

Bupa Care Services NZ Limited - Whitby Rest Home & Hospital

CURRENT STATUS: 13-Sep-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

Whitby is part of the Bupa group. The service is certified to provide hospital (geriatric and medical), dementia level care and rest home care. The service has a capacity of 73 residents. On the day of the audit, there was full occupancy of 24 hospital residents, 18 rest home and 31 in the secure dementia unit. Whitby is managed by an experienced manager (registered nurse), who is also supported by an experienced 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 dementia level care, hospital/medical and rest home level care. Implementation is supported through the Bupa quality and risk management programme that is individualised to Whitby. 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 three continual improvement ratings relating to good practice, quality initiatives/governance, and restraint minimisation. This audit identified improvements required around aspects of incident reporting and benchmarking statistics.

AUDIT SUMMARY AS AT 13-SEP-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 13-Sep-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.		Includes commendable elements above the required levels of performance

Organisational Management	Day of Audit 13-Sep-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 13-Sep-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.		No short falls

Safe and Appropriate Environment	Day of Audit 13-Sep-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 13-Sep-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Includes commendable elements above the required levels of performance

Infection Prevention and Control	Day of Audit 13-Sep-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 13-SEP-12

Consumer Rights

Whitby endeavours to provide care in a way that focuses on the individual residents' quality of life. Bupa has introduced an initiative "personal best" whereby staffs undertake a project to benefit or enhance the life of a resident(s). Whitby has a number of staff involved in the programme. Residents and relatives spoke positively about care provided at Whitby. There is a Maori Health Plan and implemented policy supporting practice. Cultural assessment is undertaken on admission and during the review processes. 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 supports staff understanding of residents' rights. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are managed and documented. Family/friends are able to visit at any time. Residents and family interviewed verified on-going involvement with community. A continuous improvement has been awarded against best practice.

Organisational Management

Whitby is implementing a 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. Quality and risk

performance is reported across the facility meetings and to the organisation's management team. Four benchmarking groups across the organisation are established for rest home, hospital, dementia, psychogeriatric and mental health services. Whitby is benchmarked in three of these (rest home, hospital and dementia). Benchmarking and audit data demonstrate they have achieved good standards of care and service. Quality actions have resulted in quality improvements for both residents and staff. There is an active health and safety committee. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. There is an 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. Two required improvements have been identified: ensure clinical indicator data is consistently reported to key groups, and report resident incidents through the appropriate system

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. Care plans are evaluated six monthly or more frequently when clinically indicated.

Activities provided are age appropriate. There are several programmes running that are meaningful and reflect ordinary patterns of life. There are also visits from community groups. The individualised programme also meets the needs of the residents in the secure dementia unit.

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

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. There are spacious lounges within each area. There are adequate toilets and showers for the client group. Water temperatures are monitored and temperatures are maintained at 45 degrees. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate

training, information and equipment for responding to emergencies are provided. There is an approved evacuation scheme and emergency supplies for at least three days. All key staff holds a current first aid certificate. The facility has central heating and temperature is comfortable and constant.

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 currently has two residents requiring a bedrail that has been assessed as an enabler and two residents with bedrails in the hospital assessed as restraint. 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 reviews. 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. Staffs are trained in restraint minimisation and restraint competencies are completed regularly. The organisation and facility are commended for their proactive approach to minimising restraint.

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 co-ordinator (clinical manager) 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.