

## Bupa Care Services NZ Limited - ParkHaven Hospital

**CURRENT STATUS: 22-May-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

Parkhaven is part of the Bupa group of facilities and provides care for up to 81 residents across four service levels. There are 51 of 56 hospital - geriatric/medical residents including eight residents under Young Person Disability contracts (YPD). There were 13 residents in the psychogeriatric unit (Fuchsia wing) and 11 residents in the connecting secure mental health unit (Jasmine wing). Parkhaven is managed by an experienced manager, who is also supported by a clinical manager and 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 including residents that require psychogeriatric level care, disability services and hospital/medical level care. Implementation is supported through the Bupa quality and risk management programme that is individualised to Parkhaven. 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, annual quality review.

Improvements are required around documentation of spiritual needs and enablers.

### AUDIT SUMMARY AS AT 22-MAY-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 22-May-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.		<b>Includes commendable elements above the required levels of performance</b>

Organisational Management	Day of Audit 22-May-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.		<b>Includes commendable elements above the required levels of performance</b>

Continuum of Service Delivery	Day of Audit 22-May-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.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 22-May-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.		<b>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 22-May-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Infection Prevention and Control</b>	Day of Audit 22-May-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.		<b>Includes commendable elements above the required levels of performance</b>

## **AUDIT RESULTS AS AT 22-MAY-12**

### **Consumer Rights**

Parkhaven 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 service demonstrated many examples of enhancing person-centred care (Bupa initiative) by gaining more insight into resident's lives. Residents and relatives spoke very positively about care provided at Parkhaven.

There is a Maori Health Plan and implemented policy supporting practice. Cultural assessment is undertaken on admission and during the review processes. The staff and residents are from a range of cultures and the service has cultural activities planned as part of the programme. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. 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. Family/friends are able to visit at any time. Residents and family interviewed verified ongoing involvement with community.

### **Organisational Management**

Parkhaven 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 a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Resident/relative meetings are held regularly at Parkhaven including a family Participation Group. 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, psychogeriatric and mental health services. Parkhaven is benchmarked in two of these (psychogeriatric/mental health and hospital). The robust systems for quality and risk management are continually being reviewed at both an organisational level and at Parkhaven. Benchmarking and audit data demonstrate that they have achieved good standards of care and service. Quality actions have resulted in a number of quality improvements for both residents and staff. There is an active health and safety committee and on-going health and safety quality initiatives. There are 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 external training is well supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Staffing levels are monitored closely and staff turnover is low.

### **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. 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 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. Activities provided are age appropriate. Support is provided to activities staff by an occupational therapist. There are several programmes running that are meaningful and reflect ordinary patterns of life. There are also visits from community groups. The individualised programme meets the needs of young people and also those with residents in the psychogeriatric and mental health units.

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.

### **Safe and Appropriate Environment**

There is a current building warrant of fitness and Fire Evacuation Plan. A maintenance schedule is in place and electrical equipment is checked annually. Resident rooms have personal furniture and possessions and there are sufficient numbers of toilets and showers to meet resident needs. Each area has a dedicated lounge and dining area with activities occurring in lounge areas as well as other dedicated areas in the facility. Activities are also held in the outdoor areas. There are dedicated cleaning and laundry staff. Refurbishment of the current laundry is underway. Cleaning services are provided from dedicated staff and chemicals were seen to be secured during the audit. The call bell system is effectively operating in all areas. There are sufficient civil defence supplies onsite in the event of a disaster. The service is warm and well ventilated with natural light in all resident areas.

### **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 organisation has updated its restraint policy to include 'environmental restraint'. Parkhaven hospital has a locked key padded exit door. The service has 18 residents with bedrails, two with lap belts and one with a low bed in the hospital assessed as restraint and three bedrails in the psychogeriatric unit. A register is completed for each restraint and this includes a monthly evaluation.

There are three residents in the hospital on the environmental restraint register due to the locked doors at the entrance to the unit. Restraint assessments are based on information in the care plan, discussions with residents and/or families and on staff observations of residents. Restraint is reviewed for each individual at least monthly and as part of the six monthly multidisciplinary review. Reviews include family/whanau. 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. The organisation and facility are commended for their proactive approach to minimising restraint. An improvement is required around documenting all enablers.

### **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. The service engages in benchmarking with other Bupa facilities. Staff receive on-going training in infection control.