



## **General Overview: -**

Bupa Merrivale is part of the Bupa group. The service is certified to provide rest home, hospital and dementia level care for up to 66 residents. Occupancy on the day of audit was 64 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 is an occupational therapist who has been in this role for over three years. The manager is supported by a clinical manager and unit coordinators and a Bupa regional manager.

There are well-developed systems, processes, policies and procedures 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 Merrivale. Quality initiatives are implemented which provide evidence of improved services for residents.

A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support, is in place.

There is one area identified for improvement around meeting timeframes.

The service is commended for achieving continual improvement ratings relating to fall minimisation and activities for residents.

## **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. Cultural needs of residents are met. 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. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

**Organisational Management** - There is a fully implemented quality and risk management programme which 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 and family meetings are held, and satisfaction is monitored via annual satisfaction surveys. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. A comprehensive education and training programme are implemented with a current plan in place. Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate staff cover for the effective delivery of care and support.

**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 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 visiting allied health professionals.

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

Staff responsible for medication management have current medication competencies. Medication policies reflect legislative requirements and guidelines. The medicine charts reviewed met legislative prescribing requirements.

All meals and baking is 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 by the dietitian. There are nutritious snacks available 24 hours. Residents commented positively on the meals provided.

**Safe and Appropriate Environment** - Chemicals are stored securely throughout the facility. 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, secure and well maintained. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Cleaning and laundry services are well monitored through the internal auditing system. 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. The facility temperature is comfortable and constant.

**Restraint Minimisation and Safe Practice**

Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were no residents using restraint and no residents with an enabler.

**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 is responsible for coordinating/providing education and training for staff. The Bupa quality and risk team supports the infection control coordinator. 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.

Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	2	90	1	0	8

**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)**