Executive Summary of Surveillance Audit - The Gardens

Date: 17 – 18 March 2021 3 Years' Certification



General Overview: -

Bupa The Gardens Rest Home and Hospital provides rest home and hospital levels of care for up to 55 residents. During the audit, there were 53 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 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 are well embedded at The Gardens. Quality initiatives are implemented which provide evidence of improved services for residents.

The care home manager has been in the role 10 months and has extensive nursing experience in New Zealand and Australia. She is supported by an experienced clinical manager/registered nurse and clinical coordinator.

Residents interviewed commented positively on the services provided at The Gardens.

The previous finding from the certification audit around implementation of monitoring charts remains.

There were no further improvements identified at this surveillance audit.

Health and Disability Sector Standards

Consumer Rights - Residents and relatives have the opportunity to provide feedback on the service through surveys and meetings. There is evidence that residents and family are kept informed of resident's health status. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Organisational Management - Services are planned, coordinated and are appropriate to the needs of the residents. A care home manager and clinical manager are responsible for day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme are embedded in practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is being implemented and includes in-service education and competency assessments.

Registered nursing cover is provided 24 hours a day, seven days a week.

Continum of Service Delivery - Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. The residents and family interviewed confirmed their input into care planning and evaluations. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Planned activities are integrated and appropriate to the rest home and hospital level residents. The programme includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences. The residents and family member interviewed confirmed satisfaction with the activities programme.

Staff responsible for medication management have current medication competencies. Medication policies reflect legislative requirements and guidelines. The medicine charts reviewed met legislative prescribing requirements.

All meals and baking are done on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met where required. The menu is reviewed annually by the Bupa dietitian. Residents commented positively on the meals provided.

Safe and Appropriate Environment - The building holds a current warrant of fitness. There is a reactive and planned maintenance programme in place. Communal areas are easily accessible with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. Hot water temperatures are monitored.

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 was one resident using restraint and four residents voluntarily using enablers. All appropriate documentation was in place.

Infection Prevention and Control

The infection control coordinator/registered nurse 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	CI	FA	PA	UA	NA
HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	0	40	1	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)