

Bupa Care Services NZ Limited - Glengarry Rest Home & Hospital

CURRENT STATUS: 01-Feb-12

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

Glengarry is part of the Bupa group. The service is currently certified to provide rest home and hospital (geriatric and medical) level care. The service has a capacity of 34 beds. On the day of the audit, there were 19 rest home residents and 15 hospital residents. Glengarry is managed by an experienced registered nurse, who is also supported by a team of registered nurses and the Bupa operations manager. There are well developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service including residents that require rest home, hospital and medical level care. Implementation is supported through the Bupa quality and risk management programme that is individualised to Glengarry. A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place. The service is commended for achieving four continual improvement ratings relating to good practice and governance, quality goals and implementation, and review of progress.

This audit identified three improvements required around advance directives, aspects of care planning and registered nurse cover.

AUDIT SUMMARY AS AT 01-FEB-12

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
	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

Indicator	Description	Definition
	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	Day of Audit 01-Feb-12	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	Day of Audit 01-Feb-12	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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Continuum of Service Delivery	Day of Audit 01-Feb-12	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	Day of Audit 01-Feb-12	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	Day of Audit 01-Feb-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 01-Feb-12	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		No short falls

AUDIT RESULTS AS AT 01-FEB-12

Consumer Rights

Glengarry 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. Bupa has introduced an initiative "personal best" whereby staff undertake a project to benefit or enhance the life of a resident(s). The initiative has been embraced at Glengarry and a number of projects have been completed that residents have enjoyed. Residents and relatives spoke positively about care provided at Glengarry and community involvement. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the code of rights and services is readily available to residents and families. Policies are implemented to support residents' rights. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices. 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.

There is an improvement required with regard to advance directives.

Organisational Management

Glengarry has an established quality and risk management system that supports the provision of clinical care and support. Key components of the quality management system link to the monthly quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Quality and risk performance is reported across the facility meetings and also to the organisation's management team. Four benchmarking groups across the organisation are established for rest home, hospital, dementia, and psychogeriatric/mental health services. Glengarry is benchmarked in two of these (rest home and hospital). There is an active health and safety committee. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is a comprehensive in-service training programme covering relevant aspects of care and support and the requirements. The organisational staffing policy aligns with contractual requirements and includes skill mixes. The wage analysis schedule is based on the safe indicators for aged care and dementia care and the roster is determined using this as a guide. There continues to be an improvement required around providing registered nurse cover across 24 hours.

Continuum of Service Delivery

The service has a well-developed assessment process and resident's needs are assessed prior to entry. There is a well-developed information pack available for residents/families/whānau at entry. Assessments, care plans and evaluations are completed by the registered nurses. Residents and relatives are involved in planning and evaluating care. Risk assessment tools and monitoring forms are available and implemented and are used to assess effectively level of risk and support required for residents. Service delivery plans demonstrate service integration and are individualised. Short term care plans are in use for changes in health status. Care plans are evaluated six monthly or more frequently when clinically indicated. There is evidence of resident and family (where appropriate) involvement in the review of support plans.

Activities are age appropriate and are planned and reviewed by an overarching Bupa occupational therapist. There are several programmes running that are meaningful and reflect ordinary patterns of life. There are also visits from community groups.

Medications are managed appropriately in line with accepted guidelines. There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Medication profiles are legible, up to date and reviewed by the general practitioner three monthly or earlier if necessary. There are food service policies and procedures and a link to a dietitian. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes.

There is an improvement required with regard to aspects of care planning.

Safe and Appropriate Environment

Chemicals are stored securely throughout the facility. Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness. Rooms are individualised and uncluttered. Resident rooms are spacious. External areas are safe and well maintained. The facility has a van available for transportation of residents. Those transporting residents hold a current first aid certificate. Activities occur throughout the facility. Cleaning and laundry services are well monitored through the internal auditing system. Laundry has a clean/dirty flow and chemicals are stored securely. 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. All key staff hold a current first aid certificate. The facility is light and airy.

Restraint Minimisation and Safe Practice

There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that is congruent with the definition in the standards. Restraint assessments are based on information in the care plan, discussions with residents on staff observations of residents. There is a restraint assessment tool and an enabler assessment tool. A restraint assessment tool was completed in the file reviewed of the one resident requiring restraint in the form of a bedrail for safety.

Currently, the service has two residents requiring bedrails that are assessed as enablers. Restraint usage throughout the organisation is monitored and benchmarked. Review of restraint use across the group is discussed at regional restraint approval groups. The facility restraint co-ordinator attends the regional restraint group meetings. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

Infection Prevention and Control

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control co-ordinator has attended external training and is supported by the Bupa quality and risk team. Infection control training is provided at least twice each year 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 co-ordinator 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.