

Bupa Care Services NZ Limited - Glenburn Rest Home & Hospital

CURRENT STATUS: 25-Feb-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

Glenburn Hospital is part of the Bupa group. The service is certified to provide hospital (geriatric and medical), rest home, dementia care and specialist hospital services (psychogeriatric) for up to 103 residents. During the audit, there were 25 rest home residents, 52 hospital residents across two units, 12 residents in the dementia unit and nine residents in the psychogeriatric unit. Glenburn is managed by an experienced manager (social worker), 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. The Bupa quality and risk management programme is established at Glenburn with further improvements required around closing the quality loop. 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 quality initiatives/governance, activities programme and infection surveillance. This audit identified improvements required around corrective action planning, wound documentation, aspects of short term care planning documentation, medication documentation, nutritional monitoring and restraint.

AUDIT SUMMARY AS AT 25-FEB-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

Indicator	Description	Definition
	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

Consumer Rights	Day of Audit 25-Feb-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.		Standards applicable to this service fully attained

Organisational Management	Day of Audit 25-Feb-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.		Some standards applicable to this service partially attained and of low risk

Continuum of Service Delivery	Day of Audit 25-Feb-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 25-Feb-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 25-Feb-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some standards applicable to this service partially attained and of low risk

Infection Prevention and Control	Day of Audit 25-Feb-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.		All standards applicable to this service fully attained with some standards exceeded

AUDIT RESULTS AS AT 25-FEB-13

Consumer Rights

Glenburn Rest Home and Hospital practices in accordance with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights "the Code" with copies of the Code readily available. There is also information available about the Nationwide Health and Disability Advocacy Service. Staff, residents and family verified the service is respectful of individual needs including cultural and spiritual beliefs. Cultural training is provided and individual values and beliefs are considered on admission and continuing through the care planning process. There are implemented policies to protect residents from discrimination or harassment. Clinical policies are reviewed at an organisational level and there is a process in place to inform staff of policy change. There is an open disclosure and interpreters policy that staff understand. Family/friends are able to visit at any time and interviews verified on-going involvement with community activity is supported. There is a complaints policy supporting practice and an up-to-date register. Staff interviews confirmed an understanding of the complaints process.

Organisational Management

Glenburn has an established quality and risk management system that supports the provision of clinical care and support. A continuous improvement rating has been awarded around implementation quality goals at a service level and organisational level. Key components of the quality management system link to a number of meetings including quality meetings, however an improvement is required around following through on 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, and psychogeriatric services. Glenburn is benchmarked in all four of these. 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 input into rostering. The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public.

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 short term care planning documentation.

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 incidents of medication transcribing, medication reconciliation for respite residents, signing for medication at time of administration of medication and controlled 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. A rating of continuous improvement has been awarded in recognition of the improvements made to the activities programme and how the cultural and spiritual needs of residents have been met.

Meals are prepared on site by qualified staff who either hold or are working towards their safe food handling certificates. Food and fridge temperatures are recorded. Individual and special dietary needs are catered for. Residents interviewed responded favourably to the food that was provided. There are two required improvements. Four hospital residents who have been identified as requiring daily nutritional records have not had their food intake records completed at each mealtime, and processes are required to ensure food that is being served to the residents is served at the appropriate temperatures.

Safe and Appropriate Environment

Appropriate equipment is available to facilitate the safe care of residents living in the rest home, hospital, dementia and psychogeriatric wards. The physical environment minimises risk of harm, the bedrooms are spacious, homely and safe. The building holds a current warrant of fitness. Electrical equipment is checked annually. Residents are able to bring their own possessions and are able to adorn their room as desired. All bedrooms are single-use rooms. Residents living in the rest home have their own toilet ensuite. There are an adequate number of showers and toilets located throughout the facility including designated toilets for staff and visitors. There are documented laundry services policies/procedures. There is a plentiful supply of protective equipment, gloves, and aprons. Appropriate training, information, and equipment for responding to emergencies is provided. There is an approved evacuation plan and fire drills are completed six monthly. The facility has civil defence kits and emergency management plans.

Restraint Minimisation and Safe Practice

There is a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There is a restraint register and an enablers register. There are 10 residents on the register that have an approved restraint and four residents with identified enablers. Restraint assessments are based on information in the care plan, discussions with residents/relatives and on staff observations of residents. Staff are trained in restraint minimisation and restraint competencies are completed regularly. Restraint is reviewed for each individual at least three-monthly and as part of the multidisciplinary review. Multidisciplinary reviews include family/whanau.

There is an improvement required to ensure the two residents who are using seatbelts with a front release be included on the restraint register and included in the restraint minimisation and safe practice programme because they do not have the capacity to release their seat belt independently.

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

(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. Staff receive on-going training in infection control. A continuous improvement has been awarded around the infection surveillance programme and implementing quality improvements to minimise infections and manage outbreaks.