

Bupa Care Services NZ Limited - Elizabeth R Rest Home and 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:	Elizabeth R Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 November 2017 End date: 27 November 2017
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	25



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

Bupa Elizabeth R rest home and hospital is part of the Bupa aged care residential group. The service provides rest home and hospital (geriatric and medical) level of care for up to 38 residents. On the day of the audit there were 25 residents.

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, staff and the general practitioner.

The care home manager is an enrolled nurse with considerable aged care experience and has been in the role for two years. She is supported by a clinical manager, registered nurses, unit manager/enrolled nurse and stable workforce. The team is supported by a regional operations manager.

The residents and relatives spoke positively about the staff and the care and services provided at Bupa Elizabeth R rest home and hospital.

The two previous shortfalls identified at their previous audit around quality data and corrective actions and care plan evaluations have been addressed.

This surveillance audit identified further improvements required around staff appraisals and care plan interventions.

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. The facility manager and clinical manager have an open-door policy. 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.		Some standards applicable to this service partially attained and of low risk.
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There is a quality and risk programme that involves the resident on admission to the service. The Bupa strategic and quality plan is being fully implemented at Bupa Elizabeth R. 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

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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The registered nurses are responsible for each stage of service provision. A registered nurse assesses, plans and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records were individualised and demonstrated service integration. Care plans are evaluated at least six monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

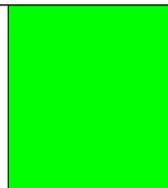
Medication policies reflect legislative requirements and guidelines. Registered nurses and enrolled nurses responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed met legislative prescribing requirements.

An activity officer coordinates and implements the week day activity programme for the residents. The programme includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural, cognitive abilities and preferences for the rest home and hospital residents.

All meals and baking are done on-site. Residents' food preferences and dietary requirements are identified at admission and accommodated. The menu is reviewed by the dietitian. Residents commented positively on the meals provided.

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.

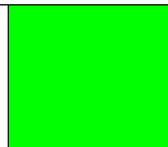


Standards applicable to this service fully attained.

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.

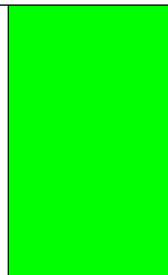


Standards applicable to this service fully attained.

There is a 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 two restraints and one enabler 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.

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	0	14	0	1	1	0	0
Criteria	0	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 is implemented at Bupa Elizabeth R. 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 is a complaint's register maintained that included relevant information regarding each complaint. The number of complaints received each month is reported monthly to staff via the various meetings. There have been four complaints to date for 2017, all with documented evidence of resolution. There were two complaints in 2016 and both fully resolved. 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 is provided to residents within the information pack at entry.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an</p>	FA	<p>Five residents (three rest home and two hospital) and five family members (four rest home and one hospital) 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. The care home manager, clinical manager, unit coordinator 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</p>

<p>environment conducive to effective communication.</p>		<p>have difficulty with written or spoken English then the interpreter services are made 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>Elizabeth R rest home and hospital is a Bupa facility. The service provides rest home and hospital (geriatric and medical) level care for up to 37 residents. There were 25 residents (17 rest home and 8 hospital) in the facility on the day of audit. There is an overall Bupa business plan and risk management plan. Bupa sets national health and safety goals and additionally Elizabeth R developed two quality goals which included; involving fall reduction and registered nurse education. Progress towards meeting these goals is discussed and documented at two monthly quality management meetings and at two monthly staff meetings. Progress is reported to Bupa head office quarterly.</p> <p>The care home manager (enrolled nurse) at Elizabeth R has been in the role since July 2014 and has a background in aged care. The care home manager is supported by a clinical manager (registered nurse) who oversees clinical care. The clinical manager has been in the role for one year and has had three years' experience as a registered nurse in aged care. The clinical manager provides peer support and supervision to the unit coordinator (enrolled nurse) of the rest home, 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>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>Bupa Elizabeth R is fully implementing the Bupa quality and risk management system which is designed so that key components are linked to facility operations. The quality and risk committee has met regularly, and outcomes have been reported across the various meetings including the staff meetings and clinical meetings. Minutes reviewed for two monthly quality meetings held in 2017 include agenda items and discussion about the key components of the quality programme. Resident and relative meetings are held three monthly and issues raised are seen to have been followed through. The annual survey results are communicated to staff, residents and their families.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place and policies are regularly reviewed and changes communicated to staff. The quality programme includes an annual internal audit schedule that is fully implemented at Bupa Elizabeth R. There is monthly monitoring, collation and evaluation of quality and risk data. Audit summaries and corrective action plans (CAPs) are consistently completed where a noncompliance is identified. Quality and risk data, including trends in data and benchmarked results are discussed in quality meetings, clinical meetings and at regular staff meetings. Benchmarking data is displayed in the staff room. Corrective actions are implemented when service shortfalls are identified and signed off when completed. The</p>

		<p>previous finding around quality data and corrective actions has been addressed.</p> <p>There are falls prevention strategies in place that includes, hi/lo beds, ongoing falls assessment and exercises by the physiotherapist, and sensor mats. Interview with staff confirmed an understanding of the quality programme.</p> <p>There is a health and safety, and risk management programme being implemented at Bupa Elizabeth R. The health and safety committee are part of the two-monthly quality and risk management meeting. Incident data is collated by the clinical manger. There is a current hazard register.</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 resident related incident reports for October 2017 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 at staff handovers. 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</p>	PA Low	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Five staff files sampled (one clinical nurse manager, one registered nurse, one caregiver, one second cook, and one activities coordinator) included evidence of the recruitment process, employment contracts, and completed orientation. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Not all annual appraisals were completed within policy timeframes. The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type.</p> <p>A register of practising certificates is maintained.</p> <p>There is an annual education and training schedule that is being implemented. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the district health board. Additional training is also offered in relation to new client needs. The clinical nurse manager has</p>

legislation.		implemented quarterly training days, which has improved the staff attendance at training. The two manager's and registered nurses attend external training including conferences, seminars and sessions provided by Bupa and the local DHB.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	The staffing levels meet contractual requirements. The care home manager and clinical manager are available during weekdays. Adequate registered nurse cover is provided 24 hours a day, seven days a week. Sufficient numbers of caregivers support registered nurses. Interviews with the residents and relatives confirmed staffing overall was satisfactory.
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	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Clinical staff who administer medications (RNs and enrolled nurses) have been assessed for competency on an annual basis. Senior caregivers have completed competencies for the checking of medications and witnessed administration of medications. Registered nurses have completed syringe driver training.</p> <p>There is documented evidence of medication reconciliation on delivery of medications (blister packs). The medication fridge is checked daily, and temperatures recorded are maintained within the acceptable temperature range. All eye drops were dated on opening. Standing orders are not used. There were two rest home residents self-medicating. Self-medication competencies had been completed and reviewed three monthly.</p> <p>Eight medication charts on the electronic medication system and two paper based medication charts were reviewed. All medication charts met prescribing legislative requirements for regular and 'as required' medications. All medication charts had photo identification and allergy status documented on the chart. The administration sheets corresponded with the medication charts. The medications charts evidenced three monthly GP review.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's	FA	All meals and baking are prepared and cooked on-site by a qualified cook, who is supported by a second cook and morning and afternoon kitchen assistants. Food services staff have attended food safety training. The organisational four-weekly seasonal menu has been reviewed annually by the dietitian. Meals are served directly to the dining area from the kitchen bain marie. Meals to the hospital wing are plated and covered with tin foil before being transported in a covered trolley. The main meal is at midday. The cook receives a resident nutritional requirement form and is notified of any dietary changes. Dislikes are known, and alternative meals provided.

<p>individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>Special diets are accommodated including modified diets.</p> <p>Fridge, freezer and end cooked meat temperatures are taken and recorded daily. Perishable foods sighted in the fridges were date labelled. Chilled goods are temperature checked on delivery. A cleaning schedule is maintained. Staff were observed to be wearing correct personal protective clothing on the day of audit.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</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, nurse specialist consultation. Not all interventions and supports had been updated on the care plans. There was documented evidence that family members were notified of any changes to their relative's health status. Discussions with families were recorded on the family/whānau contact sheet in the resident files reviewed.</p> <p>Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. Wound initial assessments and treatment forms, ongoing evaluation form and evaluation notes were in place for current wounds. There were no pressure injuries on the day of audit. The RNs have attended wound management. There is access to the wound nurse specialist at the DHB and local district nurses.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Monitoring occurs for weight, vital signs, blood sugar levels, pain, challenging behaviour, neurological observations, repositioning charts, food and fluid charts and restraint monitoring as applicable.</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>The service employs an activity officer to coordinate and implement the Monday to Friday 9.30 am to 3.00 pm activity programme. The activity officer attends the Bupa activity forums twice a year and networks with the regional diversional therapy group. She has a current first aid certificate. Activities include (but not limited to); craft, music, exercises, word games, board games, happy hours, baking and gardening. There is regular musical and singing entertainment provided. There are resources available for weekend activities as required. Residents socialise with other rest home residents at regular community concerts, community church functions and inter-home bowls competitions. Church services are held on-site. Residents are encouraged to maintain community links such as shopping and outings into the community that include senior citizens, RSA and card groups. One-on-one activities occur such as individual walks, reading and chats and nail/hand care for residents who are unable or choose not to be involved in group activities.</p> <p>An activity assessment and Map of Life is completed on admission. Socialising and activities is included in the My</p>

		Day, My Way care plan. The activity officer is involved in the six-monthly MDT review. The service receives feedback and suggestions for the programme through surveys and resident meetings.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	All initial care plans reviewed were evaluated by the RN within three weeks of admission. The long-term care plans had been reviewed by the multidisciplinary team (MDT) at least six monthly against the resident goals or earlier for any health changes. Family are invited to attend the MDT review and informed of any changes if unable to attend. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes and are evident in changes/updates made to care plans. (link 1.3.6.1).
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 building has a current building warrant of fitness that expires 9 July 2018. There is currently one wing cordoned off for refurbishment.
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 surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Internal infection control audits also assist the service in evaluating infection control needs. Systems in place are appropriate to the size and complexity of the facility. Effective monitoring is the responsibility of the infection control coordinator. Surveillance data is available to all staff. Infections statistics are included for benchmarking. Corrective actions are established where trends are identified. There have been no outbreaks since the previous audit.
Standard 2.1.1: Restraint	FA	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

<p>minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>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 two hospital residents using restraint (one bedrail and one lap belt) and one resident using an enabler (bed rail) (link 1.3.6.1). The enabler file sampled demonstrated that enabler use is voluntary. The files of residents with restraint and using enablers demonstrated regular evaluation and monitoring.</p>
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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 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	<p>Education is planned annually and includes all required topics. Attendance at in-service sessions, annual competencies and external training is documented on a training attendance sheet and individual staff files. Education and training is reviewed at scheduled appraisals. Three staff files reviewed included annual appraisals.</p>	Two of five staff files did not evidence an annual appraisal.	<p>Ensure all staff complete annual appraisals as per policy.</p> <p>90 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with,</p>	PA Moderate	<p>Short-term care plans document appropriate interventions to manage short-term changes in health. Not all interventions for changes to health had been updated on the</p>	<p>There were no documented interventions in five resident files as follows; a) no fluid balance in place for one rest home resident on a fluid restriction, b) the care plan for one hospital resident did not reflect the resident’s current weight status, c) interventions for one rest home resident with</p>	<p>a), b) and c)</p> <p>Ensure interventions and supports meet the resident’s current</p>

<p>and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>		<p>care plans.</p>	<p>behaviours did not have documented interventions as per the interRAI assessment, and d) there were no documented risks associated with the use of an enabler for one hospital resident and the use of a restraint for another hospital resident.</p>	<p>needs and d) ensure risks associated with the use of enablers and restraint are documented in the care plan.</p> <p>60 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, 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.