



General Overview: -

Tasman Care Home is part of the Bupa group. The service is certified to provide rest home and hospital level care for up to 72 residents. On the day of audit there were 70 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 care home manager has been in the role since July 2016. He is supported by a clinical manager who has been in the position for two months.

There are quality systems and processes being implemented that are structured to provide appropriate quality care for people who use the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to Tasman Care Home. Quality initiatives are being implemented, which provide evidence of improved services for residents. There is an orientation and in-service training programme in place that provides staff with appropriate knowledge and skills to deliver care and support.

A continuous improvement has been awarded around implementation of quality goals.

Health and Disability Sector Standards

Consumer Rights - Tasman Care Home 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. There is evidence that residents and family are kept informed. The rights of the resident and/or their family/whānau 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 implemented, and complaints and concerns are actively managed and well 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. Tasman Care Home is implementing the organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrated a culture of 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. Ongoing education and training for staff is in place. The staffing levels meet the needs of residents. Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of Service Delivery - Registered nurses are responsible for each stage of service provision. The care plans are resident, and goal orientated and reviewed every six months or earlier if required, with input from the resident/family as appropriate. Files sampled identified integration of allied health and a team approach is evident in the overall resident file. There is a review by the general practitioner at least every three months. Two activities staff implement the activity programme for the facility. There are policies and procedures to guide staff in safe administration of medication. Medication charts are reviewed three monthly by the general practitioner. Residents' food preferences and dietary requirements are identified on admission and all meals are cooked on-site. This includes consideration of any particular dietary preferences or needs.

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. There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals are labelled and there is appropriate protective equipment and clothing for staff. The building has a current building warrant of fitness. Each resident room has either a shared ensuite or single ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. There is a large open plan lounge/dining area on each floor. Appropriate training, information, and equipment for responding to emergencies is provided at induction and is included in the annual training programme. The call bell system is available in all areas with visual display panels. There is one external courtyard/garden area and two floors have covered decks.

Restraint Minimisation and Safe Practice

Restraint minimisation and safe practice policies and procedures are in place. At the time of the audit, the service had one resident using a restraint and no residents with an enabler. Staff have been provided with training around restraint minimisation. Assessed risks are documented in care plans. Ongoing restraint assessments, monitoring and evaluation occurs. The service and organisation regularly review restraint use and strive to minimise the use of restraint.

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.

Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	1	100	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)