# Bupa Care Services NZ Limited - Glengarry Rest Home & Hospital

## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** Glengarry Rest Home & Hospital

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 3 August 2016 End date: 4 August 2016

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 26

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

* consumer rights
* organisational management
* continuum of service delivery (the provision of services)
* safe and appropriate environment
* restraint minimisation and safe practice
* infection prevention and control.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
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|  | Includes commendable elements above the required levels of performance | All standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Glengarry rest home and hospital is part of the Bupa group. The service is certified to provide rest home, hospital (medical and geriatric) and dementia level care for up to 41 residents. On the day the audit, there were 26 residents.

This unannounced surveillance audit was conducted against a subset of the Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff and management.

The care home manager is appropriately qualified and experienced. Feedback from residents and relatives is positive.

One of two shortfalls identified at the previous audit have been addressed relating to reporting of quality outcomes to staff. Further improvement is required around interventions.

Improvements identified at this surveillance audit include staff attendance at training.

## Consumer rights

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| 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. |  | Standards applicable to this service fully attained. |

Residents and family are well informed including changes in resident’s health. The care home manager and clinical manager have an open door policy. Complaints processes are implemented and complaints and concerns are managed and documented and learning’s from complaints shared with all staff.

## Organisational management

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| 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 standards applicable to this service partially attained and of low risk. |

Glengarry rest home and hospital has an established quality and risk management system that supports the provision of clinical care and support. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. The service is benchmarked against other Bupa facilities. Incidents are documented and there is follow-up from a registered nurse. 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 an in-service training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Staffing levels are appropriate.

## Continuum of service delivery

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| 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 standards applicable to this service partially attained and of low risk. |

Resident records reviewed provide evidence that the registered nurses utilise the InterRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six monthly. Resident files include three monthly reviews by a general practitioner. There is evidence of other allied health professional input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies. The medicines records reviewed included documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner/nurse practitioner.

There are activities programmes in place for the rest home, dementia unit and hospital residents. The programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the residents.

All food and baking is done on site. All residents' nutritional needs are identified and documented. Choices are available and provided. The organisational dietitian reviews the Bupa menu plans

## Safe and appropriate environment

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| 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. |  | Standards applicable to this service fully attained. |

The building holds a current warrant of fitness.

## Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |

A Bupa restraint policy includes comprehensive restraint procedures including restraint minimisation. A documented definition of restraint and enablers aligns with the definition in the standards. There are two residents with enablers being used. Enabler use is voluntary.

## Infection prevention and control

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| 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. |  | Standards applicable to this service fully attained. |

The infection control coordinator 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 ongoing training in infection control.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

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| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 0 | 14 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 37 | 0 | 2 | 0 | 0 | 0 |

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| **Attainment Rating** | **Unattained Negligible Risk**  **(UA Negligible)** | **Unattained Low Risk**  **(UA Low)** | **Unattained Moderate Risk**  **(UA Moderate)** | **Unattained High Risk**  **(UA High)** | **Unattained Critical Risk**  **(UA Critical)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | The number of complaints received each month is reported to care services via the facility benchmarking spreadsheet, and issues arising from complaints are reported to the monthly staff/quality meeting and registered nurse meetings.  The complaints procedure is provided to resident/relatives at entry and prominent around the facility on noticeboards. A complaint management record is completed for each complaint. A record of all complaints per month is maintained by the facility using the complaint register. Documentation including follow-up letters and resolution reviewed, demonstrated that complaints are well managed.  One complaint to the Health and Disability Commissioner Service (March 2015) has been followed up and addressed by the service.  Discussion with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints reviewed were well documented including investigation, follow-up letter and resolution. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Policies and procedures are in place regarding open disclosure and communication with family/next of kin of any accident/incident that occurs.  Accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident.  Incident forms reviewed identified that family were notified. As part of the internal auditing system, incident/accident forms are audited and a criterion is identified around informing family. Families and residents provide instructions to staff regarding when and how they would like family to be contacted. This is documented in the resident files.  The relative interviewed stated that they are always informed when their family members health status changes.  There is an interpreter policy and contact details of interpreters available. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Bupa Glengarry provides rest home, hospital (geriatric and medical) and dementia level care for up to 41 residents. On the day of audit, there were 26 residents. The service provides care for a psychogeriatric resident in the dementia unit. There is DHB approval for this resident. There were five dementia residents and one psychogeriatric resident in the nine bed dementia unit. The 32 beds in the hospital and rest home wings are dual-purpose. There were eight hospital level residents (including one resident under the younger person disabled contract, YPD) and twelve rest home level residents. With the exception of the YPD resident, all residents were under the ARRC contract. There were no respite residents.  Glengarry has set specific quality goals for 2016 and there is monthly review of all goals.  The facility manager at Glengarry is an experienced manager and registered nurse, with a current practising certificate. The manager has an aged residential care background. She is supported by a clinical manager (registered nurse) who oversees clinical care and has been in the role for one year. The management team was supported by the wider Bupa management team that included an operations manager. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual forums and regional forums six monthly. The manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards. Policies are current and staff are informed of updates and changes.  Glengarry has implemented the Bupa quality and risk management system. Key components of the quality management system link to the monthly quality/staff meetings, monthly registered nurses’ meetings, monthly infection control meetings and two monthly health and safety meetings. Minutes of meetings document comprehensive reporting of quality data and outcomes. The previous audit finding has been addressed. Weekly reports by the manager to Bupa operations manager, and quality indicator reports to the Bupa quality coordinator, provide a coordinated process between service level and organisation.  Monthly accident/incident and infection benchmarking reports are provided to Glengarry for rest home, hospital and dementia level care. Internal audits are completed according to the Bupa schedule. Corrective action plans are developed when service shortfalls are identified.  The Bupa internal audit process is fully implemented including action plans and corrective actions as needed.  There is a comprehensive hazard management, health and safety and risk management programme in place. There are facility goals around health and safety. The health and safety committee meets two monthly and there is a current hazard register in place.  Falls prevention strategies are in place, including a falls prevention group. |
| Standard 1.2.4: Adverse Event Reporting  All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner. | FA | The service documents and analyses all incidents/accidents. Individual incident reports are completed for each incident/accident with immediate action noted. The data is linked to the organisation's benchmarking programme and this is used for comparative purposes. Incidences of any data set over the Bupa ranges have an action plan documented. Action plans are documented as followed up.  Eight resident related incident reports were reviewed for this audit. Incident forms reviewed documented immediate follow-up by a registered nurse, including commencement of neurological observations for all unwitnessed falls or falls with a possible head injury. However, neurological observations were not completed according to Bupa timeframes (link 1.3.6.1). All pressure injuries had been reported as incidents and are benchmarked.  Discussions with service management confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | PA Low | Five staff files reviewed (two registered nurses, one a clinical manager and three caregivers) included appropriate employment documentation and up-to-date performance appraisals and documentation.  The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice including around caring for those with dementia. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. Completed orientation booklets are on staff files. Staff interviewed were able to describe the orientation process and stated that they believed that new staff were adequately orientated to the service.  An annual education schedule is being implemented. In addition, opportunistic education is provided by way of toolbox talks. Attendance at in-service education sessions is low. Registered nurses (RNs) are provided with suitable training. A competency programme is in place with different requirements according to work type.  Seven caregivers work in the dementia unit. All seven have completed the required dementia standards. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | An organisational staffing policy aligns with contractual requirements and includes skill mixes. A report is provided fortnightly from head office that includes hours and whether hours are over and above. There is a registered nurse and first aid trained member of staff on every shift. There is an enrolled nurse coordinator in the dementia unit. Staff interviewed informed there are sufficient staff on duty at all times. The clinical manger is a registered nurse and works 40 hours per week.  Interviews with relatives and residents all confirmed that staffing numbers were good. Caregivers interviewed stated that they have sufficient staffing levels. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering on the day of audit. There is a medication room for rest home and hospital and one for the dementia unit. All medications were securely and appropriately stored. Registered nurses or senior caregivers who have passed their competency, administer medications. Medication competencies are updated annually and include syringe drivers, sub-cut fluids, blood sugars and oxygen/nebulisers. The service uses robotic packs. Medication charts have photo IDs. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. There is a list of standing order medications that have been approved by the GPs. Staff sign for the administration of medications on medication sheets held with the medicines and this was documented and up-to-date in all ten medication signing sheets reviewed. The medication folders include a list of specimen signatures and competencies.  Medication profiles reviewed were legible, up-to-date and reviewed at least three monthly by the GP. All ten medication charts reviewed have ‘as needed’ medications prescribed with an individualised indication for use. The medication fridge has temperatures recorded daily and these are within acceptable ranges. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | The service employs one cook and one relieving cook. Both have completed food safety training, and continue to provide well cooked meals to each of the service units. There is a well equipped kitchen and all meals are cooked onsite. There is a dining room for rest home and hospital residents next to the kitchen. Meals are plated and delivered to the dementia unit. On the day audit, meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge, food and freezer temperatures were monitored and documented daily and daily in other areas, and these were within safe limits. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents’ dietary needs have been communicated to the kitchen. Special diets were noted on the kitchen noticeboard, which can be viewed only by kitchen staff. The national menus have been audited and approved by an external dietitian. Residents and the family interviews indicated they were very happy with meals provided.  There was evidence that there are additional nutritious snacks available over 24 hours. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | PA Low | Caregivers (three), the clinical manager and the RN interviewed state there is adequate equipment provided including continence and wound care supplies.  Wound assessment, wound management and evaluation forms are in place for five residents (two rest home and two residents with more than one wound in the dementia unit). One rest home resident has three pressure areas. All residents with wounds have appropriate care documented and provided, including pressure-relieving equipment. Access to specialist advice and support is available as needed. Care plans documented allied health input.  Each day the service allocates a ‘resident of the day’. This resident has their choice of meal/special treat and the staff use this day to assist the resident to check and ensure their room is ‘spring cleaned’ (such as checking all clothes are labelled). This initiative is appreciated by the residents.  A review of incident and accident forms (eight) documented that whist neurological observations are documented for post-unwitnessed fall and/or blow to the head, the observation was not undertaken according to Bupa timeframes. The documentation of enablers in the care plan and monitoring its use, was not always documented.  All five resident files documented pain monitoring and interventions as needed, this is an improvement on the previous audit. |
| Standard 1.3.7: Planned Activities  Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | FA | An activities coordinator works 30 hours per week. The activities coordinator provides activities in the hospital and rest home and plans activities for the dementia unit, most of which are run by the enrolled nurse and caregivers. The YPD resident has access to the community and is supported to maintain safe access to the community and family.  The activities person has developed a resource file, this resource includes service information, access criteria and locations for a wide range of services (examples include the stroke foundation and Māori groups). The activities person uses this file to assist residents and families to link to appropriate community groups.  The activities coordinator has completed dementia unit standards. On the day of audit, residents in all areas were observed being actively involved with a variety of activities. The residents in the dementia unit were engaged and active on the day of audit. The Bupa activities programme template is designed for high-end and low-end cognitive functions and caters for the individual needs. The programme is developed monthly and displayed in large print. Residents have a complete assessment completed over the first few weeks after admission obtaining a complete history of past and present interests, career, family etc. Resident files reviewed, identified that the individual activity plan is reviewed at least six monthly. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Care plan evaluations were documented by the registered nurses in the files sampled. Six monthly multi-disciplinary reviews (MDT) were completed by the registered nurse with input from caregivers, the GP, the activities coordinator and if applicable, the physiotherapist. Family are invited to attend the MDT review. Files sampled also had short-term care plans available to focus on acute and short-term issues. These were evaluated regularly. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The service has a current building warrant of fitness displayed expiring 1 June 2017. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | The surveillance policy describes the purpose and methodology for the surveillance of infections. The IC coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Individual infection report forms are completed for all infections. This is kept as part of the resident files. Infections are included on a monthly register and a monthly report is completed by the IC coordinator. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality, and infection control meetings. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The policy includes comprehensive restraint procedures. The process of assessment and evaluation of enabler use is the same as a restraint and included in the policy.  There were no residents with restraint in the service. There were two hospital-level residents with an enabler. Files for residents with enablers showed that enabler use is voluntary. (Link to 1.3.6.1 for monitoring and care plan interventions). |

# Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.7.5  A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | PA Low | A variety of appropriate in-service education has been provided, which, if sufficient staff attended, would meet all requirements. In addition to formal education, short ‘toolbox’ talks are provided for staff on topical issues. | Staff attendance numbers are very low, meaning insufficient staff have completed required trainings. For example, for falls training, observation training and food services, training less than 50 % of staff attended. | Ensure all staff receive sufficient training.  90 days |
| Criterion 1.3.6.1  The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes. | PA Low | Five resident care plans were reviewed. All residents have resident focussed care plans in place, all care plans had been updated as resident needs changed. One family member and five residents (including one YPD resident) agreed that the clinical care is good and that they are involved in the care planning. | i) One resident with an unwitnessed fall and one resident had a documented head injury. Both had neurological observation documented for a short while (up to two hours) but not according to the Bupa timeframes; and ii) one resident with an enabler had this documented in the care plan but not the risks associated with its use. Monitoring for the enabler was not documented. | i) Ensure that all clinical observations and monitoring are documented according to Bupa policies and best practice; and ii) ensure that the risks associated with enablers are documented in the care plan.  60 days |

# Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.