



General Overview: -

Bupa Te Whanau Rest Home & Hospital is part of the Bupa group and provides hospital (geriatric and medical) and rest home level care for up to 65 residents. There were 49 residents on the days of audit.

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 service is managed by a care home manager who is a registered nurse and has been in the role since 2013. The care home manager is also undertaking the clinical manager role. An assistant managers role supports the care home manager with non-clinical management roles.

The service has an established quality and risk management system. Residents and families interviewed commented positively on the standard of care and services provided.

Five of six shortfalls identified as part of the previous audit have been addressed. These were around: meetings, staffing, medication management, restraint consents and restraint and enabler monitoring. There continues to be an improvement required around care plan interventions.

Health and Disability Sector Standards

Consumer Rights - The service has a culture of open disclosure. Families are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community.

Organisational Management - There is a business and quality plan with goals for the service that have been regularly reviewed. Bupa Te Whanau has a fully implemented, robust, quality and risk system in place. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys. Incidents are appropriately managed.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation and training programme that provides staff with relevant information for safe work practices. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of Service Delivery - Care plans are developed by the registered nurses who also have responsibility for maintaining and reviewing care plans. Care plans reviewed were individually developed with the resident, and family/whānau involvement is included where appropriate, they are evaluated six-monthly or more frequently when clinically indicated. There is a medication management system in place that follows appropriate administration and storage practices. Each resident is reviewed at least three-monthly by their general practitioner or nurse practitioner. A range of individual and group activities is available and coordinated by the diversional therapist. All meals are prepared on-site. There is a seasonal menu in place, which is reviewed by a dietitian. Residents' food preferences are accommodated, and the residents and relatives reported satisfaction with the food service.

Safe and Appropriate Environment - There is a current building warrant of fitness. There is a maintenance person employed and who is also available on call after hours if needed. All medical equipment has been calibrated and checked. Hot water temperatures are checked in all areas and records sighted evidenced that temperatures are maintained at no more than 45 degrees. Residents were observed moving freely around the areas with mobility aids where required. The external areas are maintained with gardens and outdoor seating and shade available. There is wheelchair access to all areas.

Restraint Minimisation and Safe Practice

The service has policies and procedures to ensure that restraint is a last resort and safely used when required, and that enabler use is voluntary. There is one resident using restraints and three with enablers at the time of the audit.

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. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	0	45	1	0	55

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)