



## **General Overview: -**

Cornwall Park Hospital provides psychogeriatric level care for up to 39 residents. There were 35 residents in the facility on the day of audit. All residents were under the specialist hospitals contract (ARHSS).

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 (non-clinical) who has had been in the role for two years. The care home manager is supported by a clinical manager (RN) who oversees clinical care. The clinical manager has been in the role for six months. The management team is supported by the wider Bupa management team including a regional operations manager.

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

Two of two shortfalls identified as part of the previous audit have been addressed. These were around dementia training for staff and care plan documentation.

This audit has identified two areas requiring improvement around: the use of covert medications and environmental upkeep of the kitchen.

## **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 has been in the role for two years. She is supported by a clinical manager, registered nurses, caregivers and support staff. There is a business plan with goals for the service that has been regularly reviewed. Cornwall Park Hospital 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** - A comprehensive information booklet is available for residents/families at entry which includes information on the service philosophy, services provided and practices relevant to a psychogeriatric secure unit. The care home manager takes primary responsibility for managing entry to the service with assistance from the clinical manager. Initial assessments are completed by a registered nurse, including interRAI assessments. The registered nurses complete care plans and evaluations.

Care plans reviewed were based on the interRAI outcomes and other assessments. Families interviewed confirmed they were involved in the care planning and review process. There is at least a three-monthly resident review by the medical practitioner and psychogeriatric community team as required.

There is a group activity programme. Individual activity plans have also been developed in consultation with family. The activity programme includes meaningful activities that meet the recreational needs and preferences of the psychogeriatric residents.

Medicines are stored appropriately in line with legislation and guidelines. General practitioners review residents at least three-monthly or more frequently if needed. There are regular visits and support provided by the community mental health team and psychogeriatrician.

All meals are prepared on-site. Resident's individual food preferences, dislikes and dietary requirements are met. Nutritional snacks are available over a 24-hour period.

**Safe and Appropriate Environment** - A current building warrant of fitness certificate is posted at the entrance to the facility. A 52-week planned maintenance schedule is in place that has been maintained. All medical equipment has been calibrated and checked. Hot water temperatures are checked in each of the wings and records sighted evidence that temperatures are maintained at no more than 45 degrees Celsius.

Internal and external areas are maintained with gardens and outdoor seating and shade available. The outdoor area is secure with walking paths. There is wheelchair access to all areas.

### **Restraint Minimisation and Safe Practice**

Restraint minimisation and safe practice policies and procedures are in place. Staff are provided with training in restraint minimisation and challenging behaviour management. On the day of audit there were eleven residents using restraint and no residents with an enabler. Restraint management processes are being implemented.

### **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 officer (registered nurse) 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 officer 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	41	2	0	58

**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)**