



## **General Overview: -**

Bupa Wattle Downs provides rest home and hospital level care for up to 60 residents. During the audit there were 50 residents.

This surveillance 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 resident's and staff files, observations and interviews with residents, relatives, staff and management.

Feedback from residents and relatives was positive about the care and services provided. An induction and in-service training programme is provided. The care home manager is appropriately qualified and experienced and is supported by an acting clinical manager (registered nurse).

One of the two shortfalls identified at the previous audit have been addressed. This was around call bells. A further improvement continues to be required around care plan interventions.

This audit has identified a further two areas requiring improvement including wound documentation/neurological observations and medication management.

## **Health and Disability Sector Standards**

**Consumer Rights** - Regular contact is maintained with families, including if a resident is involved in an incident or has a change in their current health. Relative and resident meetings are held regularly. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

**Organisational Management** - Bupa Wattle Downs Care Home has an established quality and risk management system that supports the provision of clinical care and support. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. The facility is benchmarked against other Bupa facilities. Incidents documented demonstrated immediate follow-up from a registered nurse. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

**Continuum of Service Delivery** - Residents' records reviewed provide evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six monthly. Residents' files include three monthly reviews by the general practitioner. There is evidence of other allied health professional input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines complete education and medicines competencies. The medicines records reviewed included documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner (GP).

An integrated activities programme is implemented that meets the needs of aged care residents. The programme includes community visitors and outings, entertainment and activities.

All food and baking are done on-site. Residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

**Safe and Appropriate Environment** - The building has a current certificate of public use. The call bell system is now at an appropriate volume.

## **Restraint Minimisation and Safe Practice**

There is a Bupa restraint policy that includes the definitions of restraint and enablers. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. At the time of the audit, there were five residents requiring the use of six restraints and three residents requiring the use of an enabler. Enabler resident files reviewed included an assessment and consent for use of an enabler. Restraint minimisation and enabler education has been completed.

## **Infection Prevention and Control**

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. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

The infection control surveillance programme is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

<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	42	3	0	56

**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)**