



## **General Overview: -**

Bupa Bethesda is certified to provide rest home and hospital level care for up to 91 residents. On the day of audit there were 68 residents.

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, a review of residents' and staff files, observations and interviews with residents, relatives, staff and management. The care home manager has been in the role for 17 years. She is supported by a clinical manager, who has been in the role for eight years. This audit identified no areas for improvement.

The service has been awarded continued improvement ratings around the activity programme, food service and infection surveillance.

A partial provisional audit was also conducted to assess the preparedness of the service to provide dementia level of care. This audit verified there are appropriate processes being implemented for providing dementia level of care. Required improvements identified from this audit relate to environmental safety for residents around the kitchenette area, securing the area, and approval of fire evacuation procedure.

## **Health and Disability Sector Standards**

**Consumer Rights** - Bethesda endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents.

Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. Evidence-based practice is evident; promoting and encouraging good practice. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are 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 the day-to-day operations of the facility. Goals are documented for the service with evidence of annual reviews. A quality and risk management programme is being implemented. Quality activities generate improvements in practice and service delivery. 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. A process for ongoing education and training for staff is documented and in the process of being implemented. The staffing levels meets contractual requirements. Registered nursing cover is provided 24 hours a day, 7 days a week.

**Continuum of Service Delivery** - An admission package is available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision. A registered nurse assesses, plans and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals. There is a three-monthly general practitioner review.

Medication policies reflect legislative requirements and guidelines. Registered nurses and caregivers responsible for administration of medicines complete education and medication competencies. The medication charts reviewed met legislative requirements.

There is a daily rest home and hospital activity programme to meet the individual needs, preferences and abilities of the residents. The programme includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for the residents.

All meals and baking are done on-site. Residents' food preferences and dietary requirements are identified at admission and accommodated. The menu is reviewed by the dietitian. Residents commented positively on meals provided.

**Safe and Appropriate Environment** - The building has a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised. The hallways and communal areas are spacious and accessible. There is wheelchair access to all areas. Chemicals were stored safely throughout the facility. Appropriate policies are available along with product safety charts. The service has an approved fire evacuation scheme. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. Appropriate training, information and equipment for responding to emergencies are provided. Housekeeping staff maintain a clean and tidy environment.

Toilet/shower facilities are constructed for ease of cleaning. Cleaning services are well monitored through the internal auditing system. All laundry is completed off-site. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner.

The proposed dementia unit is not yet secure, all rooms are single. There is a lounge and dining area and safe access to a newly developed secure outdoor area.

### **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 or restraint, should this be required. The clinical manager is the restraint coordinator. Staff interviewed were knowledgeable about restraint minimisation. There were no restraints and one resident with an enabler.

### **Infection Prevention and Control**

Bethesda has an infection control programme that complies with current best practice. The infection control manual outlines a range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. There is a dedicated infection control coordinator who has a role description with clearly defined guidelines. The infection control programme is reviewed annually at organisational level.

The infection control programme is designed to link to the quality and risk management system. Infection control education is provided at orientation and incorporated into the annual training programme. Records of all infections are kept and provided to head office for benchmarking.

<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>
	3	85	5*	0	0

**Continuous Improvement (CI)** - *Criterion are fully attained, with the service demonstrating continued review and improvement in this area.*

**Fully Attained (FA)** - *The care home 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*

*\*NB all 5 PA findings related only to the Partial Provisional Audit for the new Dementia service and were closed off prior to commencement of the new service.*

**Unattained (UA)** - *The care home is unable to demonstrate appropriate processes, systems or structures to meet the criterion.*

**Not Audited or Not Applicable (NA)**