



## **General Overview: -**

Fergusson Rest Home & Hospital provides rest home, hospital and secure dementia levels of care for up to 112 residents. On the day of the audit there were 110 residents.

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, staff and general practitioner.

The general manager is a registered nurse. She has been in her role since September 2020. The general manager is appropriately qualified and experienced and is supported by a team of experienced staff. Feedback from residents and families was very positive about the care and services provided.

Nine of ten shortfalls identified as part of the previous audit have been addressed. These were around: meeting minutes, corrective actions, agency staff induction, staff training, timeframes for assessment and care plans, progress notes, care plan interventions, implementation of care, and self-medication management. There continues to be an improvement required around water stored for civil defence.

## **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** - Services are planned and coordinated and are appropriate to the needs of the residents. Quality and risk management processes are established. Business goals are documented for the service. The risk management programme includes a risk management plan, incident and accident reporting, and health and safety processes. Quality systems include regular monitoring of quality and risk data and an internal auditing programme.

Human resources are managed in accordance with good employment practice. An orientation programme and a regular staff education and training programme are in place. There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type.

**Continuum of Service Delivery** - Registered nurses' complete initial assessments including interRAI assessments, care plans and evaluations within the required timeframes. Care plans are integrated and include the involvement of allied health professionals. Residents and relatives interviewed confirmed they were involved in the care planning and review process.

Each resident has access to an individual and group activities programme. The group programme is varied and interesting and includes outings, entertainers and community interactions.

Medicines are stored and managed appropriately, in line with legislation and guidelines. Registered nurses and senior caregivers administering medications have completed annual competencies. The general practitioners review the medication charts at least three-monthly.

Meals are prepared and cooked on site under the direction of a Food Service Leader. The menus are provided by the national Bupa office. The menu is varied and provides meal options. Individual and special dietary needs are catered for. Nutritious snacks are available 24-hours a day. Residents interviewed were very complimentary about the food service.

**Safe and Appropriate Environment** - The building holds a current warrant of fitness. External areas are safe and well maintained. Systems and supplies are in place for essential, emergency and security services.

## **Restraint Minimisation and Safe Practice**

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. Eight residents were using a restraint and four residents were using an enabler at the time of the audit.

## **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. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

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<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	46	1	0	54

**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)**