

Bupa Care Services NZ Limited - Te Puke Country Lodge

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:	Te Puke Country Lodge
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 January 2015 End date: 15 January 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:	66

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
Yellow	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
Red	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

Te Puke Country Lodge is part of the Bupa group. The service provides care for up to 81 residents requiring hospital and rest home level care. The service is managed by a care home manager, who is supported by an assistant manager and a clinical 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.

Three of five shortfalls from the previous audit have been addressed. These were around maintenance of the complaints register, meeting minutes, orientation, and infection control surveillance. Further improvements continue to be required around documentation of interventions.

This audit has identified an improvement required around 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.		Standards applicable to this service fully attained.
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Communication with residents and families is appropriately managed. Complaints are actioned and include documented response to complainants. A complaints register is maintained.

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.		Standards applicable to this service fully attained.
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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 developed for 2016. Quality activities are conducted and this generates improvements in practice and service delivery. Corrective actions are identified, implemented and followed through. Residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are appropriately managed with reporting to staff evident in meeting minutes reviewed. 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. Human resource policies are in place to determine staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

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.
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Initial assessments are completed by a registered nurse, including InterRAI assessments. The registered nurses complete care plans and evaluations within the required timeframes. Care plans are based on the InterRAI outcomes and other assessments. They are clearly written and caregivers report they are easy to follow. Residents interviewed confirmed they were involved in the care planning and review process. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. Medication policies comply with legislation and guidelines. Registered nurses and senior caregivers who administer medications have an annual competency assessment and receive annual education. Meals are prepared on site and the menu is varied and appropriate. Individual and special dietary needs are catered for. Residents interviewed were complimentary about the food service

Safe and appropriate environment

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.
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A current building warrant of fitness is posted in a visible location.

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 are currently two residents requiring restraint and two residents using enablers. Staff receive training on restraint minimisation and managing challenging behaviours.

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 infection control surveillance programme is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

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	0	14	0	1	1	0	0
Criteria	0	36	0	2	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 service has a complaints policy and procedures in place and residents and their family/whanau are provided with information on the complaints process on admission through the information pack. Complaint forms are available at the entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints. A complaints folder is maintained with previous complaints documentation which shows that complaints have been managed and resolved. Six residents (two rest home and four hospital) and family members advised that they are aware of the complaints procedure and how to access forms.</p> <p>Fifteen complaints were received in 2015 with evidence of appropriate and timely follow up actions taken. Documentation including follow up letters and resolution demonstrates that complaints were well managed. All of the complaints received in 2015 are resolved, including one complaint lodged on 10 February 2015 through the Health and Disability Commissioner. The complaint was closed off on 26 March 2015 (Health and Disability letter confirmation sighted). The service has addressed the previous audit finding relating to the maintenance of the complaints register.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers</p>	FA	<p>There is an incident reporting policy to guide staff in their responsibility around open disclosure. Staff are required to record family notification when entering an incident into the system. Accident/incident forms have a section to indicate if family/whanau have been informed (or not) of an accident/incident. A sample of 16 incident forms reviewed met this requirement. Three family member interviewed (two rest home and one hospital)</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>confirmed they are notified following a change of health status of their family member. There was an interpreter policy and contact details of interpreters were available.</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>	<p>FA</p>	<p>Bupa Te Puke is certified to provide rest home, hospital and medical level of care for up to 81 residents. On the days of audit there were 31 rest home residents and 35 hospital level residents. This included one rest home respite resident and one person under the age of 65. There were no residents under the medical component. All residents are on the age related residential contract.</p> <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. There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan.</p> <p>The organisation has a clinical governance group which meets two monthly. Bupa has robust quality and risk management systems implemented across its facilities with four benchmarking groups established for rest home, hospital, dementia, and psychogeriatric/mental health services.</p> <p>The Bupa Te Puke care home manager has been in the role since 7 April 2015, previously working as an emergency mental health clinician and clinical coordinator. She is supported by a clinical manager (registered nurse) who oversees clinical care. The clinical manager has been in the post for one year. 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 rest home and 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 month.</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</p>	<p>FA</p>	<p>There is a Bupa strategic plan and a quality and risk management plan for Bupa Te Puke. Goals and objectives relate to building strong and connected communities, provide leadership within the sector, and maximise resource to deliver on the Bupa mission.</p> <p>The quality plan for Bupa Te Puke 2016 is currently being finalised. Quality improvement initiatives for Bupa Te Puke have also been documented and are developed as a result of feedback from residents and staff, audits, benchmarking, and incidents and accidents during 2015. Progress with the quality assurance and risk management programme is monitored through the Bupa regional meetings, and the various facility meetings. There is a meeting schedule for Bupa Te Puke. Meeting minutes have been maintained and staff are expected to read the minutes and sign off when read. Resident/relative meetings are held monthly.</p>

improvement principles.		<p>There is an internal audit schedule which has been completed for 2015 and a schedule in place for 2016. Areas of non-compliance identified through quality activities are documented as corrective actions, implemented and reviewed for effectiveness. 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. All policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention.</p> <p>Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The satisfaction survey results for 2015 showed overall satisfaction of 84% compared to 73% for 2014. Bupa Te Puke has developed a corrective action plan in response to the resident's satisfaction survey findings regarding food services.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<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 16 resident related incident reports were reviewed. All reports and corresponding resident files reviewed evidence that appropriate clinical care is provided following an incident. Reports were completed and follow up, referrals and investigations have been conducted as required. Incidents and accident data has been 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.</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>	FA	<p>There are organisational policies to guide recruitment practices and documented job descriptions for all positions. Appropriate recruitment documentation was seen in the seven staff files reviewed (one registered nurse, one clinical manager, one assistant manager, two caregivers, one cook and one activities coordinator). A register of practising certificates is maintained. Performance appraisals were current in all files reviewed. The care home manager advised that the caregiver workforce is stable. Interviews with caregivers informed that management are supportive and responsive.</p> <p>There is a completed in-service education calendar for 2015 which exceeds eight hours annually and a schedule for 2016. Education sessions have been held at least monthly. Clinical competencies are completed by registered nurses and these were evidenced in the sample of staff files reviewed.</p> <p>Bupa has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The service has addressed this previous audit finding related to orientation and induction for</p>

		new staff.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. The clinical manager works full time. The clinical manager is available after hours for all clinical matters. There is one registered nurse (unit coordinator) working Mon-Fri in the rest home, and one RN and the CM based in the Hospital Mon-Fri am. During the afternoon, there is one FT RN and one short shift RN 4-8.30 Mon-Sun that cover both RH and hospital. During the weekends there is one FT RN and one short shift RN 7-11am during the morning shift for the RH and hospital.</p> <p>There are sufficient staff rostered on each shift. Staff turnover is reported by the care home manager as low. Staffing levels are altered according to resident numbers and acuity. Residents and relatives interviewed advised that there are sufficient staff on duty. Caregivers interviewed stated that they are well supported by the clinical manager and registered nurses.</p>
<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>Twelve medication charts were reviewed (six rest home and six hospital). There are policies and procedures in place for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses interviewed were able to describe their role in regard to medicine administration. Standing orders are in use and comply with all organisational policy and legislative requirements. There were three residents self-medicating on the day of audit. Not all residents' self-medicating had completed the required assessment processes.</p> <p>The medication fridge temperatures are recorded regularly and these are within acceptable ranges.</p> <p>Not all medication charts sampled met legislative prescribing requirements. Not all medication charts reviewed identified that the GP had seen and reviewed the resident three monthly.</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</p>	FA	<p>All meals at Bupa Te Puke Country Lodge are prepared and cooked on site. There is a six weekly seasonal menu which had been reviewed by a dietitian. Meals are delivered to the dining area. Dietary needs are known with individual likes and dislikes accommodated. Pureed, gluten free, diabetic desserts are provided. Cultural and religious food preferences are met.</p> <p>Staff were observed assisting residents with their meals and drinks. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food</p>

<p>service delivery.</p>		<p>and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are recorded daily. The dishwasher is checked regularly by the chemical supplier.</p> <p>All food services staff have completed training in food safety and hygiene and chemical safety.</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 desired outcomes.</p>	<p>PA Moderate</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP or nurse specialist consultation. The family members confirmed on interview they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications.</p> <p>In the residents' files reviewed short term care plans were commenced with a change in health condition and linked to the long term care plan. Long term care plans were reviewed six monthly.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Registered nurses were able to describe access for wound and continence specialist input as required.</p> <p>Not all residents had interventions documented to meet their assessed care needs. The previous audit finding relating to documentation of interventions remains.</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>Two recreation coordinators works 38 hours per week each. The recreational programme provides individual and group activities that are meaningful and reflect ordinary patterns of life. The monthly programme includes community outings, visiting entertainment, craft and exercise programmes. On the day of audit residents were observed participating in a variety of activities. One on one activities are provided for residents who are unable, or choose not to be involved in group activities.</p> <p>The recreation coordinator is responsible for the resident's individual recreational and lifestyle plans which are developed within the first three weeks of admission. The resident/family/whanau, as appropriate, are involved in the development of the activity plan. Resident files reviewed identified that the individual activity plan is reviewed as part of the care plan review.</p> <p>Activities are planned that are appropriate to the functional capabilities of residents. Residents are able to provide feedback and suggestions for activities at the quarterly resident meetings and annual resident satisfaction survey.</p>

		Residents and families interviewed report satisfaction with the activities programme.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	The registered nurses evaluate all initial care plans within three weeks of admission. Files sampled demonstrated that the long-term care plan was evaluated at least six monthly or earlier if there is a change in health status. There was at least a three monthly review by the GP. All changes in health status were documented and followed up. Reassessments have been completed using the interRAI assessment tool for all residents who have had a significant change in health status since 1 July 2015. The RN completing the plan signs care plan reviews. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	A current building warrant of fitness is posted in a visible location (expiry date 28 October 2016).
<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>	FA	<p>Policies and procedures document infection prevention and control surveillance methods. Systems are in place are appropriate to the size and complexity of the facility. Surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Infection control internal audits have been completed. Infection rates have been low. Trends are identified and quality initiatives are discussed at staff meetings. The previous audit finding related to the review of surveillance data has been resolved.</p> <p>There has been one outbreak since the previous audit (November 2015) that was managed according to the organisational policy and recommended guidelines.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is</p>	FA	There is restraint minimisation and safe practice policies applicable to the service. Guidelines of the use of restraints policy ensures that enablers are voluntary, the least restrictive option and allows residents to maintain their independence. There is a restraint and enabler register. There is currently two hospital residents using restraint and two hospital residents with enablers. Documentation was reviewed for one enabler evidencing

actively minimised.		assessment, authorisation, consent, planning, monitoring and review of the devices. The clinical coordinator is the designated restraint coordinator. Education and training has been provided.
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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 1.3.12.5</p> <p>The facilitation of safe self-administration of medicines by consumers where appropriate.</p>	PA Low	Residents who are self -medicating are expected to have an initial competency assessment completed and their ongoing competence to continue to self -administer medication assessed at least very three months. Two of three residents who self-administer medications have had an initial competency completed and one resident who is due for review has had this completed.	<p>i) One of three residents self -administering medication had no documented evidence that the initial competency assessment had been completed.</p> <p>ii) One of two residents had no documented evidence that the competency review had been completed.</p>	<p>Ensure that all residents self -administering medication have completed the required competency assessments and reviews</p> <p>90 days</p>
<p>Criterion 1.3.12.6</p> <p>Medicine management information is recorded to a</p>	PA Low	In the medication files reviewed the GP had prescribed all medication to be administered to the resident on admission. Seven of twelve medication charts reviewed evidenced that indications for use had been documented	Five of twelve medication charts reviewed did not have indications for use charted for PRN	Ensure that all PRN medication has indications for

level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.		for “as required” medications.	medication.	use documented 60 days
<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>	PA Moderate	Assessments are completed on admission, when the care plan is reviewed and with a change in health condition. Registered nurses document interventions in the care plan for assessed care needs and this was evident in three rest home and one hospital resident files reviewed.	i) One palliative care resident (hospital) had no end of life care plan documented; and ii) One hospital resident had no de-escalation strategies documented for aggressive behaviour.	<p>Ensure interventions are documented in the care plans and care summaries to reflect the resident's current needs.</p> <p>60 days</p>

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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.