Executive Summary of Surveillance Audit – Liston Heights

Date: 8 – 9 March 2021 3 Years' Certification



General Overview: -

Bupa Liston Heights rest home and hospital is part of the Bupa aged care residential group. The service provides rest home, hospital and dementia level of care for up to 75 residents. On the day of the audit, there were 61 residents.

This 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 the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management and staff.

The general manager for the care home and village has a background in occupational health and has worked at Bupa for many years, she has been in the role since November 2020. She is supported by a clinical manager who is a very experienced registered nurse and has worked at the service for many years. The clinical team is supported by a regional operations manager who is based at the site.

The service has an established quality and risk management system. Residents and families interviewed commented positively on the standard of care and services provided at Bupa Liston Heights.

Two of the four shortfalls identified as part of the previous certification audit have been addressed. These were around care plan documentation and care plan interventions. There continues to be a shortfall around staff training and timeframes for resident documentation. This audit identified a shortfall around family meetings.

Health and Disability Sector Standards

Consumer Rights - The service has a culture of open disclosure. Families are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community.

Organisational Management - Bupa Liston Heights continues to implement the Bupa quality and risk management system. Quality activities are conducted, and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. The Bupa education and training programme have been implemented with a current training plan in place.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation and training programme that provides staff with relevant information for safe work practices. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continum of Service Delivery - Care plans are developed by the registered nurses who also have responsibility for maintaining and reviewing care plans. Care plans reviewed were individually developed with the resident, and family/whānau involvement is included where appropriate, they are evaluated six-monthly or more frequently when clinically indicated. There is a medication management system in place that follows appropriate administration and storage practices. Each resident is reviewed at least three-monthly by their general practitioner. A range of individual and group activities is available and coordinated by the activity staff. All meals are prepared on site. There is a seasonal menu in place, which is reviewed by a dietitian. Residents' food preferences are accommodated, and the residents and relatives reported satisfaction with the food service.

Safe and Appropriate Environment - The building holds a current warrant of fitness. Resident rooms are single, spacious and personalised. Communal areas within each area are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe, secure and well maintained. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. A first aider is on duty at all times.

Restraint Minimisation and Safe Practice

Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, the service had two residents using restraint and no enablers in use. Assessments and evaluations are regularly completed.

Infection Prevention and Control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There are in-depth procedures in place for Covid-19.

Total out of 101	CI	FA	PA	UA	NA
HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	0	40	3	0	58

Continuous Improvement (CI) - Criterion are fully attained, with the service demonstrating continued review and improvement in this area.

Fully Attained (FA) - The service can clearly demonstrate the implementation of processes, systems and structures that meet the criterion.

Partially Attained (PA) - There is evidence of processes and systems without required supporting documentation or evidence of a documented process but the care home is unable to demonstrate full implementation

Unattained (UA) - The service is unable to demonstrate appropriate processes, systems or structures to meet the criterion.

Not Audited or Not Applicable (NA)