Bupa Care Services NZ Limited - Accadia Manor Rest Home

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:	Accadia Manor Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 October 2016 End date: 20 October 2016
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:	27

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

Accadia Manor rest home is part of the Bupa group. The service is certified to provide rest home level care for up to 29 residents. On the day of the audit there were 27 residents.

This unannounced surveillance audit was conducted against a subset of the Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures; the review of resident's and staff files, observations and interviews with residents, relatives, staff and management.

The care home manager is appropriately qualified and experienced. Feedback from residents and relatives is positive. The one shortfall identified at the previous audit continues to be an area for improvement. This is around documentation of registered nurse follow-up.

The service continues to achieve two continuous improvements around infection control and falls minimisation.

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.

Residents and family are well informed including of changes in resident's health. The care home manager and clinical manager have an open door policy. Complaints processes are implemented and complaints and concerns are managed and documented and learning's from complaints shared with all staff.

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.

Accadia Manor rest home has an established quality and risk management system that supports the provision of clinical care and support. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Accadia Manor rest home is benchmarked against other Bupa facilities. Incidents are documented. 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 an in-service training programme covering relevant aspects of care and support and external training is supported. Staffing levels are monitored closely with staff and having input into rostering.

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 low risk.

Resident records reviewed provide evidence that the registered nurses utilise the InterRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six monthly. Resident files include three monthly reviews by the general practitioner. There is evidence of other allied health professional input into resident care. There are activities programmes in place for the residents. The programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the residents.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies. The medicines records reviewed included documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner/nurse practitioner.

All food and baking is done on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

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.

The building holds a current warrant of fitness.

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.

There is a Bupa restraint policy that includes comprehensive restraint procedures including restraint minimisation. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There are no restraints and no enablers being used. Enabler use is voluntary.

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.

The infection control coordinator 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 ongoing training in infection control.

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	15	0	1	0	0	0
Criteria	2	36	0	1	0	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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The number of complaints received each month is reported monthly to care services via the facility benchmarking spread sheet. The complaints procedure is provided to resident/relatives at entry and is prominent around the facility on noticeboards. A complaint management record is completed for each complaint. A record of all complaints per month is maintained by the facility using the complaint register. Documentation including follow-up letters and resolution reviewed demonstrated that complaints are well managed. Discussion with five residents and relatives confirmed they were provided with information on complaints and complaints forms. Two complaints reviewed for 2016 were well documented including investigation, follow-up letter and resolution.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	There is a policy to guide staff on the process around open disclosure, accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. The manager and staff interviewed confirm family are kept informed. Three relatives stated they are notified promptly of any incidents/accidents. Resident meetings encourage open discussion around the services provided (meeting minutes sighted). Non-subsidised residents are advised in writing of their eligibility and the process to

		become a subsidised resident should they wish to do so. The Ministry of Health "Long-term Residential Care in a Rest Home or Hospital – what you need to know" is provided to residents on entry. There is access to an interpreter service as required.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Accadia Manor rest home provides care for up to 29 rest home residents. On the day of audit there were 27 residents, all under the ARC agreement. There were no respite residents. Accadia Manor rest home has set specific quality goals for 2016 and there is monthly review of all goals. The Bupa quality and risk management programme is being implemented. Annual and monthly reviews are conducted regarding progress towards meeting the facility objectives. The facility manager has been in the role for three and a half years. She is supported by a clinical manager. The manager and clinical manager attend annual organisational forums and regional forums six monthly.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	Accadia Manor rest home has an established quality and risk management system. The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards. Policies are current and staff are informed of updates and changes. Key components of the quality management system link to the two monthly quality, health and safety and infection control meetings at Accadia Manor rest home. The quality meeting minutes sighted evidence staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. The service collates accident/incident and infection control data. Monthly comparisons include trends and graphs. The registered nurse and three caregivers interviewed were aware of quality data results, trends and corrective actions. Weekly reports by facility manager to Bupa operations manager and quality indicator reports to Bupa quality coordinator provide a coordinated process between service level and organisation. Monthly accident/incident and infection benchmarking reports are provided to Accadia Manor rest home. Internal audits are completed according to the Bupa schedule. Corrective action plans are developed when service shortfalls are identified.

		There is a comprehensive hazard management, health and safety and risk management programme in place. There are facility goals around health and safety. The health and safety committee meets monthly and there is a current hazard register. Falls prevention strategies are in place (link to 1.3.6.1 for lack of documented neurological observations).
Standard 1.2.4: Adverse Event Reporting 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.	FA	The service documents and analyses all incidents/accidents. Individual incident reports are completed for each incident/accident with immediate action noted. The data is linked to the organisation's benchmarking programme and this is used for comparative purposes. Incident reports are assessed for a means to prevent recurrence before being signed off. All incident forms reviewed, documented immediate follow-up by a registered nurse. Not all unwitnessed falls and falls documented head injuries, document neurological observations (link to 1.3.6.1). All pressure injuries (previous) had been reported as incidents and are benchmarked. Discussions with service management, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	A register of practising certificates is maintained. Five staff files reviewed (two registered nurses and three caregivers), included appropriate employment documentation and up-to-date performance appraisals and documentation. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. Completed orientation booklets are on staff files. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. There is an annual education schedule that is being implemented. In addition, opportunistic education is provided by way of toolbox talks. Registered nurses (RNs) are provided with suitable training. A competency programme is in place with different requirements according to work type.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or	FA	There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is at least one registered nurse on duty six days a week. The clinical manager is a registered nurse and works 40 hours per week.

experienced service providers.		Interviews with relatives and residents all confirmed that staffing numbers were good. Caregivers interviewed stated that they have sufficient staffing levels.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	Bupa has a comprehensive range of policies and procedures in place to guide staff around all aspects medication management. The service has implemented the Bupa comprehensive training programme and competencies to ensure staff provide a safe medication service. The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All residents have individual medication orders with photo identification and allergy status documented. The service uses a four weekly blister pack system for tablets, and other medicines are pharmacy packaged. All medicines are stored securely when not in use. Medication administration was observed during the audit and practice was appropriate during the medication rounds. Medication documentation and appropriate signing for both prescribers and for staff on administration was in place. Registered nurses and senior caregivers administer medications. All staff administering medications have completed an annual medication competency. All medications are checked on delivery against the medication chart and discrepancies are fed back to the supplying pharmacy. The ten medication charts sampled were clear and easy to understand, they included photo ID and allergies. All medication charts sampled showed evidence of being reviewed by the GP three monthly.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	Accadia Manor continues to prepare and cook all meals on site in the main kitchen. There is a chef on duty daily and he is supported by kitchen staff. All kitchen staff have an up-to-date food safety and hygiene certificate. There is a kitchen manual and a cleaning schedule. Chemicals are stored in a locked cupboard and safety datasheets are available. Personal protective equipment is worn as appropriate. There are Bupa seasonal menus on a six weekly cycle and these have been approved by a consultant dietitian. The cook receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Special diets and allergies are written up on the kitchen whiteboard. Fridge and freezer temperatures are recorded daily (sighted). Temperatures are recorded on all chilled and frozen food deliveries. All food in the chiller, fridges and freezers are dated. There is sufficient food stored to last for at least three days in an

		emergency. Stock is rotated by date. The kitchen is well equipped, clean and tidy. Food satisfaction surveys are done annually. Residents and relatives interviewed spoke positively about the food provided.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	All resident files reviewed had a documented care plan. When a resident's condition changes, the RN initiates a GP visit or nursing specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status. Documented RN follow-up and neurological observations were not always documented. This finding from the previous audit remains. Discussion with RNs, caregivers and the GP suggested that residents are always monitored by RNs following any issues raised. Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed state there is adequate continence and wound care supplies. Wound assessment, wound management and evaluation forms and short-term care plans were in place for all wounds (two residents with two chronic ulcers and one resident with a skin tear). There were no pressure injuries. A physiotherapist referral to the community physiotherapy service can be initiated as required. Residents and family members interviewed confirmed their satisfaction with care delivery. Monitoring charts were utilised; examples sighted included (but not limited to), weight and vital signs, blood glucose, food and fluid, turning charts and behaviour monitoring as required.
Standard 1.3.7: Planned Activities 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.	FA	There is one recently employed activities coordinator employed, who is responsible for the planning and delivery of the individual and group activities programme with assistance from staff. The activities person is employed 20 hours a week (five hours a day Monday to Friday). Caregivers assist the activities person with individual and group activities programmes during the week and at weekends.

		Group activities are provided in the large communal areas and outdoors in the gardens when weather permits. Individual activities are provided in resident's rooms or wherever applicable. On the days of the audit residents were observed being actively involved with a variety of activities including external entertainers. The group activities programme is developed monthly and a copy of the programme is available in the lounge, on noticeboards and in each resident room. The group programme includes residents being involved within the community with social clubs, churches and schools. A record is kept of individual resident's activities and monthly progress notes completed. The resident/family/EPOA as appropriate is involved in the development of the activity plan. There is a wide range of activities offered that reflect the resident needs. Participation in all activities is voluntary.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	In files sampled, care plan evaluations were documented by the registered nurses. Six monthly multi-disciplinary reviews (MDT) were completed by the registered nurse with input from caregivers, the GP, the activities coordinator and if applicable, the physiotherapist. Family are invited to attend the MDT review. Files sampled also had short-term care plans available to focus on acute and short-term issues. These were evaluated regularly.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The service has a current building warrant of fitness that expires on 14 December 2016.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Individual infection report forms are completed for all infections. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. Infection control data is collated monthly and reported at the quality, infection control and staff meetings. The infection control programme is linked with the quality management programme. The service has maintained continuous improvement rating for surveillance of infections. Internal infection control audits also assist the service in evaluating infection control

		needs. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The policy includes comprehensive restraint procedures. The process of assessment and evaluation of enabler use is the same as a restraint and included in the policy. Enablers are voluntary. There were no residents with restraint and no residents with enablers.

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)
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Low	Five resident files were reviewed for this audit. All residents had a care plan in place. The service did not always document monitoring of the issues identified. This is a continued finding. Care staff interviewed were able to describe the care and support needed (hence the low risk).	Two residents did not have neurological observations documented following a head injury. The progress notes also did not document RN review and monitoring follow-up of these incidents. (Note; the GP, care staff and RNs all described a high level of RN observation).	Ensure neurological observations and RN follow-up following incidents, is documented. 60 days

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
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	Key components of the quality management system continue to link to the monthly quality meeting at Accadia Manor. The facility manager reports weekly to the operations manager (reports sighted) and quality indicator reports are sent to the Bupa quality management coordinator who provides a coordinated process between service level and organisation. There are monthly accident/incident benchmarking reports completed by the manager that break down the data collected across the facility. All data are linked to the quality and risk management system including complaints, infections, restraint management and health and safety. The service also communicates this information to staff and at relevant other meetings so that improvements are facilitated.	There continues to be a comprehensive analysis of clinical indicators, and other areas such as education/competencies. Quality indicator corrective action plans have been established for indicators above the benchmark (also link, UTIs – 1.3.5.7). Clinical improvements include being part of the DHB Vitamin D programme. More sensor mats and landing strips have been purchased so staff are alerted to residents who are at risk of falling as soon as they get out of bed. Falls continue to decrease over time with falls reducing from 13 in March 2016 to 6 falls in September 2016.

		Weekly and monthly manager reports include key performance data.	
Criterion 3.5.7 Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.	CI	The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (clinical manager/RN) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Benchmarking occurs with other Bupa rest home facilities.	The service continues to actively monitor and manage infection control. Action plans are documented when infections are above the key performance indicator (KPI) for the company. Urinary tract infections continue to be a major focus for the service and a recent rise in UTIs was investigated. A quality indicator corrective action plan was developed that included education for all residents regarding good hygiene. The outcome of the action plan was that the rise in UTIs for June and July 2016 had reduced to below the Bupa indicators for August and September 2016.

End of the report.