



General Overview: -

Rossendale Home and Hospital is part of the Bupa group. The service provides psychogeriatric and dementia level care for up to 100 residents. On the day of audit there were a total of 98 residents.

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 the review of policies and procedures, the review of residents and staff files, observations, interviews with family, management, staff and a general practitioner.

The care home manager has been in the role for 16 months at Rossendale and is supported by a clinical manager (registered nurse), the Bupa regional operations manager and quality and risk team.

There are well developed systems, processes, policies and procedures that are structured to provide appropriate quality care for the residents. Implementation is supported through the Bupa quality and risk management programme that is individualised to Rossendale. A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place.

This certification audit identified that improvements are required around completion of dementia standards and hot water temperatures.

A continuous improvement rating has been awarded around restraint minimisation.

Health and Disability Sector Standards

Consumer Rights - Rossendale Dementia Care Home & Hospital 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. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to families. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented, and complaints and concerns are managed and documented and learning's from complaints shared with all staff.

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. Rossendale Dementia Care Home & Hospital 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 improvement meetings. Goals are documented for the service with evidence of annual reviews. An annual relative satisfaction survey is completed and there are regular relative newsletters. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. There is an in-service training calendar in place. Registered nursing cover is provided 24 hours a day, 7 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 viewed 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 nurses and senior caregivers are responsible for the administration of medicines. Medication charts are reviewed three-monthly by the GP.

The diversional therapists and activities assistants implement the activity programme to meet the individual needs, preferences and abilities of the residents. There are regular entertainers, outings, and celebrations.

All meals are cooked on-site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. Families commented positively on the meals. There are snacks available at all times.

Safe and Appropriate Environment - The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. Cleaning and maintenance staff are providing appropriate services. Cleaning and laundry services are monitored through the internal auditing system. Laundry is completed on-site.

Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. The building holds a current warrant of fitness.

There are shared and single rooms within the facility. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is sufficient space to allow the movement of residents around the facility using mobility aids. There is a spacious lounge and dining area and smaller lounges available in each unit within the facility, for quieter activities or visitors. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. The internal areas are ventilated and heated. There is wheelchair access to all areas. The outdoor areas are safe, easily accessible and secure.

There is an emergency management plan in place and adequate civil defence supplies in an event of an emergency. There is an approved evacuation scheme and emergency supplies. There is a staff member on duty on each shift who holds a current first aid certificate.

Restraint Minimisation and Safe Practice

Restraint minimisation and safe practice policies and procedures are in place. Staff are provided with training in restraint minimisation and challenging behaviour management. On the day of audit, there were 18 residents using restraint and no residents with an enabler. Restraint management processes are being implemented. The service continues to actively 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 officer role is shared by three registered nurses who together are 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 officers use 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	98	2	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)