



## **General Overview: -**

Cedar Manor is part of the Bupa group. The service is certified to provide rest home, hospital (medical and geriatric), and dementia level care for up to 92 residents. On the day of the audit, there were 82 residents.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included a review of policies and procedures; a review of residents and staff files; observations; and interviews with residents, family, management, staff and a general practitioner.

The care home manager is supported by head office staff with a clinical manager on site providing oversight of clinical care.

There are no areas for improvement identified at this audit.

## **Health and Disability Sector Standards**

**Consumer Rights** - Residents are provided with information they need on entry to the service and this is regularly updated. Interviews with residents and family confirmed they are provided with adequate information and that communication is open.

Residents are informed of the complaints process and there are policies and procedures in place to investigate complaints with these investigated in a timely manner. A register of complaints is kept.

**Organisational Management** - There is an implemented quality and risk management programme. Adverse, unplanned, and untoward events are documented by staff and reviewed by the care home manager. All aspects of the quality programme are discussed at relevant meetings. The health and safety programme is implemented. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An annual staff education and training plan is well attended with all staff attending mandatory training as required. Registered nursing cover is provided on morning, afternoon and night shifts, seven days a week with adequate numbers of care staff on each wing.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. A comprehensive orientation programme is in place for new staff. Ongoing education and training for staff is in place with adequate numbers of trained staff providing support for residents in the dementia unit. Registered nursing cover is provided 24 hours a day, seven days a week.

**Continuum of Service Delivery** - Registered nurses are responsible for completing initial assessments, interRAI assessments, development of care plans and the evaluation of resident's care needs in consultation with the resident/relatives. Care plans demonstrate service integration and are reviewed at least six monthly. Resident files include notes by the general practitioner and other allied health professionals. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies annually. The electronic medication records reviewed include documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner.

An activities programme is implemented separately for the rest home, hospital area and for the dementia care unit. Residents and families reported satisfaction with the activities programme. The programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the groups of residents.

All food and baking are done on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. Meals are well presented and a dietitian has reviewed the Bupa menu plans. Nutritious snacks are available 24/7 in the dementia care unit.

**Safe and Appropriate Environment** - The building holds a current warrant of fitness. There is a reactive maintenance system in place. External areas are safe and well maintained. There are safe external walking pathways and gardens for the dementia care residents that are freely accessible.

## **Restraint Minimisation and Safe Practice**

Staff regularly receive training around restraint minimisation and the management of challenging behaviour. Restraint is not used in the service. Currently there is one enabler (bedrail) used in the service.

## **Infection Prevention and Control**

A surveillance programme is documented and undertaken, and this is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. There has been one outbreak since the previous audit.

	<b>CI</b>	<b>FA</b>	<b>PA</b>	<b>UA</b>	<b>NA</b>
<b>Total out of 101 HDSS criteria reviewed</b> (NB: ARC contract criteria reviewed at audit are not counted here)	0	41	0	0	60

**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)**