



General Overview: -

Cashmere View is a Bupa facility. The service provides rest home and hospital (medical and geriatric) and psychogeriatric level care for up to 103 residents. Occupancy on the day of audit was 93 residents.

This surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family, management, staff and a general practitioner.

The service is managed by a care home manager who has been in the role for three years. The care home manager is supported by a clinical manager who has also been in the role for three years. The management team is supported by the wider Bupa management team, which includes an operations manager. The residents and relatives interviewed spoke positively about the care and support provided.

The service has fully met the sub-set of standards reviewed.

Health and Disability Sector Standards

Consumer Rights - 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. Complaints processes are implemented, and complaints and concerns are actively managed.

Organisational Management - Services are planned, coordinated, and are appropriate to the needs of the residents. The care home manager and clinical manager are responsible for the day-to-day operations of the facility. They are supported by two-unit coordinators/registered nurses. Goals are documented for the service with evidence of regular reviews.

Cashmere View is implementing the Bupa organisational quality and risk management system that incorporates the provision of clinical care. Key components of the quality management system link to staff meetings to keep staff informed. Quality and risk performance are reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes reflect a culture of quality improvement. 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 that is specific to the role and responsibilities of the position. Ongoing education and training for staff is being implemented.

The staffing levels meet contractual requirements. Registered nursing cover is provided 24 hours a day, seven days a week.

Continuum of Service Delivery - Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. Sufficient information is gained through the initial support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents. The care plans are personalised, and goal orientated. Care plans are reviewed every three to 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 files. There is a review by the general practitioner at least every three months.

The activities team implements the activity programme to meet the individual needs, preferences and abilities of the residents. The programme encourages the maintenance of community links. There are regular entertainers, outings, and celebrations.

Medications are managed appropriately in line with accepted guidelines. Registered nurses and senior caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and accommodated. All meals and baking are cooked on site. This includes consideration of any particular dietary preferences or needs. There is a four-week rotational menu that is reviewed by a dietitian. Nutritional snacks are available 24 hours.

Safe and Appropriate Environment - The building holds a current building warrant of fitness. Fire equipment is checked by an external provider. Reactive and preventative maintenance occurs with a 52-week planned maintenance programme in place.

Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens are well maintained.

At the time of the audit, building renovations were underway in the hospital wing, enhancing internal spaces and outdoor safety for residents.

Restraint Minimisation and Safe Practice

Restraint minimisation and safe practice policies and procedures are in place. At the time of audit, there were four residents using a restraint and no residents using an enabler. Staff receive training in restraint minimisation and challenging behaviour management.

Infection Prevention and Control

There is a dedicated infection control nurse who has a role description with clearly defined guidelines. Systems in place are appropriate to the size and complexity of the facility. Effective monitoring is the responsibility of the infection control officer. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. The outbreaks in 2020 have been well managed. Covid19 policies and procedures have been implemented and wellness declarations continue to be completed. Adequate supplies of personal protective equipment were sighted.

Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	0	41	0	0	60

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)