



### **General Overview: -**

Parkhaven Hospital is part of the Bupa group. The service is certified to provide hospital (medical and geriatric), mental health hospital, psychogeriatric and residential disability (intellectual, physical and sensory) level care for up to 84 residents. On the day of the audit, there were 80 residents.

A care home manager who is appropriately qualified and experienced, manages Parkhaven. Feedback from residents and relatives is positive about the care and services provided. An induction and in-service training programme is provided.

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

This certification audit identified one improvement required around dementia staff training.

The service is commended for achieving a continuous improvement rating around food service.

### **Health and Disability Sector Standards**

**Consumer Rights** - 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 celebrated. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. Family/whānau participation meetings are held every two months. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints and concerns have been managed and a complaints register is maintained.

**Organisational Management** - Services are planned, coordinated, and are appropriate to the needs of the residents. A care home manager and clinical nurse manager are responsible for the day-to-day operations of the facility. The quality and risk management programme includes a service philosophy, goals and a quality planner. Quality activities are conducted, which generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. There are regular resident/family meetings. An annual resident/relative satisfaction survey is completed. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. An annual education and training programme is in place. Appropriate employment processes are adhered to. Staffing is flexible to meet the needs of the residents. Registered nursing cover is provided 24 hours a day, seven days a week.

**Continuum of Service Delivery** - There is an admission package available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans reviewed demonstrate service integration and are reviewed at least six monthly. Resident files include medical notes by the contracted general practitioners and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered and enrolled nurses are responsible for the administration of medicines. Medication charts are reviewed three monthly by the GP. The activities coordinator, with the assistance of the activities assistants implements the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations. All meals are cooked on site. Residents' food preferences, dislikes, religious and cultural dietary requirements are identified at admission and accommodated. There are nutritious snacks available at all times.

**Safe and Appropriate Environment** - Documented systems are in place for essential, emergency and security services. Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. All rooms have hand basins, some rooms have a toilet, and some rooms share a toilet. The other resident rooms share communal toilet/showers. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. External areas are safe and well maintained with shade and seating available. The psychogeriatric and mental health garden is safely fenced. Cleaning and laundry services are monitored through the internal auditing system. Systems and supplies are in place for essential, emergency and security service. The building has a current warrant of fitness and was observed to be appropriate and suitable to the needs of the residents, with appropriate heating and ventilation.

## **Restraint Minimisation and Safe Practice**

Restraint minimisation and safe practice policies and procedures are in place. Training around restraint and enabler use has been provided to staff. At the time of the audit, there were 11 residents using 14 restraints and seven residents with eight enablers. Restraint management processes are adhered to.

## **Infection Prevention and Control**

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. Infection control education is provided to all service providers as part of their orientation and also as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

<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>
	1	124	1	0	15

**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)**