

Bupa Care Services NZ Limited - David Lange Care Home

CURRENT STATUS: 09-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

David Lange is part of the Bupa group of facilities and can provide care for up to 87 hospital and rest home residents. On the day of the audit, there were 39 residents (27 hospital and 12 rest home). Bupa's overall vision is "Taking care of their lives in our hands". There are six key values that are displayed on the wall.

Since opening in July 2011 the service has established regular meetings and established a comprehensive education programme, including completing core competency assessments. 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 David Lange.

The facility manager was appointed pre-opening. She is a registered nurse, an experienced manager and has managed other Bupa facilities for a number of years.

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 audit identified improvements required around medication documentation.

AUDIT SUMMARY AS AT 09-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

Indicator	Description	Definition
	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	Day of Audit	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.	09-Feb-12	No short falls

Organisational Management	Day of Audit	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.	09-Feb-12	Includes commendable elements above the required levels of performance

Continuum of Service Delivery	Day of Audit	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.	09-Feb-12	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 09-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 09-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 09-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 09-FEB-12

Consumer Rights

David Lange 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 David Lange and a number of projects have been completed that residents have enjoyed. Residents and relatives spoke positively about care provided at David Lange since opening in July 2011.

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. The staff training programme 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 are implemented policies and procedures for informed consent and advance directives. Staff are familiar with the concepts of informed consent and residents and families are provided with information to allow informed decisions.

Organisational Management

David Lange has established a comprehensive quality and risk management system since opening that supports the provision of clinical care and support. Key components of the quality management system link to the monthly quality meetings. A resident/relative satisfaction survey has been 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. David Lange 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.

Continuum of Service Delivery

The service has a comprehensive admission policy. Comprehensive pre-admission information is made available prior to entry and in the welcome pack given to the resident and family/whanau. Residents/relatives confirmed the admission process and that the agreement was discussed with them. Registered nurses are responsible for each stage of service provision.

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. Resident files include notes by the GP and allied health professionals.

During the tour of facility it was noted that all staff treated residents with respect and dignity and residents and families were able to confirm this observation. Medicine management and administration and the food service are managed safely and in line with required guidelines. There are improvements required around having documented evidence that GP's have assessed residents as stable and suitable for three monthly medical review and ensuring all doses of medication administered are signed for.

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.

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. Each floor and resident rooms are spacious. There are several lounges that residents can choose from and easily access. Each floor has a large lounge and open plan dining area. External areas are safe and landscaped. 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 is laundered off-site. 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. Throughout the rest home and hospital, resident rooms are spacious and it can be demonstrated that wheel chairs, hoists and the like can be manoeuvred around the bed and personal space.

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. The service remains restraint-free since opening. 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 is responsible for coordinating/providing education and training for staff. Infection control training has been provided 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.