



General Overview: -

Bupa Hugh Green is part of the Bupa group of aged care facilities. The care facility has a total of 100 beds certified for rest home, hospital and secure dementia levels of care. During the audit there were 97 residents at the facility.

This certification audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management and general practitioner.

The service is managed by an experienced management team. The general manager is supported by a clinical manager, unit coordinators and a Bupa regional manager.

The residents and relatives interviewed all spoke positively about the home, staff and the care provided.

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who live in the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to Hugh Green and has been embedded in practice. Quality initiatives are implemented which provide evidence of improved services for residents.

There are no improvements required by the service.

A continuous improvement rating has been awarded around restraint minimisation.

Health and Disability Sector Standards

Consumer Rights - Policies and procedures that adhere with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are in place. The welcome/information pack includes information about the Code. Residents and families are informed regarding the Code and staff receive ongoing training about the Code.

The personal privacy and values of residents are respected. There is an established Māori Health plan in place. Individual care plans reference the cultural needs of residents. Discussions with residents and relatives confirm that residents and (where appropriate) their families are involved in care decisions. Regular contact is maintained with families including if a resident is involved in an incident or has a change in their current health.

There is an established system for the management of complaints, which meets timeframes determined by HDC.

Organisational Management - Services are planned, coordinated, and appropriate to the needs of the residents. A general manager and clinical manager are responsible for the day-to-day operations of the facility. Goals are documented for the service with evidence of regular reviews.

Bupa Hugh Green is implementing the Bupa organisational quality and risk management system that supports the provision of clinical care. Quality and risk performance are reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes reflected a culture of continuous quality improvements. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters.

Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff that is specific to the role and responsibilities of the position. Ongoing education and training for staff is being implemented.

The staffing levels meets contractual requirements. Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of Service Delivery - There is a comprehensive admission package available prior to or on entry to the service. Resident records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files include one to three monthly reviews by the general practitioners. There is evidence of other allied health and specialist input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies. The medicines records reviewed included documentation of allergies and sensitivities and are reviewed at least three-monthly by the general practitioners.

An integrated activities programme is implemented for all residents. There is also a specific programme for the residents in the secure dementia unit. The programme includes community visitors and outings, entertainment and activities that meets the recreational preferences and abilities of the residents.

All food and baking are completed on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

Safe and Appropriate Environment - There is an approved evacuation scheme and emergency supplies for at least three days. At least one first aid trained staff member is on duty at all times.

Chemicals are stored securely throughout the facility. The building holds a current building WOF. Resident rooms are single, spacious and personalised. All rooms, ensuites and communal bathrooms are large enough for mobility equipment. There is a mobility bathroom with shower on each floor. Communal areas within each area/community are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. A first aider is on duty at all times. The facility temperature is comfortable and constant. Electrical equipment has been tested and tagged. All medical equipment and hoists have been serviced and calibrated. Hot water temperatures are monitored.

Restraint Minimisation and Safe Practice

Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. There have been no residents using restraints since the facility opened. Restraint management processes are available if restraint is used.

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 coordinator (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 coordinator 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. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	1	92	0	0	8

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)