

Bupa Care Services NZ Limited - Tararu Rest Home & Hospital

CURRENT STATUS: 29-Jan-13

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

Tararu is part of the Bupa group. The service is certified to provide hospital (geriatric and medical), and rest home level care. The service can provide care for up to 61 residents. On the day of the audit there were 27 hospital residents and 30 rest home residents. Tararu is managed by an experienced aged care 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 residents at hospital/medical, and rest home level care. Implementation is supported through the Bupa quality and risk management programme that is individualised to Tararu. 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 two continual improvement ratings relating to good practice, and quality initiatives/governance. This audit identified two improvements required around aspects of care planning and medication documentation.

AUDIT SUMMARY AS AT 29-JAN-13

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 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

Indicator	Description	Definition
	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

Consumer Rights	Day of Audit 29-Jan-13	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.		All standards applicable to this service fully attained with some standards exceeded

Organisational Management	Day of Audit 29-Jan-13	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.		All standards applicable to this service fully attained with some standards exceeded

Continuum of Service Delivery	Day of Audit 29-Jan-13	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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Safe and Appropriate Environment	Day of Audit 29-Jan-13	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.		Standards applicable to this service fully attained

Restraint Minimisation and Safe Practice	Day of Audit 29-Jan-13	Assessment
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

Infection Prevention and Control	Day of Audit 29-Jan-13	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.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 29-JAN-13

Consumer Rights

Tararu endeavours to provide care in a way that focuses on the individual residents' quality of life. Bupa has introduced an initiative "personal best" whereby staff undertake a project to benefit or enhance the life of a resident(s). Tararu have a number of staff involved in the programme. Residents and relatives spoke positively about care provided at Tararu. 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. Residents and family interviewed verified on-going involvement with community. A continuous improvement has been awarded against best practice.

Organisational Management

Tararu 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. 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. Tararu is benchmarked in two of these (rest home and hospital). Benchmarking and audit data demonstrate that they have achieved good standards of care and service. 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. 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 with staff into rostering. A continuous improvement rating has been awarded around implementation quality goals at a service level and organisational level.

Continuum of Service Delivery

The service has a comprehensive admission policies. Service information is made available prior to entry and in the welcome pack given to the resident and family/whanau. Residents/relatives confirmed the admission process and that the agreement was discussed with them. Registered nurses are responsible for each stage of service provision.

The sample of residents' records reviewed provide evidence that the provider has implemented systems to assess, plan and evaluate care needs of the residents. The residents' needs, interventions, outcomes/goals have been identified and these are reviewed on a regular basis with the resident and/or family/whanau input. Care plans demonstrate service integration. Care plans are reviewed six monthly, or when there are changes in health status. Resident files include notes by the GP and allied health professionals. There is an improvement required around aspects of care planning documentation.

Medicines are managed appropriately to meet all legislative requirements. Education and medicines competencies are completed by all staff responsible for administration of medicines. The medicines records reviewed include documentation of allergies and sensitivities and these are highlighted. There is an improvement required around aspects of medication management.

The activities programme is facilitated by activities officers. The activities programme provides varied options and activities are enjoyed by the residents. Community activities are encouraged; van outings are arranged on a regular basis.

All food is cooked on site and residents overall spoke positively about the food service. All residents' nutritional needs are identified, documented and choices available and provided.

Safe and Appropriate Environment

The facility is a single level, purpose built facility. All building and plant have been built to comply with legislation. There is a full time maintenance person employed to service the facility and external contractors are employed as necessary. A reactive and preventative maintenance programme is in place that includes monitoring of the environment, equipment and electrical checking. The facility is spacious and each resident has their own bedroom many of which have full ensuites. Residents have easy access to landscaped external areas. There are adequate numbers of toilets, hand basins and showers across the facility.

Fixtures, fittings and flooring are made of accepted materials for the environment. Residents rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in en-suites and bathroom areas. There are two lounge areas and a dining room in both the rest home and the hospital area. Activities can occur in any of the lounges or in the privacy of their bedrooms if preferred. Furniture is arranged to ensure residents are able to move freely and safely. Housekeeping and laundry are provided on site according to policies and procedures. Regular fire drills are completed. Emergencies, first aid and CPR is included in the education programme. There are civil defence resources in place for the facility. Call bells are evident across the facility in resident's rooms, lounge areas, and toilets/bathrooms.

Restraint Minimisation and Safe Practice

Restraint usage is minimised wherever possible in accordance with the philosophy of the company. There is a restraint minimisation policy that includes comprehensive restraint procedures. There are documented definitions of restraint and enablers that are congruent with the definitions in the standards. The service has one resident assessed as requiring restraint in the form of bedrails and twelve other residents are using enablers in the form of bedrails. There is a restraint and enablers register in use for each resident. Restraint assessments are based on information in the care plan, discussions with residents and on staff observations of residents. Restraint and enabler usage is reviewed for each individual resident at least three monthly and as part of their six monthly multidisciplinary review. Reviews include family/whanau where appropriate. Restraints and enablers are also reviewed at an organisational level and usage is benchmarked between facilities. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

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.