

Bupa Care Services NZ Limited - Crofton Downs Care Home

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, 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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard 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: Crofton Downs Care Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 28 March 2022 End date: 28 March 2022

Proposed changes to current services (if any): The organisation has requested that this audit verify a new building that will include 49 dual purpose beds on two floors for residents requiring rest home or hospital level of care. The service plans to open the service on the 27 April 2022 depending on the outcome of this audit.

The service has also been verified as suitable to provide hospital medical level care and this needs added to their certificate.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Bupa Crofton Downs is owned and operated by Bupa Care Services NZ Limited. This partial provisional audit was undertaken to verify a new build that will cater for up to 49 residents requiring rest home or hospital level of care.

The service is to be managed by an experienced general manager and clinical manager, both of whom have been appointed into the roles. They are supported by an operations manager and quality partner.

The new building is modern and spacious, is on a flat section and includes dual purpose bedrooms with ensuites, communal areas for residents and a new kitchen, laundry, staffroom, reception area and storage areas.

This audit has identified four shortfalls to be addressed prior to occupancy around staffing, medication competencies, the food control plan, fire evacuation scheme, orientation of staff to the new building and first aid training for staff.

Ō tatou motika | Our rights

Not Applicable

Hunga mahi me te hanganga | Workforce and structure

Bupa New Zealand is part of the Bupa Group which is an international healthcare company. Bupa NZ Limited is a private company limited by guarantee. There is an executive team who provide oversight and monitoring of the service. There is a hierarchical organisational structure with the operations manager and the quality partner directly support Bupa Crofton Downs.

This new building has a total of 49 dual purpose beds and this partial provisional audit is to verify the beds for rest home and hospital level of care. The site has been handed over from the builders and is set up ready for occupancy (bar addressing shortfalls identified in this audit).

The service plans to open the site on the 27 April 2022.

There are Bupa vision, values, and objectives relevant to aged care facilities. A transition plan is a working document with actions signed off when completed. The general manager and clinical manager have previous experience in their respective roles and in working in aged care.

There is a staffing and rostering policy. Human resources are currently being managed in accordance with good employment practice. All staff are required to complete an orientation and training as per the training plan. The service has processes in place to ensure the collection, storage, and use of personal and health information of residents is accurate, sufficient, secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

All meals are to be prepared on site. There are seasonal menus in place which have been reviewed by a dietician, and the kitchen manager has been appointed. All kitchen equipment is in place and the kitchen manager was stocking shelves on the day of audit. Residents' food preferences are able to be accommodated.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers will be required to administer medications. There is a treatment room on each floor that is ready to securely store medicines. An electronic medication system is ready to be used.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

The building holds a current certificate of public use. Internal and external areas are safe with any resident with a mobility aid able to access all areas. There are dual purpose bedrooms, and each has its own ensuite. There are communal areas such as lounges and dining areas on the ground and first floors. All equipment and furnishings are already in place. There are railings in place in all areas. Wiring, plumbing, heating, and emergency lighting are in place and operationalised. Communal areas are well designed and spacious and allow for a number of activities. There are paved areas allowing residents to access outdoor areas.

Systems and supplies are in place for essential, emergency and security services.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (clinical manager) has a job description in place and is responsible for coordinating education and training for staff. The infection control coordinator has completed annual training provided by Bupa head office.

There is a suite of infection control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection control coordinator will be responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility. The service will engage in benchmarking with other Bupa facilities.

Here taratahi | Restraint and seclusion

Not Applicable

Summary of attainment

The following table summarises the number of subsections 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)
Subsection	0	8	0	4	0	0	0
Criteria	0	72	0	6	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Bupa New Zealand is part of the Bupa Group and is part of the international group of healthcare companies. Bupa New Zealand is a private company limited by guarantee. The leadership and management team is made up of the interim managing director, head of risk, technology director, head of customer transformation, clinical services director, people director, head of legal, property director, and national operations director. An organisational chart is documented with the operations manager and quality partner (both present during the audit) providing direct onsite support for Bupa Crofton Downs.</p> <p>This partial provisional audit was to verify a new build to provide rest home and hospital (geriatric and medical) level of care for up to 49 residents. All beds are dual-purpose. The building and site is ready for occupancy (noting that there are some shortfalls identified at this audit that are to be addressed prior to occupancy). The service plans to open the site and building on the 27 April 2022.</p> <p>Bupa Harbourview will be closing down and a total of 31 residents are confirmed as being transferred to this facility. The service is planning to wait for a month prior to accepting any more referrals to ensure that the Bupa culture and staffing levels are appropriate to needs and acuity of residents.</p> <p>Bupa's overall vision and values are already displayed in a visible location.</p>

		<p>All staff will be made aware of the vision and values during their induction to the service. There is a strategic Bupa business plan and risk management plan with a transitional plan in place that is currently being implemented. There is a draft operational plan that includes goals and key performance indicators. This will be implemented when the transition plan is fully actualised after occupancy of the building.</p> <p>An experienced general manager is appointed and has already been with Bupa services for two and a half years in a management role. They have a post graduate certificate in adult teaching and have prior experience in management roles in other aged care facilities. A clinical manager (registered nurse) is appointed, and they come from another Bupa site. They have a total of three years' experience in aged care facilities.</p> <p>Interviews with the operations manager, quality partner, general manager and the clinical manager confirmed a commitment to supporting the Ministry of Health's Whāia Te Ao Mārama Māori health strategies. A cultural advisor is already available for support and advice. Work is underway at the board level for Maori representation and to collaborate with mana whenua in business planning and service development.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>A staff rationale and skill mix policy is in place. The general manager and clinical manager are available at the facility Monday - Friday. The general manager is on-call after hours for any organisational concerns and the clinical manager is on-call for clinical issues. The roster provides sufficient and appropriate coverage for the effective delivery of care and support for potentially 49 residents.</p> <p>An initial roster has been developed for 31 residents who are already confirmed to be coming from a previous facility (Bupa Harbourview) that will be closed down after the transfer of residents to this new facility. This will include 17 residents requiring hospital level and 14 requiring rest home level of care.</p> <p>The facility has two floors that mirror each other and will be staffed as follows:</p> <p>i). Otari (ground floor) – 22 beds initially for 17 hospital residents. There are four caregivers rostered (three long shift and one short shirt) on the AM shift; three caregivers (two long shift and one short shirt) on the PM shift, and one</p>

	<p>caregiver overnight.</p> <p>ii). Kereru (level one) – 27 beds initially for 14 rest home residents. There are three caregivers rostered (two long shift and one short shirt) on the AM shift; two caregivers (one long shift and one short shirt) on the PM shift, and one caregiver overnight.</p> <p>A registered nurse is rostered on for each shift. The registered nurse and clinical manager are expected to provide 20 hours a week of support for the rest home residents.</p> <p>Another draft roster is developed for 49 residents however this will be adjusted depending on occupancy and acuity of residents.</p> <p>Position descriptions reflect expected positive behaviours, values and the role and responsibilities.</p> <p>The general manager is able to be replaced if on leave by the operations manager with support from the quality partner and the clinical manager by another Bupa clinical manager (note there are nine in the region who potentially will be able to provide cover along with quality partners who are registered nurses). Once RNs have been appointed, a second in charge will be identified.</p> <p>There are 23 caregivers who will come from Bupa Harbourview to work in the new facility. They all have between five and 20 years of experience in aged care services. There is one registered nurse coming from Bupa Harbourview and others are yet to be appointed. Some other staff including kitchen staff are still to be recruited and appointed. The recruitment process will identify potential employees who are culturally and clinically competent and they are expected to be from a range of ethnicities including Maori. Currently 90% of staff at Bupa Harbourview including staff who are transitioning into the new facility have completed cultural competencies.</p> <p>There is an annual education and training schedule that has been implemented for staff at Bupa Harbourview. Training is delivered by the clinical manager of other Bupa staff. Staff have attended training offered in 2021 with the 2022 training plan already being implemented for staff who will transition over to the new building. New staff will be orientated with relevant information for safe work practice. The orientation programme is specific to the job role and responsibilities. The education programme being implemented currently at Bupa Harbourview is extensive and includes in-</p>
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		<p>service training, competency assessments, and toolbox talks. Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQSA) requirements. Of the 23 caregivers who are transitioning over to the new facility, there are 10 who have completed level two, eight who have level three and one enrolled in level four.</p> <p>In addition to in-service education, RN staff working in Bupa facilities attend external DHB education (e.g. palliative care clinical sessions). A sufficient number of RNs are required to have completed their interRAI training and the registered nurse from Bupa Harbourview will initially support completion of interRAI assessments. Training records reviewed for staff at Bupa Harbourview confirmed that they had training around isolation, the use of personal protective equipment and infection control. The registered nurse transitioning to the new facility has relevant competencies e.g. for medication and use of a syringe driver.</p> <p>The general manager is working to establish environments that encourage collecting and sharing of high-quality Māori health information.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment; selection; orientation; and staff training and development. Six staff files reviewed (the clinical manager, three caregivers, one registered nurse, one enrolled nurse) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is already maintained for all health professionals currently employed in the service i.e. the clinical manager, registered nurse and for two enrolled nurses who will transition over from Bupa Harbourview. There is an appraisal policy. All staff who have been employed for over one year have an annual appraisal completed as sighted in four of the six staff files reviewed (for staff who are transferring to the new facility from Bupa Harbourview and who had been in the service for more than one year).</p> <p>The service has a role specific orientation programme in place that provides</p>

		<p>new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for Māori. Existing and new staff have not yet been orientated to the new facility (link 4.2.3).</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified for each resident and documented in the resident record.</p> <p>Wellbeing support is provided to staff including access to EAP programmes. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. There is also a focus on wellness for staff through the health and safety programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents on site in the new facility. The clinical manager confirmed that there will not be any standing orders and vaccines will not be stored on-site.</p> <p>All clinical staff (RNs, ENs and senior caregivers) who administer medications will be expected to have been assessed for competency on an annual basis. The clinical manager stated that staff at Bupa Harbourview had completed medication competencies annually however these were not able to be sighted in six staff files reviewed for staff who will be transferring from Bupa Harbourview to the new facility. Education around safe medication administration has been provided for staff transferring in the past year. The registered nurse transferring from Bupa Harbourview has completed syringe driver training.</p> <p>The service will use an electronic medication management system already in use at other facilities. Medications will be robotic packed for regular medication, over the counter medication and 'as required' medications. The facility has two treatment rooms (one on the ground and one on the first floors) with both being able to be locked. There are two medication trolleys available for use on each floor. Each has a safe, equipment and shelving in place. Each bedroom has a locked drawer that can be used to store medication if a resident is identified as self-administering medications.</p> <p>The clinical managers described being required to check medications on delivery against the medication chart with any discrepancies fed back to the supplying pharmacy. A medication fridge is in place and medication room</p>

		temperatures are already being monitored weekly with temperatures within acceptable ranges. The same processes around administration and management of medication would apply to Maori with any treatment discussed with the resident at the time.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	PA Low	<p>A kitchen manager was interviewed and has been appointed to the role for Bupa Crofton Downs. They have completed City and Guild 706 a one and two. Their role is to set up food services and oversee the on-site kitchen. All meals will be cooked on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. The service is also able to provide meals that cater for different ethnicities. A resident nutritional profile is expected to be developed for each resident on admission which identifies dietary requirements and likes and dislikes, and this will be provided to the kitchen staff by registered nurses. The kitchen manager stated that they will be able to meet the needs of residents who require special diets. Special diets and likes and dislikes will be put on the white board which was ready to go up on the day of audit. Special equipment such as lipped plates and adapted cutlery will be purchased as residents require this.</p> <p>There is a large kitchen that has a locked cupboard for chemicals. There is dirty area for washing dishes and a pantry in the main kitchen area. The pantry has large storage bins for dry goods. There are two freezers and a blast chiller along with a fridge with temperatures already being taken daily. Cooking facilities include a combi oven, oven, and deep fryer. Equipment is powered by gas and electricity. Coloured chopping boards and other utensils are purchased. The kitchen was observed to be clean and well organised with the kitchen manager stocking cupboards during the audit. Kitchen staff are yet to be recruited (link 2.3.1). The kitchen manager has stocks of personal protective clothing including hats, aprons, and gloves. Food will be cooked in the kitchen and transported to the first floor in a hot box already plated. Food will be served from the servery on the ground floor.</p> <p>There is a kitchen manual, a recipe book and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. The kitchen manager is starting to put together the food control plan.</p>
Subsection 4.1: The facility	FA	The building holds a certificate of public use which has recently been issued.

<p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>There is a maintenance person (interviewed) employed to address the reactive and planned maintenance programme. The maintenance person was able to describe their role. All medical and electrical equipment has been recently purchased including (but not limited to), hospital beds, medical equipment, and weigh scales. Overhead hoists are fitted in all but two rooms. Hot water temperatures are already monitored, and all temperatures in resident areas in the new building have been documented at 45 degrees Celsius or below.</p> <p>The new building is a spacious facility that caters for 49 residents with a reception, kitchen, staffroom, communal areas such as lounges, dining areas and visitor toilets. There are two stories which mirror each other. There are storage rooms, a sluice room on each floor and linen rooms. There is a large fully contained kitchen along with laundry and cleaning facilities.</p> <p>All resident bedrooms are dual purpose, each with an ensuite. The building is on a flat section. The facility has sufficient space for residents to mobilise using mobility aids and the current external area is planted with paving in place. Residents have access to safely designed external areas that have shade.</p> <p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight. General living areas and resident rooms in the new building are heated by heat pumps with individual controls in bedrooms. Heating is operational.</p> <p>The new build is completed and fully furnished and ready for occupancy.</p> <p>The facility was designed prior to the new standards being implemented and therefore consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori was not required.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	<p>PA Low</p>	<p>The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies, and external emergencies. The annual training plan includes emergency training and a requirement for at least one staff on each shift to be first aid trained. There are not enough staff with a first aid certificate at this point.</p> <p>A review of staff files for staff who will transition to the new facility when opened confirmed that staff have completed induction that includes health</p>

<p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>and safety and emergency preparedness.</p> <p>An orientation to the new and existing building is planned to be completed for all staff. This includes training in emergency management. The location of the main emergency control panel is in place and is activated.</p> <p>The new building has alternative power systems in place to be able to cook in the event of a power failure. Emergency lighting can run for at least two hours if not more. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. The volume of stored water for emergencies meets civil defence guidelines. A civil defence folder includes procedures specific to the facility and organisation.</p> <p>The call bell system was sighted in all bedrooms, bathrooms and toilets including ensuites, and communal areas and is already activated.</p> <p>The fire evacuation plan has been submitted to the New Zealand Fire Service. Emergency equipment including egress, sprinkler systems, smoke detectors have been installed. The doors of the building can be locked, and security is relevant to the needs of the residents with staff planning to check on security of the building prior to dusk. Locking devices are already in place.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The annual infection control plan is developed by the clinical team at Bupa NZ with input from specialists as required. The programme related to infection prevention aligns with the strategic document and clearly defines all components of an antimicrobial stewardship programme. The organisational management team understand their responsibilities for delivering the infection control programme with the responsibilities, roles and expectations related to antimicrobial stewardship defined. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, and the pandemic plan have been updated to include Covid 19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The executive team provides oversight and monitoring of the infection control programme and they are able to access advice and support from the DHB, Public Health, and other services as required. The infection control coordinator (clinical manager) reports monthly with this escalated to the executive team for review and discussion. Benchmarking of data occurs with</p>

		<p>the executive team monitoring this.</p> <p>There are clear channels documented related to management of an outbreak if that were to occur.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are a suite of infection control policies and procedures available to staff including (but not limited to), outbreak management, vaccinations, usage of personal protective equipment, communicable diseases, and hand hygiene. There are a suite of policies and procedures available to staff to guide them around safe practices. The infection control and associated policies refer to cleaning procedures related to reusable items including eyewear and cleaning of equipment and touch screens between use. There are decontaminating processes available in the sluice room for reusable medical devices. Single use items, if used e.g. needles are disposed in sharps containers as per policy. There are no single use items that are reused. All equipment used for wound care as are single use only. The infection control programme is reviewed annually. The executive management team has approved policies and the infection control plan. The infection control policies reflect the spirit of Te Tiriti o Waitangi.</p> <p>The infection control coordinator is the clinical manager who has already started in the new facility. The infection control coordinator has a signed job description that outlines the role and responsibilities of the role. The quality partner supports the infection control coordinator. The infection control coordinator is able to access advice and support through the infection control nurse specialist at the DHB. The infection control team will meet two-monthly. Infection control will be tabled and discussed at the monthly staff meeting, full facility meeting held monthly, quality meeting monthly, and registered nurse meeting monthly. Meeting minutes will be available to all staff. The infection control coordinator described their function as logging each individual infection with results and analysis of the data collated each month. Infections will be benchmarked by Bupa against like facilities.</p> <p>The infection control coordinator described utilising the training, system, Ministry of Health (MOH) site and other resources available to them. The infection control coordinator has completed infection control course which included antimicrobial stewardship, standard precautions, and outbreak management. Staff education around infection control commences at induction to the facility with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part</p>

		<p>of the education planner. Staff education includes standard precautions, isolation procedures, hand washing competencies, donning, and doffing personal protective equipment (PPE). Registered nurses are required to complete competencies prior to insertion, management, and removal of invasive, indwelling medical devices using aseptic technique. A review of six care staff files confirmed that they had completed annual training as planned.</p> <p>There is a documented Bupa/DHB/MOH pandemic policy which is available for all staff – currently in the facility. All staff are required to be double vaccinated with a booster. Visitors are being asked to be double vaccinated or restrictions to visiting will be implemented in line with Covid MoH regulations. There is a sign in process for all visitors and contractors. There are special arrangements in place for unvaccinated visitors and children. Managers and staff were observed to practice good hand hygiene on the days of the audit.</p> <p>Personal protective equipment is ordered through the MOH portal with sufficient stock on site to open the facility.</p> <p>The new build has had input from Bupa executive, and all managers interviewed stated that there had been opportunities for consultation and involvement from the infection control personnel during the design of the build.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control programme is documented in a suite of policies. This includes a clearly documented AMS programme. The monthly quality data related to infections has to include the quantity and duration of antimicrobial use associated with individual residents. The clinical manager interviewed stated RNs would follow the policy and infection control programme around antimicrobial stewardship. The clinical manager also stated that GPs are also implementing AMS by requesting diagnosis evidence (e.g. MSU), if signs and symptoms are impacting on a resident's wellbeing. The AMS programme documented is appropriate to the size of the facility and will be evaluated through the monthly reporting programme and benchmarking with other facilities.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Infection monitoring is the responsibility of the infection control coordinator. All infections are expected to be entered into the electronic database, which</p>

<p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>generates a monthly analysis of the data which will capture ethnicity data. There is an end of month analysis with any trends identified and corrective actions for infection events above the target of key performance indicators. There are expected to be monthly comparisons of data. Benchmarking will occur against other Bupa facilities. Outcomes would be discussed at the infection control team meeting, clinical, quality, staff, and management meetings.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>Material safety datasheets are available on site. Personal protective equipment including gloves, aprons and eyewear are available for staff throughout facility. A sluice is located in on each floor. There is a clearly documented process to transport waste/incontinence/soiled linen from each floor.</p> <p>Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>There are laundry and cleaning policies and procedures. Laundry services are done on site. There is a defined dirty to clean flow in the laundry. The laundry is equipped with commercial washing machines in the dirty area and dryers are situated in the clean area/ folding room. The laundry room is combined as a sluice/laundry. The room is locked, all chemicals are dispensed automatically and other are stored securely. Processes are in place to ensure that clean laundry (after drying) is placed in a covered clean trolley to transfer to residents' rooms and linen cupboards situated around the facility.</p> <p>The cleaner's trolley was locked away in the cleaner's cupboard when not in use with a lock on the actual trolley. All chemicals on the cleaner's trolley are expected to be labelled and in original containers. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule with this to be implemented when the facility is</p>

		opened. Staff records confirmed that staff who will be transferred to the facility from another Bupa site have completed chemical safety training. A laundry assistant, and a cleaner are transferring from Harbourview. Other staff will be recruited as required.
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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. 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 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our 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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	There are 23 caregivers transferring from Bupa Harbourview to Bupa Crofton Downs and one registered nurse. Other RNs and some other staff including kitchen staff are yet to be appointed to the service.	The service has not yet appointed a full complement of staff including RNs to staff Bupa Crofton Downs for an initial capacity of 31 residents.	<p>Recruit staff to meet staffing requirements for Bupa Crofton Downs.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	There is a policy around administration and management of medications that includes an expectation that staff who administer medication have an annual competency and relevant training. Staff transferring from Bupa Harbourview were confirmed as having completed training however medication competencies for the registered nurse, clinical manager, enrolled nurse, and caregivers whose files were reviewed did not include a medication	Medication competencies were not able to be sighted for staff transferring from Bupa Harbourview on the day of audit.	<p>Ensure that relevant care staff have an annual medication competency.</p> <p>Prior to occupancy days</p>

		competency. The clinical manager confirmed that these had been completed but were not able to be brought to the new site during the audit.		
Criterion 3.5.5 An approved food control plan shall be available as required.	PA Low	A food control plan is being developed.	The food control plan is not yet in place.	Register the food control plan. Prior to occupancy days
Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.	PA Low	A fire evacuation scheme has not yet been approved but has been submitted to the Fire Service.	A fire evacuation plan has not yet been approved	Ensure there is an approved fire evacuation plan in place. Prior to occupancy days
Criterion 4.2.3 Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	Staff have not yet been orientated to the new building but those transferring from a facility that will be closed after the new building is opened, have had emergency training at six monthly intervals. There is a plan in place to orientate staff to the new building and this will include emergency training.	Care staff and non-clinical have not yet received appropriate information, training, and equipment to respond to identified emergency and security situations with this including fire safety and emergency procedures.	Ensure that health care and support workers receive appropriate information, training, and equipment to respond to identified emergency and security situations including fire safety and emergency procedures. Prior to occupancy days
Criterion 4.2.4 Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment	PA Low	First aid/CPR refresher sessions are required every two years for all qualified staff, caregivers, and activity staff and will be offered to new staff as they are appointed to the service. The follow staff who will transfer from Bupa Harbourview	There are insufficient staff employed to work in the new facility who will have a first aid certificate.	Ensure that there are an adequate number of staff on each shift with a first aid certificate.

<p>appropriate for the degree of risk associated with the provision of the service.</p>		<p>have a current first aid certificate: one registered nurse, the clinical manager and three caregivers. This will not be a sufficient number of staff to ensure that there is a staff member on each shift with a first aid certificate.</p>		<p>Prior to occupancy days</p>
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Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection 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 subsection by looking at the code. For example, a Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our 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.