



## **General Overview: -**

Bupa Te Puke Country Lodge is part of the Bupa group. The service is certified to provide rest home and hospital level care for up to 81 residents. Occupancy on the day of audit was 61 residents. Since the previous audit the service has reduced total bed numbers from 81 beds to 72 beds. The nine beds decommissioned were rest home only beds

This 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 the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management and staff.

The care home manager is a social worker who has been in this role since April 2015. The manager is supported by an assistant manager, a clinical manager and a unit coordinator/RN and a Bupa regional manager.

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service, including residents that require hospital/medical, and rest home level care. Implementation is supported through the Bupa quality and risk management programme that is individualised to Te Puke. Quality initiatives are implemented which provide evidence of improved services for residents.

A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support, is in place.

This audit identified one shortfall around care plan interventions.

## **Health and Disability Sector Standards**

**Consumer Rights** - Communication is open and families are kept informed. Complaints and concerns have been managed and a complaints register is maintained.

**Organisational Management** - The care home manager is supported by an administration manager, clinical manager, registered nurses, caregivers and support staff. The quality and risk management programmes are embedded into practice. Quality activities generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held, and satisfaction is monitored via annual satisfaction surveys. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. An education and training programme is implemented with a current plan in place. Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate staff cover for the effective delivery of care and support.

**Continuum of Service Delivery** - Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. The care plans are resident and goal orientated and reviewed every six months or earlier if required, with input from the resident/family as appropriate. Files sampled identified that the integration of allied health and a team approach is evident in the overall resident file. There is a three-monthly general practitioner review. The activities team implements the activity programme to meet the individual needs, preferences and abilities of the residents. Community links are maintained. There are regular entertainers, outings and celebrations. Medications are managed appropriately in-line with accepted guidelines. Registered nurses and senior caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the general practitioner. Residents' food preferences and dietary requirements are identified on admission and all meals are cooked on site. This includes consideration of any particular dietary preferences or needs.

**Safe and Appropriate Environment** - The building holds a current warrant of fitness. Resident rooms are spacious with ensuites and are personalised. External areas are safe and well maintained. The facility has a van available for transportation of residents. There are spacious lounges in the rest home and hospital areas and a large recreation room. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and first aid is on duty at all times. The facility has ceiling heating in the communal areas and electric panel heaters in the bedrooms.

## **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. On the day of audit there were three residents using restraint and no residents with an enabler. Restraint management processes are adhered to.

## **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 Bupa quality and risk team supports the infection control coordinator. 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. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. 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>
	0	40	1	0	60

**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)**