

Bupa Care Services (GHC) Limited - Hayman Rest Home & Hospital

Date of audit: 27-Sep-10

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008;NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Hayman rest home & hospital is part of the Bupa group of facilities and provides hospital, rest home and dementia care for up to 86 residents. On the day of the audit there were 21/21 rest home residents, 15/19 residents in the dementia women's unit, and 13/15 residents in the dementia men's unit, and 31/31 hospital residents. Bupa's overall vision is "Taking care of their lives in our hands". There are also six key values that are displayed on the wall. Each Bupa facility develops an annual quality plan. Hayman have set quality goals for 2010 that includes five goals (three are dementia specific). The service is managed by an experienced facility manager (RN) and has been in this role since Oct 2009. The manager is supported by an interim clinical manager, until a new clinical manager is appointed. There are relevant care and support policies, including relevant clinical procedures for the management of rest home, hospital, medical, and dementia level care. There are a number of improvements identified since previous certification that has been implemented through quality improvement projects and from analysis of quality data/internal audit results such as; a) decrease restraint use, b) development of dementia garden, c) management of residents losing weight, d) division of the dementia unit into two units, and e) meeting the cultural needs of residents.

The service is commended for achieving four continual achievement (CI) ratings related to; a) organisational current 'best practice focus' and implementation at Hayman, b) organisational and service-level implementation an ongoing review of quality goals/benchmarking/governance, c) implementation of quality and risk management system including quality projects and review of outcomes, and d) implementation of multi-cultural food service and ongoing review of nutrition status.

SUMMARY

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded

Indicator	Description	Definition
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Indicator	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Organisational Management	Indicator	Assessment
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Includes commendable elements above the required levels of performance

Continuum of Service Delivery	Indicator	Assessment
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Safe and Appropriate Environment	Indicator	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		No short falls

Restraint Minimisation and Safe Practice	Indicator	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> • Consumers receive and experience services in the least restrictive manner through restraint minimisation • Consumers requiring restraint receive services in a safe manner • Consumers requiring seclusion receive services in the least restrictive manner 		No short falls

Infection Prevention and Control	Indicator	Assessment
Includes 6 standards which require: <ul style="list-style-type: none"> • There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. • There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. • Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of service provided. • The organisation provides relevant education on infection control to all service providers, support staff and consumers. • Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. 		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

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| <ul style="list-style-type: none"> Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians. | | |
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AUDIT RESULTS

Consumer Rights

Information is fully available to residents and family about services provided and the code of rights. There are implemented policies to support rights such as privacy, dignity, abuse / neglect, culture, values and beliefs, complaints, advocacy and informed consent. Annual staff training reinforces a sound understanding of the rights of residents and their ability to make choices. Care planning accommodates individual choices of clients and/or their family/whānau. Discussions with residents and relatives were overall positive about the service considering and meeting their values and beliefs.

Bupa has implemented a 'personal best' project, whereby staff undertake a project to benefit or enhance the lives of a resident or residents. This has recently been implemented at Hayman. There is one improvement identified around resuscitation plans.

Organisational Management

Hayman has a well established quality and risk management system. Discussions with staff and review of meeting minutes demonstrate a culture of quality improvement. Quality and risk performance is reported across the facility meetings and also to the organisation management team. There is a regular resident meeting at Hayman. An annual resident/relative satisfaction survey is completed and as per the survey schedule, this had recently been sent out for 2010. The Sept 09 survey results identified that 92 % of residents/relatives rated the overall service as 'satisfied'. Key components of the quality management system link to the monthly quality committee. There is also a number of ongoing quality improvements identified through meeting minutes, quality improvement project forms and as a result of analysis of quality data collected.

Five benchmarking groups across the organisation are established for rest home, hospital, dementia, psychogeriatric and mental health services. Hayman is benchmarked in three of these. Health & Safety programme is being implemented. The service benchmarking programme identifies key areas of risk including clinical risk. The use of comparative data provides the service with a quantifiable basis for the management of risk.

The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is a comprehensive training programme for caregivers and registered nurses. Competencies are completed annually. All staff in the dementia units currently have dementia qualifications or are enrolled and are actively pursuing the careerforce dementia level qualifications.

There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes.

Continuum of Service Delivery

Hayman ensures that all residents have a needs assessment prior to admission to the service. There is comprehensive information package that describes the care that Hayman provides to the consumers of the service. This includes a well documented dementia specific brochure that ensures potential residents and families are well informed prior to entry. All residents in the hospital, rest home, Te Rangi Marie and Elms cottage units are assessed by the registered nurse (RN) in the area within contractual timeframes. These are the foundation for the care plan which is developed within three weeks, with assistance and input by care givers, family where appropriate and other health professionals. These are well documented and demonstrate integration of notes promoting continuity of service delivery. One improvement has been identified around utilising short term care plans. Activities are planned to reflect activities of daily living and are age appropriate. There are two programmes that run concurrently and are reflective of hospital and rest home residents and dementia specific.

Medication management complies with current legislation requirements and safe practise guidelines. Medications are only administered by RNs and medication competent enrolled nurses at Hayman.

There is a commendable nutritional programme at Hayman. The national menus have been audited and approved by the dietitian contracted to the organisation. These are evaluated by the chef who adjusts to suit the residents. This is evidenced by the varied menu reflecting the diversity of the cultures at Hayman Home and hospital. Residents are offered rice daily as an alternative accompaniment if they wish.

The manager has commenced the 'food for thought' committee in association with dietitian support with the facility manager, head cook, unit coordinators and the clinical manager. They identified a need to improve nutrition for residents. This is an innovative committee that has identified issues such as the need for food record charts ensuring monthly weights are maintained, diet supplements, cultural food choices and ensuring vegetarians have a nutritious diet. There is evidence of good follow up and improvement in resident outcomes i.e. increased weight especially with the dementia unit residents.

Safe and Appropriate Environment

Hayman is an attractive facility providing a safe, secure and appropriate environment for the care of elder persons with hospital, rest home and two separate secure men and women's dementia units (Te Rangi Marie and Elms cottage). There is a pleasant external area in the Dementia area that allows freedom of movement for the men and women to mix and wander as they wish without impediment. The facility is secure during hours of darkness. The service provides a safe and secure environment for consumers visitors and staff this is managed by a health and safety committee that is directed by Organisational health and safety policies and procedures.

Hayman has spacious rooms that are suitable for Hospital, Rest home and D3 residents, with adequate toileting facilities with some shared ensuites in the hospital wing. There many communal areas throughout the facility for entertainment and relaxation allowing residents and family comfortable pleasant areas to meet and for privacy if needed There is a well designed laundry with defined clean and dirty flow that ensures laundry is managed

according to standards and guidelines. Hayman has established emergency response policies and procedures. There is 24 hour RN cover in the facility to provide appropriate response to clinical emergencies and staff have compulsory training in first aid and fire safety and evacuation.

Restraint Minimisation and Safe Practice

The service does not currently have anyone requiring the use of a restraint or enabler. The service has worked hard over the last year to establish and maintain a restraint-free environment. Policies and protocols are congruent with NZS 8134.0. Restraint and enabler training is part of the orientation and included in the annual in-service education programme. Behaviour management is also included in annual in-service and part of the dementia training through careerforce education.

Infection Prevention and Control

Hayman has an established infection control programme. The facility is supported by BUPA overarching infection control policies and procedures. The infection control programme its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. Infection control surveillance is linked into the incident reporting system and forms part of the suite of quality indicators that directs the facility to provide education improving infection control practises. There is a monthly Quality assurance meeting with Infection control as a standing agenda item. There is discussion and reporting of infection control surveillance and issues. Minutes are available for staff.