

Bupa Care Services NZ Limited - Parklands 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](#).

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Parklands Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric)
Dates of audit:	Start date: 23 February 2015 End date: 24 February 2015
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:	131

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
	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

General overview of the audit

Parklands Hospital provides hospital (geriatric and medical), and psychogeriatric care for up to 134 residents. On the day of audit there were 131 residents. The service is managed by an experienced care home manager. The residents and relatives interviewed all spoke positively about the care and support provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the District Health Board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

The service has addressed the two shortfalls from the previous audit in relation to aspects of care planning and medication documentation.

The service is commended for maintaining three of four continual improvement ratings relating to good practice, quality initiatives/governance and on-going quality review.

This audit identified two improvements required around aspects of care planning and medication documentation.

Consumer rights

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.

Communication with residents and families is appropriately managed. Complaints are actioned and include documented response to complainants. A complaints register is maintained. The service has maintained a continuous improvement rating around good practice.

Organisational management

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.

There is an implemented quality and risk programme that involves the resident on admission to the service. The Bupa strategic and quality plan is being implemented with new quality goals being developed for 2015. Quality activities are conducted and this generates improvements in practice and service delivery. Corrective actions are identified, implemented and followed through following internal audits and meetings. Benchmarking occurs within the organisation and with an external benchmarking programme. Residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and

support. Human resource policies are in place to determine staffing levels and skill mixes. Staffing levels meet contractual requirements.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Registered nurses are responsible for care plan development with input from residents and family. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are managed and administered in line with legislation and current regulations. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The building has a current warrant of fitness that expires 1 January 2016.

Restraint minimisation and safe practice

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.
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There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There are 16 restraints and four enablers being used. Enabler use is voluntary. Staff are trained in restraint minimisation and challenging behaviour.

Infection prevention and control

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.
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The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

Summary of attainment

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

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	2	13	0	1	1	0	0
Criteria	3	37	0	1	1	0	0

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](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The organisational complaints policy was being implemented at Parklands. The care home manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. A feedback form was completed for each complaint recorded on the complaint register. There was a complaints register maintained that included relevant information regarding the complaint. Documentation including follow up letters and resolution were available. Verbal complaints were included and actions and response documented. The number of complaints received each month were reported monthly to staff via the various meetings. Discussion with residents and relatives confirmed they were provided with information on the complaints process. Feedback forms were available for residents/relatives in various places around the facility. A complaints procedure was provided to residents within the information pack at entry. The complaints procedure is provided to relatives on admission and this was confirmed through interview with three relatives from the psychogeriatric units. The service is currently dealing with the Health and Disability Commissioner regarding a complaint from May 2013.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an</p>	CI	<p>The service is commended for maintaining a continued improvement rating at a service level and organisational level through on-going quality improvements such as 'dementia champions', focus on improving clinical indicators such as pressure injuries, improving meaningful resident activities.</p>

appropriate standard.		
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Four residents and eight family members interviewed stated they are informed of changes in health status and incidents/accidents. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident/relative meetings take place and the care home manager, clinical manager and registered nurses have an open-door policy. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services and residents (and their family/whānau). If residents or family/whānau have difficulty with written or spoken English then the interpreter services are made available.</p> <p>The information pack and admission agreement included payment for items not included in the services. A site specific Introduction to the dementia unit booklet providing information for family, friends and visitors visiting the facility is included in the enquiry pack along with a resident's handbook providing practical information for residents and their families.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	CI	<p>Parklands is a Bupa facility. The service provides rest home and hospital level care for up to 134 residents. There were 131 (seventy hospital and 61 psychogeriatric) residents in the facility on the day of audit. There is a contracted physiotherapist that provides 10 hours a week, two physiotherapist assistants that provide 32 hours per week, and occupational therapist that provides six hours per week and a contracted medical centre providing general practitioner services. The service also has the services of a geriatrician. There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Parklands was in the process of confirming 2015 objectives at the time of audit and these will include a continuation of reduction in care home acquired pressure injuries, improving audit results around care planning, leadership for registered nurses and reducing restraint.</p> <p>The care home manager (registered nurse) at Parklands has been in the role for approximately 10 years and has worked at the service in various roles for the past 35 years. The care home manager is supported by a clinical manager (registered nurse) who oversees clinical care. The clinical manager had been in the post for six years and provides peer support and supervision to three unit coordinators, registered nurses and caregivers. The management team is supported by the wider Bupa management team including a regional operations manager. The care home manager and clinical manager have maintained professional development related to managing a hospital facility. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual organisational forums and regional forums six monthly.</p> <p>The facility has maintained the Continuous Improvement rating it gained at certification audit.</p>

<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>There is a Bupa strategic plan for 2012 - 2015 and a quality and risk management plan for Bupa Parklands Hospital. Goals and objectives relate to building strong and connected communities, provide leadership within the sector, and maximise resource to deliver on the BUPA mission. The quality plan for 2015 has been developed in draft and to be confirmed at the next quality meeting. Quality improvement initiatives for Parklands have also been documented and are developed as a result of feedback from residents and staff, audits, benchmarking, and incidents and accidents. The service has maintained a Continual Improvement rating in quality improvement. Parklands is part of the Bupa benchmarking programme with feedback provided monthly around a set of clinical indicators. A report, summary and areas for improvement are received and actioned. Progress with the quality assurance and risk management programme is monitored through the various facility meetings. Monthly and annual reviews are completed for all areas of service. Meeting minutes are maintained and staff are expected to read the minutes and sign off when read. Minutes for all meetings include actions to achieve compliance where relevant. Discussions with registered nurses and caregivers confirm their involvement in the quality programme. Resident/relative meetings are held.</p> <p>There is an internal audit schedule which has been implemented for 2014 and a schedule in place for 2015. Areas of non-compliance identified through quality activities are documented as corrective actions, implemented and reviewed for effectiveness. The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/ procedures to support service delivery. Policies and procedures align with the client care plans. There is a document control policy that outlines the system implemented whereby all policies and procedures are reviewed regularly.</p> <p>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. The service collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow up where required. Falls and skin rates for each area over the months of October, November and December 2014 were reviewed. All rates reported being below the group KPI except skin tears in the psychogeriatric units which reported as being equal to the group KPI. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the</p>	<p>FA</p>	<p>Incident and accident data is collected and analysed and benchmarked through the Bupa benchmarking programme. Discussions with the service confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A sample of resident related incident reports for January 2015 were reviewed. All reports and corresponding resident files reviewed evidence that appropriate clinical care is provided following an incident. Reports were completed and family notified as appropriate. Incidents and accident data is communicated to staff as evidenced in meeting minutes reviewed and staff interviews. There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Falls and skin rates for each area over the months of</p>

<p>service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>October, November and December 2014 were reviewed. All rates reported being below the group KPI except skin tears in the psychogeriatric units which reported as being equal to the group KPI.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates are kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Eight staff files were reviewed and included all appropriate documentation. There has been a number of registered nurses resigned from their positions from October- December 2014, all for valid reasons. All these positions have been replaced and two other RNs are returning from parental leaving resulting in one extra RN being employed. Some staff have been employed at the service for a number of years and apart from the recent RN turnover the staff are stable. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals are conducted for all staff. There is a completed in-service calendar for 2014 which exceeds eight hours annually and a schedule for 2015. Caregivers have completed Bupa foundations skills and either the national certificate in care of the elderly or have completed or commenced the career force aged care education programme. The manager and registered nurses attend external training including conferences, seminars and sessions provided by Bupa and the local DHB. The clinical manager has completed the Bupa professional development recognition programme (PDRP) and three registered nurses are currently completing the programme. There are 28 caregivers that work in the psychogeriatric unit. Twenty one caregivers have completed the required dementia standards and four others are enrolled and in the process of completing. One caregiver has recently been appointed</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced</p>	<p>FA</p>	<p>Bupa Parklands has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. The service provided the working roster for the last six months showing a full roster with adequate staff rostered on duty to cater for the number of residents and acuity. The roster is prepared six weeks in advance and there are comprehensive processes to manage staff leave/replacement and day to day rostering. There are at least three registered nurses on duty at all times. There was sufficient staff observed to assist residents in the dining rooms with meals including activities staff. The service employs caregivers who also act as fluid assistants to ensure that residents are provided with additional fluids throughout the day. The full time care home manager is also a registered nurse. Caregivers and residents and family interviewed advised that sufficient staff are rostered on for each shift. All registered nurses have been trained in first aid and CPR.</p>

service providers.		
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>Bupa has comprehensive medication policies in place. Medication storage and administration follow safe guidelines with the exception of one bottle of eye drops. Controlled drug weekly checks have occurred for three of five treatment rooms where controlled drugs are stored. Medication reconciliation is completed on admission and the policy includes guidelines on checking medications on admission. All staff administering medication have completed an annual medication competency. At present there are no residents self-administering medications.</p> <p>Sixteen medication charts were reviewed. They were legible and meet legislative guidelines including photographic identification. Signing on administration was up to date, including as required medications (PRN) and dose for PRN medications where a variable dose is prescribed. This is an improvement since the previous audit. All PRN medications had indication for use identified on the medication chart. This is an improvement since the previous audit. All medication charts identified any allergies. Medication charts reviewed had written evidence of the GP three monthly reviews, or more as conditions changed, all had been signed and dated. All medications prescribed to be administered regularly were signed as being administered regularly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The national menus have been audited and approved by an external dietitian. The service employs a kitchen manager, cooks and kitchen assistants. Fridge temperatures are monitored and documented daily. All food containers are labelled and dated. Meals are prepared in the kitchen and served to residents from a bain marie in each area.</p> <p>The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes including residents under 65 years old. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are communicated to the kitchen as reported by the kitchen manager. Special diets are noted on the kitchen notice board which is able to be viewed only by kitchen staff. Special diets are catered for.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and</p>	PA Moderate	<p>When a resident's condition alters, the registered nurses initiate a review and if required, GP, contracted geriatrician or specialist consultation. Two hourly turns are completed and food and fluid monitoring forms in two of three files sampled where these were required. One resident has not had regular checks documented in recent days. The caregivers interviewed stated that they have all the equipment referred to in care plans and necessary to provide care. Residents and families interviewed were complimentary of care received at the facility. The care being provided is consistent with the needs of residents; this is evidenced by discussions with six caregivers (three psychogeriatric and three hospital), five registered nurses (two from the psychogeriatric units and three from the hospital), three unit coordinators (registered nurses), one enrolled nurse, eight families interviewed, and the clinical manager. There is a short-term care plan that is used for acute or short-term changes in health</p>

<p>desired outcomes.</p>		<p>status. D18.3 and 4: Dressing supplies are available and a treatment room is stocked for use.</p> <p>Wound assessment and wound management plans are in place for 42 wounds. Two residents have several wounds and are under the care of the wound nurse specialist. There are 10 pressure areas identified in the service including four for one resident with very fragile skin (under the wound nurse specialist). All wound assessments have completed short term care plans describing appropriate interventions. Fifteen wounds have been reviewed in the timeframes.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>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.</p>	<p>FA</p>	<p>There are six activity officers who are regularly supported by the Bupa regional occupational therapist. Five are responsible for activities on one unit each and two units have a combined programme. .</p> <p>There is a full and varied activities programme in place which is appropriate to the level of participation from residents with regular outings. On the day of audit residents in all areas were observed being actively involved with a variety of activities. The programme is developed monthly by the occupational therapist with input from residents, families and the activity officers, and displayed in large print in communal areas and resident bedrooms. Residents and families interviewed voiced their satisfaction for the activities programme and felt that recreational needs were being met.</p> <p>Residents have an activities assessment completed over the first few weeks after admission and activities are included in the care plans.</p> <p>D16.5d: Resident files reviewed identified that the individual activity plan is reviewed when the care plan is reviewed.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans reviewed at least six monthly and are updated as changes were noted in care requirements. Care plan evaluations are comprehensive, relate to each aspect of the care plan and record the degree of achievement of goals and interventions. Short term care plans are utilised for residents and any changes to the long term care plan were dated and signed.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an</p>	<p>FA</p>	<p>The service has a current warrant of fitness that expires 1 January 2016.</p>

<p>appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in Bupa's infection prevention and control policy. Systems in place are appropriate to the size and complexity of the facility. Monthly infection data is collected for all infections based on signs and symptoms of infection. The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator has only been in the role for the last four months and is scheduled to attend formal training in 2015. The new IC coordinator is overseen by the clinical manager while gaining a comprehensive understanding of the role so as to be able to use the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. An increased rate of respiratory infections in October/November 2014 indicates the development of corrective action plans.</p> <p>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 infection control co-ordinator. 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. The meetings include the monthly infection control report. The surveillance of infection data assists in evaluating compliance with infection control practices. The infection control programme is linked with the quality management programme. The results are subsequently included in the Manager's report on quality indicators. There is close liaison with the GP's that advise and provide feedback /information to the service. The service managed norovirus outbreak in May 2014 which resulted in 59 residents and 23 staff affected. The service managed the outbreak appropriately and contacted relevant authorities immediately. The service had regular meetings through the outbreak, completed a tool box talk for staff and held a debrief meeting in June 2014.</p> <p>The service previously gained a continuous improvement rating for infections surveillance however with a new IC coordinator still learning the role this standard has now been awarded full attainment.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the caregivers and nursing staff confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. The service has three hospital residents with bedrails on the enabler register. All have requested the use of the enabler. There are 16 residents using restraint in the form of t-belts or bedrails.</p>

minimised.		Training has been provided around restraint, enablers and challenging behaviours. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, regional restraint meetings and at an organisational level
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>The medications are stored in locked trolleys for each of the six units in five treatment rooms. The service uses two weekly robotic packs. Medication charts have photo identification. There is a signed agreement with the pharmacy. Robotic medications are checked on arrival and any pharmacy errors recorded and reported back to the supplying pharmacy. Staff sign for the administration of medications on medication sheets held with the medicines. The medication folders include a list of specimen signatures are up to date. Eyedrops in four of five treatment rooms have been dated when they were opened.</p>	<p>(i) One bottle of eye drops has not been dated when opened. (ii) Controlled drug weekly checks have not always occurred weekly in two treatment rooms.</p>	<p>(i) Ensure all eye drops are dated when opened. (ii) Ensure weekly controlled drug checks occur.</p> <p>90 days</p>

<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Moderate</p>	<p>Monitoring records are kept for pain management, food intake, fluid balance and regular turns. Pain management and food intake forms sampled show appropriate care provided. Weights are recorded monthly with referral to a dietitian if a resident has lost 5% of body weight in one month, 7.5% in three months or 10% in six months. There are 42 wounds including, 10 pressure areas. Short term care plans are completed for wounds and each wound has a detailed assessment and management plan, which are updated as required. The wound review form documents as part of the record of the review when the wound should next be reviewed.</p>	<p>(i) One hospital resident who requires regular checks, as documented in the long term care plan has not had the checks form consistently completed. This resident also requires a fluid restriction and the fluid balance chart has not been consistently maintained (ii) Twenty seven of 42 wounds have not been documented as reviewed in the stated time frames.</p>	<p>(i) Ensure monitoring records reflect appropriate interventions. (ii) Ensure all wounds are reviewed within stated timeframes.</p> <p>90 days</p>
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>Benchmarking data supports initiative development and there was a number at Parklands where quality indicator corrective action plans have been established due to benchmarking being above the expected level; i.e.: raised KPI around reducing the number of care home acquired pressure injuries by at least 40% in the thee dementia units in 2014. Action plan established which included progress and evaluation and involved toolbox talks to staff.</p> <p>Discussions with 4 hospital residents and eight relatives (three psychogeriatric, five hospital) were positive about the care provided. Bupa has continued with a "personal best" initiative whereby staff undertake a project to benefit or enhance the life of a resident(s). Eighty three per cent of Parklands staff have reached bronze level in personal best which is above the Bupa KPI of 80%.</p>	<p>Bupa has maintained a "personal best" initiative whereby staff undertake a project to benefit or enhance the life of a resident(s). This is implemented at Parklands -83% of staff have achieved bronze level which is above the Bupa KPI of 80%. The service continues with leadership development of qualified staff-, including attendance at external workshops and Bupa qualified nurse's training days and Bupa Nurse Newsletter, There are also weekly planned education sessions and monthly meetings held in each unit. Two unit coordinators and one RN have competed the Bupa leadership training. Parklands is proactive around following through and identifying quality improvements from internal audits, incidents/accidents and complaints. Toolbox talks are routinely completed. A quality action form was initiated August 2012 around meeting a Bupa commitment 'to improving the quality of life for people living with dementia. Parklands QA was around 'creating the role of dementia</p>

			<p>champion in their three specialist dementia units to assist with healthcare leadership. An action plan was established and this will continue to be further embedded into quality goals for 2014/15. Four caregivers and three RNs have completed external training with the PMH dementia leadership team and are dementia champions. Two caregivers and the Dementia unit coordinator are currently enrolled in the external training.</p>
<p>Criterion 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	CI	<p>Bupa's overall vision is "Taking care of the lives in our hands". There are six key values that are displayed on the wall. Bupa's person centred care focus which includes six pillars is well embedded in service delivery at Parklands. There is an overall Bupa business plan and risk management plan. Bupa Parklands was developing an annual quality plan.</p>	<p>The facility manager provides a documented weekly report to Bupa operations manager. The operations manager visits regularly and completes a report to the Director Care Homes/Rehab. Parklands is part of the southern Bupa one region which includes 10 facilities. The managers in the region teleconference fortnightly, and meet quarterly and a forum is held every six months with all the Bupa managers. Quarterly quality reports on progress towards meeting the quality goals identified are completed at Parklands and forwarded to the Bupa quality and risk team. Meeting minutes reviewed included discussing on going progress to meeting their quality goals. Parklands annual goals also link to the organisations goals and this is also reviewed in quality meetings and also in each of the department meetings. This provides evidence that the quality goals are a 'living document'. Parklands continues to drive the "personal best" initiative whereby staff are encouraged to enhance the lives of residents. The Bupa way continues which builds on former work that was done around the philosophy of care. The care plans are 'person centred and focus, building partnerships with residents and families and is a better tool for staff. In 2014 Parklands was one of the three development sites for the Bupa InterRAI project. The InterRAI assessment is then integrated into the resident's care plan.</p>

<p>Criterion 1.2.3.7</p> <p>A process to measure achievement against the quality and risk management plan is implemented.</p>	<p>CI</p>	<p>The following areas of improvement have been identified since their last audit (but not limited to): (a) 'Dementia champions'. They have continued to work on developing Dementia Champions for each PG unit. Three registered nurses have completed "Walking in Another's Shoes" 2013/14 an education session specifically for RNs working in PG. Four caregivers have attended a similar course for caregivers and a further two will be sent for 2015. Champions who attended the training hold regular education sessions for staff at the service and impart their knowledge to others. (b) During 2014 the service introduced promotion of health and wellbeing for "our people, they feel healthier because they work for Bupa". This continues in 2015 with a facility focus on reducing incidents related to resident's behaviour, continue to drive the B-Fit programme and reduce the high risk type of staff incidents by 50%. (c) One of the goals for 2014 was to increase the satisfaction survey rate of meaningful activities. This has been a great result for the activities team with the result increasing from 60% in 2013 to 79% in 2014. (d) Other goals for 2014 included to improve the hospital care planning audit results and to reduce the number of acquired pressure injuries. (e) Goals for 2015 yet to be confirmed are aspects of care planning and reducing pressure injuries, reducing restraint and to continue with leadership training for registered nurses.</p>	<p>The quality goals identified at Parklands for 2014 included documented quarterly progress and evaluation. Progress was forwarded to the quality management coordinator for Bupa. The care home manager provides a documented weekly report to Bupa operations manager. The Operations manager visits regularly and completes a report to the Director of Care Homes/Rehab. A review of Parklands quality goals for 2014 identified that the following have been implemented, progress reported against and met for one of the goals; a) improve the quality of individual activities for residents, this was achieved and increased from 60% to 79% in 2014., b) to improve the hospital care planning audit results to greater than 90% by December 2014, this has been partially achieved and will continue to be a goal for 2015 and c) to reduce the number of acquired pressure injuries by at least 40% in the three dementia unit, the result has been the same number for 2013 and 2014 and will be revisited in 2015.</p> <p>A quality goal in 2014 was to improve the resident satisfaction survey rate for meaningful activity in 2014 (60% in 2013). To achieve this, the service developed a quality activity programme to meet the needs of the current residents and families that was varied, person centred and creative. Regular scheduled activities meetings were held including the care home manager and occupational therapist, there was a more coordinated approach to special events in 2014. There was a focus on ensuring all residents maps of life were completed and the information utilised by all staff. The range of physical activities offered included the use of the physiotherapist to facilitate resident exercise programmes was increased and ongoing education for activities staff continued with two staff training days held. The result was an increase in satisfaction rate to 79%.</p>
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End of the report.