evaluation of the session and content delivered. Records of all infections are kept and provided to head office for benchmarking.

<table>
<thead>
<tr>
<th>Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)</th>
<th>CI</th>
<th>FA</th>
<th>PA</th>
<th>UA</th>
<th>NA</th>
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<tbody>
<tr>
<td>0</td>
<td>91</td>
<td>2</td>
<td>0</td>
<td>8</td>
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**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)**