



## **General Overview: -**

Gladys Mary Rest Home is part of the Bupa group. The service is certified to provide rest home, and dementia level care for up to 39 residents. There were 36 residents on the day of audit.

This certification audit was conducted against the health and disability standards and the contract with the district health board. The audit process included the review of existing policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff and management and the general practitioner. A rest home room was also verified at this audit as being suitable to be used as a double room (for couples), thus increasing total bed numbers to 39.

The service is managed by a facility manager who is non-clinical and is supported by an acting clinical manager, second registered nurse and a stable care team. The residents and relatives interviewed all spoke positively about the care and support provided at Gladys Mary.

This certification audit identified areas for improvement around quality data, emergency water and first aid training.

## **Health and Disability Sector Standards**

### **Consumer Rights - Outcome 1.1: Consumer Rights**

The service complies with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. Staff ensure that the care provided focuses on the individual, values each resident's autonomy and maintains their privacy and choice. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and is discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed appropriately and a complaints register is maintained.

**Organisational Management** - Services are planned, coordinated, and are appropriate to the needs of the residents. The care home manager and an acting clinical manager are responsible for the day-to-day operations of the care facility.

Quality and risk management processes are established. Strategic plans and quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes. Resident and family meetings are held regularly. Adverse, unplanned and untoward events are documented by staff. A health and safety programme is being implemented.

Appropriate employment processes are adhered to and employees have a staff appraisal completed on an annual basis. Registered nursing cover is provided on site five days a week. An RN is rostered on call if not on site. The residents' files are appropriate to the service type.

**Continuum of Service Delivery** - There is an admission package available prior to or on entry to the service. Resident files reviewed provide evidence that the registered nurses assess residents on admission in consultation with the resident and relatives. Assessments, care plans and evaluations are completed within the required timeframes. Care plans demonstrate service integration. Resident files included three monthly reviews by a general practitioner. There is evidence of other allied health professional input into resident care. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies. The medication charts on the electronic medication system 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 and dementia residents with some activities integrated. The programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the residents.

All food and baking is done on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans. Nutritious snacks are available 24/7 in the dementia unit.

**Safe and Appropriate Environment** - Chemicals are stored securely throughout the facility. The building holds a current warrant of fitness. Resident rooms are spacious and personalised. Communal areas 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 are provided. There is an approved evacuation scheme and six-monthly fire evacuation drills. The facility temperature is comfortable and constant. Electrical

equipment has been tested and tagged. All medical equipment and all 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 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. There were no residents using a restraint or 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. The infection control coordinator (clinical manager) 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.

<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	91	2	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)**