

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

**CURRENT STATUS: 27-Nov-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

Cedar Manor 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 can provide care for up to 94 residents. On the day of the audit, there were 53 hospital residents, 17 rest home residents and 12 residents in the secure dementia unit. Cedar Manor is managed by an experienced manager, who is also supported by a clinical manager, clinical coordinator 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 hospital/medical, rest home and dementia level care. The Bupa quality and risk management programme is established at Cedar Manor with improvements required at this audit around corrective action planning. The service is commended for achieving one continual improvement rating relating to governance/quality goals.

This audit identified required improvements around corrective actions, dementia training, aspects of care plan and wound documentation, medication management, planned refurbishment and restraint monitoring.

### AUDIT SUMMARY AS AT 27-NOV-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<br>27-Nov-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>No short falls</b> |

| Organisational Management                                                                                                                                             | Day of Audit<br>27-Nov-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>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b> |

| Continuum of Service Delivery                                                                                                                                                                                                                          | Day of Audit<br>27-Nov-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>A number of shortfalls that require specific action to address</b> |

| Safe and Appropriate Environment                                                                                                                                                                                                                                                                                                                                   | Day of Audit<br>27-Nov-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>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b> |

| <b>Restraint Minimisation and Safe Practice</b>                                                                                                                     | Day of Audit<br>27-Nov-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<br>27-Nov-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>No short falls</b> |

## **AUDIT RESULTS AS AT 27-NOV-12**

### **Consumer Rights**

Cedar Manor 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 staffs undertake a project to benefit or enhance the life of a resident(s). Residents and relatives spoke positively about care provided at Cedar Manor. 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.

### **Organisational Management**

Cedar Manor 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 improvement is required around corrective action plans. 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 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. Cedar Manor is benchmarked in three of these (rest home, dementia and hospital). 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 a comprehensive orientation programme that provides new staff with relevant information for safe work practice. An improvement is required around ensuring all staff has completed the required dementia standards. 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 turn-over is moderate.

### **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. There are improvements required around timeliness of initial General Practitioner (GP) assessments, nursing assessments and care plans; aspects of long term care plan and wound management documentation.

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.

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. There are improvements required around medication administration, three monthly general practitioner reviews of medication, expired medications and dating eye drops.

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. There is an improvement required around the planned refurbishment in one wing.

### **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 five residents with bedrails 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. There is an improvement required around regular restraint monitoring.

### **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. Staffs receive on-going training in infection control.