Bupa Care Services NZ Limited - Cedar Manor Rest Home & Hospital

CURRENT STATUS: 09-Jan-12

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance 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

Cedar Manor rest home and hospital is part of the Bupa care facilities and provides rest home and hospital level care for up to 94 residents. On the day of the surveillance audit there were 18 rest home residents, 48 hospital residents and 18 residents in the dementia care unit.

The service has continued to implement a comprehensive quality and risk management system since previous audit.

The service provides regular training sessions and competencies are completed by staff.

The service has addressed a number of shortfalls from their previous audit including providing regular training sessions, incident reporting documentation, challenging behaviour, staff orientation, building renovations, restraint documentation and infection control. However, improvements continue to be required around meeting minutes; care plan documentation; wound care documentation, and medication management.

This surveillance audit has also identified further improvements required around complaints documentation, and restraint competencies.

AUDIT SUMMARY AS AT 09-JAN-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 09-Jan-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 09-Jan-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 09-Jan-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.		**A number of shortfalls that require specific action to address**

Safe and Appropriate Environment	Day of Audit 09-Jan-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-Jan-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Infection Prevention and Control	Day of Audit 09-Jan-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**

Bupa Care Services (GHC) Limited - Cedar Manor Rest Home & Hospital

Date of audit: 15-Nov-10

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

Cedar Manor is part of the Bupa group of facilities and provides care for up to 54 hospital residents, 20 rest home residents and 19 dementia residents (D3). On the day of the audit

there were 19 hospital residents and two rest home residents in Cambie wing, 16/17 hospital residents in Bailey wing, 18 rest home residents and 19 hospital residents in Craig wing and 16/19 residents in the secure dementia Bakker wing (which opened May 2010).

Service appropriate management systems, policies, procedures, codes of practice and guidelines are implemented and maintained. This includes an internal audit system to regularly assess service performance with its systems and communication of results to staff.

Bupa worldwide have an established “personal-best programme’, this was piloted in Bupa NZ last year and rolled out at Cedar Manor early 2010.

The service is managed by a suitably qualified person with support from the wider Bupa management team and clinical manager.

Across Bupa, 5 benchmarking groups are established for rest home, hospital, dementia, psychogeriatric and mental health services. Cedar Manor is benchmarked in three of these. In Jan 2010 the organisation also commenced benchmarking of some key indicators with another NZ provider.

At an organisational level, there is a policy and procedure review committee that maintains 'Best Practice'. Benchmarking of some key clinical and staff incident data is also carried out with facilities in the UK, Spain and Australia. E.g. mortality and pressure incidence rates and staff accident and injury rates.

The service continues to implement a quality and risk management system and a number of improvements have been implemented from previous audits.

SUMMARY

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
	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

Indicator	Description	Definition
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Indicator	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	Indicator	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.		**A number of shortfalls that require specific action to address**

Continuum of Service Delivery	Indicator	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.		**A number of shortfalls that require specific action to address**

Safe and Appropriate Environment	Indicator	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.		**A number of shortfalls that require specific action to address**

Restraint Minimisation and Safe Practice	Indicator	Assessment
Includes 3 standards with outcomes where: • Consumers receive and experience services in the least restrictive manner through restraint minimisation • Consumers requiring restraint receive services in a safe manner • Consumers requiring seclusion receive services in the least restrictive manner		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Infection Prevention and Control	Indicator	Assessment
Includes 6 standards which require: • There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. • There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. • Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of service provided. • The organisation provides relevant education on infection control to all service providers, support staff and consumers. • Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. • Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

AUDIT RESULTS

Consumer Rights

Information is fully available to residents and family about services provided and the code of rights. There are implemented policies to support rights such as privacy, dignity, abuse / neglect, culture, values and beliefs, complaints, advocacy and informed consent. Annual staff training reinforces a sound understanding of the rights of residents and their ability to make choices. Care planning accommodates individual choices of clients and/or their

family/whānau. Discussions with residents and relatives were overall positive about the service considering and meeting their values and beliefs.

Bupa has implemented a 'personal best' project, whereby staff undertake a project to benefit or enhance the lives of a resident or residents. This has been implemented at Cedar Manor in March.

The admission of 18 new residents into the new dementia unit in May 10 and the development of individual 'My Plans' has been managed well by the service. Very good relationships have been developed with families who are in partnership with the staff in Bakker unit. As Bakker developed so did the whanau support group. This group meets monthly and enjoy discussion, companionship and guest speakers.

Organisational Management

Cedar Manor has a quality and risk management system. Key components of the quality management system link to the monthly quality committee. Quality and risk performance is reported across the facility meetings and also to the organisation management team. There are meetings at Cedar Manor that include (but not limited to) Quality and Risk Committee, H&S committee, registered nurses, unit meetings and resident. Staffs across the service are involved in the meetings.

The service has well developed policies and procedures at a service level and organisational plan is structured to provide appropriate safe quality care to people who use the service including residents that require hospital/medical, dementia or rest home care.

There are job descriptions available for all relevant positions and staffs have employment contracts. Register of RN and EN practising certificates is maintained, both at Cedar Manor and within Bupa. There are comprehensive human resources policies folder 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. Training in relevant aspects of care and support and in relation to the requirements are implemented and exceed eight hours annually.

There are some improvements identified around closing the quality loop, incident reporting, orientation, staff files and staffing rosters

Continuum of Service Delivery

Cedar Manor is providing a good standard of care. There is an assessment process for entry to the service. Residents receive a detailed information pack that describes the facility and provision of service including dementia specific information. Care being provided is individualised consistent with the needs of residents. There are some areas of improvement noted around care planning and review. The registered nurse, activities officers and the caregivers in the dementia unit provide a well-structured and individualised plan for the residents across 24 hours. The hospital and rest home programme is also comprehensive and involves the wider community. Residents and family interviewed noted involvement in the care planning process and they were informed of any changes in health care status.

There is a comprehensive medication management policy that clearly documents the responsibilities of staff for each stage of medication management. Staffs interviewed were

able to describe the management of medications. There are some areas of improvement identified. All food is cooked on site and of a high quality. Individual and special dietary needs are catered for and there are plentiful supplies for snacks between meals. Residents interviewed responded favourably to the food that was served. Residents and families interviewed are extremely complimentary of the care, food and activities provided. During the audit staff were observed to be respectful and patient when attending to residents. Residents' dignity was respected at all times.

Safe and Appropriate Environment

Cedar Manor is a homely and attractive facility. In the hospital/rest home areas, there are large lounge/dining rooms, and quiet areas, the facility is inviting and warm with ample space for residents to mobilise. Exterior areas are well maintained and functional; there is a safe garden area off the dementia wing. Resident's rooms are personalised, warm and airy. Some rooms have en suites. Residents may bring their own possessions within reason so as to ensure safety of movement. There was one area of improvement noted around maintenance of one shower room. Cedar Manor policies and procedures comply with legislation and guidelines related to safe practise and the environment. This includes ensuring the facility is safe and there is a secure environment for residents. Hazardous risks are identified and minimised to prevent harm. Cleaning and laundry policies and procedures are comprehensive comply with legislation requirements. Residents are considered in the varied menu with food cooked on site. There is a Fire evacuation scheme and current building warrant of fitness. Staffs interviewed are aware of and were able to describe evacuation procedures and exits. There is a qualified nurse on each shift (24/7) and all have current first aid certificates.

Restraint Minimisation and Safe Practice

The service currently has two residents with enablers (bedrails) and three residents assessed as requiring restraint (one bedrail, two lap belts). There is an enabler register and a register for each restraint. The restraint standards are being implemented and implementation is reviewed through internal audits and at an organisational level.

Individual approved restraint is reviewed at least three monthly at Cedar Manor and as part of care plan review and also at the six monthly MDT review with whanau involvement.

Restraint documentation identifies involvement of family. An improvement has been identified around transferring interventions and risks identified through the assessment process into the care plan.

The two restraint files reviewed identified that evaluations have occurred 3 monthly. Families are involved in the multi-disciplinary review that includes reviewing restraint

Infection Prevention and Control

There is an established and implemented Infection Control programme at Cedar Manor. The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is an infection control policy and procedure manual which is readily accessible to all staff. The Clinical Nurse Manager (registered nurse) is the infection control coordinator, along with an enrolled nurse who is responsible for infection

control and prevention and collection of surveillance data. Infection control and prevention education is included in the annual in-service plan. Infection control is a standing agenda item at the Quality meetings where all issues and infections are discussed and feedback to staff. There is an area of improvement noted around the feedback to staff of infection control data analysis. Residents and visitors receive education from large print signage at the entrance and in communal toilet facilities. Residents are also reminded of relevant Infection control and prevention practices during their daily cares or if there is an outbreak such as N1h1 or Noro Virus etc.