



General Overview: -

Bupa Whitby Rest Home and Hospital provides; psychogeriatric services; hospital services - including medical services, rest home care and dementia care for up to 100 residents. Ninety-six residents were living at this facility during the 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 Bupa quality and risk management programme is being implemented at Bupa Whitby. Quality initiatives are implemented which provide evidence of improved services for residents.

The care home manager is appropriately qualified and experienced and is supported by a clinical manager and three unit coordinators.

Three of four shortfalls identified at the previous certification audit have been addressed. These were around, staff appraisals and training for dementia, care plan interventions and medication documentation. There continues to be a shortfall around storage of emergency water.

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 plan with goals for the service that has been regularly reviewed. Whitby Rest Home and 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 - There is an admission pack that provides information on all levels of care, including individual information for the dementia and psychogeriatric units. Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. Sufficient 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 resident, and goal orientated. Care plans are reviewed every six months or earlier if required. Files reviewed identified integration of allied health and team input into resident care. The general practitioner reviews residents at least every three months.

The activities team implements the activity programme to meet the individual needs, preferences and abilities of the resident groups. The programme encourages the maintenance of community links. There are regular entertainers, outings and celebrations. Activities are focused on meaningful and sensory activities in the dementia care and psychogeriatric units.

Medications are managed appropriately in line with accepted guidelines. Registered nurses, enrolled 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. The community mental health practitioner visits regularly.

All meals are prepared and cooked on site. There is a current food control plan in place. Resident dietary needs are met, and alternative foods offered for dislikes. There are nutritious snacks available 24 hours.

Safe and Appropriate Environment - The building has a current warrant of fitness and emergency evacuation plan. There is a reactive and planned maintenance system. Chemicals are stored safely throughout the facility.

There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge areas and seating nooks throughout the facility in addition to its main communal areas. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible and secure for the units that require this.

There is an emergency plan in the event of an emergency. There is an approved evacuation scheme and emergency management plan in place. There is a first aid trained staff member on duty 24 hours.

Restraint Minimisation and Safe Practice

Staff receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures for the safe assessment and review of restraint and enabler use. During the audit, there were five residents using restraint and one resident using an enabler. The restraint coordinator reviews enabler use three-monthly.

Infection Prevention and Control

The infection control management system is appropriate for the size and complexity of the service. The infection control coordinator (registered nurse) working together with the clinical manager, is responsible for coordinating and providing education and training for staff. The infection control manual outlined the scope of the programme and included a comprehensive range of policies and guidelines. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This included audits of the facility, hand hygiene and surveillance of infection control events and infections.

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)