



General Overview: -

Bupa Gardenview is part of the Bupa aged care residential group. The service provides dementia level of care for up to 41 residents. On the day of the audit there were 35 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 the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, management, staff and the general practitioner.

The acting care home manager is a registered nurse and has aged care clinical and management experience with Bupa; having been the clinical manager at Gardenview prior to this role. She is supported by an acting clinical manager with aged care experience. The management team is supported by an experienced care home manager from a sister site and a regional operations manager.

The relatives spoke positively about the staff and the care provided at Bupa Gardenview.

This audit identified areas for improvement around; family communication post incidents, facility meetings, action plans and follow-up, registered nurse follow-up following incidents, dementia training, progress notes, care interventions and resident privacy.

Health and Disability Sector Standards

Consumer Rights - Staff at Bupa Gardenview strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

Organisational Management - Bupa Gardenview has a documented quality and risk management system that supports the provision of clinical care. There is a documented schedule of quality activities such as internal audits and review of incidents and this has been fully implemented for 2020. Health and safety policies, systems and processes are implemented to manage risk. An education and training programme has been implemented with a current training plan in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage 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. Information is gained through the initial support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents. The care plans are personalised, and goal orientated. Care plans are reviewed every six months or earlier if required, with input from the resident/family as appropriate. Files sampled identified integration of allied health and a team approach is evident in the overall resident file. There is a review by the general practitioner at least every three months.

The activities team implements the activity programme to meet the individual needs, preferences and abilities of the residents. The programme encourages the maintenance of community links. 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 at admission and accommodated. All meals and baking are cooked on site. This includes consideration of any particular dietary preferences or needs. There is a four-week rotational menu that is reviewed by a dietitian. Nutritional snacks are available 24 hours.

Safe and Appropriate Environment - The building has a current warrant of fitness. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. Cleaning and maintenance staff are providing appropriate services. Cleaning and laundry services are monitored through the internal auditing system. Laundry is completed on site.

All rooms are single within the facility. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is sufficient space to allow the movement of residents around the facility using mobility aids. There is a spacious lounge and dining area in each wing within the facility, and a smaller family lounge available for quieter activities or visitors. Fixtures, fittings and flooring are appropriate and toilet/shower

facilities are constructed for ease of cleaning. The internal areas are ventilated and heated. The outdoor areas are safe, easily accessible and secure.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies. There is a staff member on duty on each shift who holds a current first aid certificate.

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. The service remains a restraint-free environment.

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 is responsible for coordinating/providing education and training for staff. 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. 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	84	9	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)