Executive Summary of Surveillance – Hugh Green
27 – 27 March 2019
3 Years’ Certification

General Overview:

Bupa Hugh Green Care Home provides rest home, hospital and dementia levels of care for up to 100 residents. There were 97 residents during the audit.

This unannounced surveillance audit was conducted against a sub-set of 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 residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The care home manager is appropriately qualified and experienced. Feedback from residents and families was very positive about the care and the services provided.

An improvement continues to be required in relation to the previous shortfall around care interventions.

This surveillance audit identified a further improvement required around monitoring refrigerator temperatures.

Health and Disability Sector Standards

Consumer Rights - Families and residents are kept informed. Complaints and concerns are being managed and a complaints register is maintained.

Organisational Management - The care home manager is supported by administrative staff, an acting clinical manager, registered nurses, caregivers and support staff.

Quality activities generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family satisfaction is monitored via annual satisfaction surveys and regular meetings. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated.

Appropriate employment processes are adhered to. All staff undergo an orientation that is specific to their job description. A comprehensive education and training programme is implemented with a current plan in place.

There is a roster that provides sufficient and appropriate staff cover for the effective delivery of care and support.

Continuum of Service Delivery - The registered nurses are responsible for each stage of service provision. A registered nurse assesses, plans and reviews residents’ needs, outcomes and goals with the resident and/or family/whānau input. InterRAI assessment timeframes have been met. Care plans viewed in resident records demonstrated service integration. Care plans are evaluated at least six-monthly. Resident files include medical notes by the general practitioner and visiting allied health professionals.

Registered nurses and senior caregivers responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed comply with prescribing requirements.

The diversional therapists and activity assistant implement an activities programme to meet residents’ needs, preferences and abilities. The programme involves community visitors, outings, entertainment and activities.

All meals and baking are done on-site. Residents’ food preferences and dietary requirements are identified at admission and accommodated. There is a four-week rotational menu that is reviewed by the dietitian. There are nutritious snacks available 24 hours a day.

Safe and Appropriate Environment - The building holds a certificate for public use that is valid until 22 May 2019.

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. The service remains restraint-free and there were no residents using either restraints or enablers. Restraint management processes are available if restraint is required.

Infection Prevention and Control

The infection control surveillance programme and its content are appropriate for the size, complexity and degree of risk associated with the service. Results of the surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. The service engages in benchmarking with other Bupa facilities.
Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)

<table>
<thead>
<tr>
<th>CI</th>
<th>FA</th>
<th>PA</th>
<th>UA</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>41</td>
<td>2</td>
<td>0</td>
<td>58</td>
</tr>
</tbody>
</table>

**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)**