



General Overview: -

David Lange Care Home is part of the Bupa group of aged care facilities. The care facility has a total of 87 beds certified for rest home, hospital and residential disability (physical) levels of care. During the audit there were 75 residents at the facility.

This unannounced 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 facility manager is a registered nurse with health management experience and works fulltime. She is supported by a clinical manager with experience in aged care.

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who live in the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to David Lange and has been embedded in practice. Quality initiatives are implemented which provide evidence of improved services for residents.

Six of six shortfalls identified at the previous audit have been rectified around orientation, training, integration of care documentation, care plan interventions, medication documentation and restraint monitoring

This audit identified that improvements are required by the service around timeliness of assessments and care plans and care monitoring.

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 - The care home manager is supported by a clinical manager; unit coordinators, registered nurses, caregivers and support staff.

The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. 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.

Appropriate employment processes are adhered to. An education and training programme is established. The roster 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. Care plans reviewed in resident records were individualised and demonstrated service integration. Care plans are evaluated at least six monthly. InterRAI assessment timeframes had been met. Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and caregivers responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed met legislative prescribing requirements.

Activity assistants coordinate and implement the activity programmes for the residents. The programmes include community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident group including younger people.

All meals and baking are prepared on site. Residents' food preferences and dietary requirements are identified at admission and accommodated. The menus are reviewed annually by the BUPA dietitian. Residents commented positively on the meals provided.

Safe and Appropriate Environment - The building holds a current warrant of fitness (expires 18 April 2020). Communal areas within each area/community are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Hot water temperatures are monitored.

Restraint Minimisation and Safe Practice

Restraint minimisation and safe practice policies and procedures are in place. There were no residents using restraints and five residents using enablers during the audit. A registered nurse is the designated restraint coordinator. Staff are offered training in restraint minimisation and challenging behaviour management, which begins during their orientation to the service.

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 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.

Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	0	44	2	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)