



General Overview: -

Longwood Rest Home is part of the Bupa group. The service is certified to provide rest home and hospital level care for up to 52 residents. On the day of audit there were 48 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, 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 care home manager who has been in her role for six years and is a registered nurse. The care home manager is supported by a clinical manager, a Bupa regional manager, registered nurses and long-standing experienced staff.

The GP, 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 Longwood. Quality initiatives are implemented which provide evidence of improved services for residents.

There were no improvements identified during this audit.

Health and Disability Sector Standards

Consumer Rights - The service complies with the Health and Disability Commissioner's Code of Health and Disability Consumers' Rights. Staff strive to ensure that care is provided that focuses on the individual resident, values residents' autonomy and maintains their privacy and choice. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Complaints and concerns have been managed and an electronic complaints register is maintained.

Organisational Management - The care home manager is supported by a clinical manager, registered nurses, caregivers and support staff. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident meetings are held, and there are regular resident/relative newsletters. Satisfaction is monitored via annual satisfaction surveys.

Health and safety policies, systems and processes are implemented to manage risk.

Appropriate employment processes are adhered to. An education and training programme is established. The roster provides sufficient and appropriate staff cover for the effective delivery of care and support.

The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access.

Continuum of Service Delivery - Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. There is a comprehensive admission package available prior to or on entry to the service. The residents and family/whānau interviewed confirmed their input into care planning and access to a typical range of life experiences and choices. A sample of residents' files validated the service delivery to the residents. Where progress is different from expected, the service responds by initiating changes to the care plan or recording the changes on a short-term care plan. Resident files included medical notes by the general practitioner and allied health professionals.

Planned activities are appropriate to the resident groups. The programme includes outings, entertainment, community visitors, and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each consumer group. Residents and family members interviewed confirmed satisfaction with the activities programme.

Medication policies reflect legislative requirements and guidelines. Staff responsible for medication management have current medication competencies. Medication records had been reviewed at least three monthly by the general practitioner.

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 an external dietitian. Residents and family/whānau commented positively on the meals provided.

Safe and Appropriate Environment - The building holds a current warrant of fitness. Resident rooms are single, spacious and personalised. Communal areas within each area 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. Chemicals are stored securely throughout the facility. 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.

Restraint Minimisation and Safe Practice

Restraint minimisation and safe practice policies and procedures are in place and implemented. There were two residents using restraints and seven residents using enablers during the audit. A registered nurse is the designated restraint coordinator. Staff are offered training in restraint minimisation and challenging behaviour management, which begins during their orientation to the service.

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. Staff receive ongoing training in infection control. The service continues to maintain current Covid 19 restrictions as per Bupa policy, and continue to maintain a log of visitors for contact tracing. Hand gel is freely available, and masks were issued to visitors on arrival to the facility.

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

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)