



## **General Overview: -**

Lake Wakatipu is part of the Bupa group. The service is certified to provide hospital (medical and geriatric) and rest home level care for up to 35 residents. On the day of audit there were 34 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, the 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 for the last ten months. She is supported by a clinical manager who has been in the role for ten months. Both have previous experience in other roles at the same facility.

There are quality systems and processes being implemented that are structured to provide appropriate quality care for people who use the service, including residents that require hospital and rest home level care. Implementation is supported through the Bupa quality and risk management programme that is individualised to Lake Wakatipu. 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.

The service has achieved two continuous improvement ratings relating to quality initiatives and the food service.

## **Health and Disability Sector Standards**

**Consumer Rights** - Lake Wakatipu 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. 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** - Lake Wakatipu has an established quality and risk management process in place that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are quarterly resident/relative newsletters. 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/toolbox talks, demonstrate a culture of quality improvements. 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. There is an in-service training calendar in place. Registered nursing cover is provided 24 hours a day, 7 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 sample of residents' 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 resident groups. The residents and family interviewed confirmed satisfaction with the activities programme. Staff responsible for medication management have 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.

**Safe and Appropriate Environment** - The building has a current warrant of fitness. Reactive and preventative maintenance is carried out. Staff are provided with personal protective equipment. Chemicals are stored safely throughout the facility. There is sufficient space to allow the movement of residents around the facility using mobility aids or lazyboy chairs. The hallways and communal areas are spacious and accessible. All bedrooms are single, and some have ensuite facilities. The outdoor areas are safe and easily accessible. Housekeeping staff maintain a clean and tidy environment. Laundry and linen service is completed on-site.

There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in first aid 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 audit, there were no residents with any restraints and one resident using an enabler. The assessment and consent were completed for the enabler. Staff receive training in restraint minimisation and challenging behaviour management.

## **Infection Prevention and Control**

Lake Wakatipu has an infection control programme that complies with current best practice. The infection control manual includes a range of policies. There is a dedicated infection control coordinator who has a role description with clearly defined guidelines. The infection control programme is reviewed annually at organisational level and links to the quality and risk management system. Infection control education is provided at orientation and incorporated into the annual training programme. Surveillance is undertaken, and records of all infections are kept and provided to head office for benchmarking.

<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	91	0	0	8

**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)**