# Bupa Care Services NZ Limited - Tasman Care Home

## Introduction

This report records the results of a Certification 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** Tasman 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: 12 May 2022 End date: 13 May 2022

**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:** 55

# 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 haumaru │ person-centred and safe environment
* te kaupare pokenga me te kaitiakitanga patu huakita │ infection prevention and antimicrobial stewardship
* here taratahi │ restraint and seclusion.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the subsection in each of the sections. 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 subsections applicable to this service fully attained with some subsections exceeded |
|  | No short falls | Subsections 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 subsections applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some subsections 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 subsections applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Bupa Tasman provides hospital (geriatric and medical) and rest home level of care for up to 72 residents. There were 55 residents on the days of audit.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The general manager is appropriately qualified and experienced and is supported by a unit coordinator (RN). There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified an improvement required around staffing.

## Ō tatou motika │ Our rights

|  |  |  |
| --- | --- | --- |
| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm,  and upholds cultural and individual values and beliefs. |  | Subsections applicable to this service fully attained |

Bupa Tasman provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Bupa Tasman provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga │ Workforce and structure

|  |  |  |
| --- | --- | --- |
| Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Some subsections applicable to this service partially attained and of low risk |

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

|  |  |  |
| --- | --- | --- |
| Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. |  | Subsections applicable to this service fully attained |

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were 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 senior caregivers responsible for administration of medicines complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The activities coordinators provide and implement an interesting and varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

|  |  |  |
| --- | --- | --- |
| Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. |  | Subsections applicable to this service fully attained |

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are all single with their own ensuites or shared ensuites. There are communal shower rooms with privacy locks. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

|  |  |  |
| --- | --- | --- |
| Includes 5 subsections that support an outcome where Health and disability service providers’ infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance. |  | Subsections applicable to this service fully attained |

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. 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. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to PPE supplies. There have been two outbreaks and these have been well documented. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi │ Restraint and seclusion

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| --- | --- | --- |
| Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained. |  | Subsections applicable to this service fully attained |

The restraint coordinator is a registered nurse. No residents were listed as using a restraint. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

## 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 | 25 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 139 | 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)** |
| **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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.  As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | A Māori Health Plan is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has two residents (hospital level) who identify as Māori. Both residents were interviewed. One resident explained the staff show interest in their whakapapa, and Ngāpuhi whānau history and understand how important they are for the resident’s wellbeing.  The general manager stated that she supports increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at Bupa Tasman. At the time of the audit there was one Māori staff member. The staff member was not available to be interviewed.  Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Fifteen care staff interviewed (nine caregivers, one unit coordinator/RN, two staff RNs, one activities coordinator, two activities assistants) described how care is based on the resident’s individual values and beliefs. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.  Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.  As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | Not Applicable | On admission all residents state their ethnicity. There is one resident identified as Cook Islands Māori: Kūki 'Āirani (rest home) who was not able to be interviewed on the day of the audit. The resident’s whānau were encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.  The Bupa organisation is working towards the development of a comprehensive Pacific health plan. The existing plan does not adequately address the Nga Paerewa Health and Disability Standards 2021. Bupa plans to partner with a Pasifika organisation and/or individual to provide guidance. There were pamphlets in the foyer about Pacific Women’s Watch and Commerce Commission available in Tongan and Samoan.  The service is actively recruiting new staff. The general manager described how they would encourage and support any staff that identified as Pasifika through the employment process. There are currently no staff that identify as Pasifika.  Interviews with nineteen staff (fifteen care staff, one maintenance, one cook, two household staff), six residents (four rest home, two hospital), five relatives (two rest home, three hospital), and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others.  Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).  As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Details relating to the Code are included in the information that is provided to new residents and their relatives. The general manager, unit coordinator or registered nurse discusses aspects of the Code with residents and their relatives on admission.  The Code of Health and Disability Services Consumers’ Rights is displayed in multiple locations in English and te reo Māori.  Discussions relating to the Code are held during the monthly resident/family meetings. Residents and relatives interviewed reported that the service is upholding the residents’ rights. Interactions observed between staff and residents during the audit were respectful.  Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whanau. There are links to spiritual support and links with Huia Mai. Church services are held monthly.  Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers’ Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect.  Te Tiriti: Service providers commit to Māori mana motuhake.  As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Caregivers and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.  Residents have control over and choice over activities they participate in.  The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.  A sexuality and intimacy policy is in place with training part of the education schedule. Staff interviewed stated they respect each resident’s right to have space for intimate relationships. There were one married couple in the facility on the day of the audit (could not be interviewed). The care plans had documented interventions for staff to follow to support to bring the couple together for mealtimes and respect their time together.  Staff were observed to use person-centred and respectful language with residents. Residents and relative interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.  Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative’s involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.  Te reo Māori is celebrated during Māori language week. A Tikanga Māori flip chart is available for staff to use as a resource.  Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse. | FA | An abuse and neglect policy is being implemented. Bupa Tasman policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee’s induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.  Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.  Police checks are completed as part of the employment process. The service implements a process to manage residents’ comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. |
| Subsection 1.6: Effective communication occurs  The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | Information is provided to residents/relatives on admission. Two-monthly resident meetings identify feedback from residents and consequent follow-up by the service.  Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident’s file. Fifteen accident/incident forms reviewed identified relatives are kept informed; this was confirmed through the interviews with relatives.  An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak English. There are four staff that can speak the same language and can assist with interpretation and support.  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 residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.  The service communicates with other agencies that are involved with the resident such as the hospice and DHB specialist services (e.g. geriatric nurse specialist, mental health, wound nurse specialist). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The unit coordinator described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. |
| Subsection 1.7: I am informed and able to make choices  The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.  Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.  As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | There are policies around informed consent. Eight resident files reviewed; four at hospital level, four at rest home level of care included signed general consent forms. Other consent forms include vaccinations, clinical placements of students, media release and van outings. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose.  There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident’s care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where available. One file reviewed evidenced an EPOA activation letter. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.  Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.  As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. | FA | The complaints procedure is provided to residents and relatives on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically on RiskMan. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).  The complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register in 2021 and one in 2022 (year-to-date). The facility completed corrective actions related to a concern raised by the DHB in September 2020 following a delay in referral to hospital, post falls management and management of discharge notes. The corrective actions were approved and signed off by the DHB.  Complaints logged include an investigation, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).  Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-monthly, chaired by the general manager. Residents/relatives making a complaint can involve an independent support person in the process if they choose. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.  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.  As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | FA | Bupa Tasman is located in Henderson and is a purpose-built facility across three levels. The service provides care for up to 72 residents at rest home and hospital level care. All beds in the care facility are dual-purpose beds. On day one of the audit, there were 55 residents (22 rest home level, 33 hospital level). All residents were under the age-related residential care agreement (ARRC).  Bupa has an overarching strategic plan in place with clear business goals to support their philosophy of ‘Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch.’ The business plan includes a mission statement and operational objectives with site specific goals. Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director that reports to a New Zealand based board. The regional operational manager (interviewed) reports to the managing director.  The regional manager reported there are plans in place to ensure the strategic plan reflects collaboration with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year.  The general manager (non-clinical) commenced employment at Tasman in December 2020 (worked across two care homes until end of February 2022) and has worked in managerial roles for Bupa for the last seven years. She is supported by a unit coordinator (in the role for 18 months), clinical manager (vacant position for last three weeks), regional operations manager and regional quality partner (RN).  The general manager has completed more than eight hours of training related to managing an aged care facility and includes Bupa regional forums, Residential Aged Care Integration Programme, Infection Control Teleconferences and HDC learnings.  The service is actively recruiting to replace the vacant clinical manager role. The general manager is supported by a unit coordinator, experienced care staff team and the regional quality partner. |
| Subsection 2.2: Quality and risk  The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.  Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.  As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | FA | Bupa Tasman is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.  Monthly quality meetings and monthly staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located adjacent to the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.  Work is underway to assess competency to ensure a high-quality service is provided for Māori.  The 2022 resident and family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the service provided. Results have been communicated to residents in resident meetings (meeting minutes sighted). A documented action plan is in progress to improve on communication/engaging with family.  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. Policies are regularly reviewed and have been updated with further updates required in order to meet the 2021 standards. New policies or changes to policy are communicated to staff.  A health and safety system is in place with an annual identified health and safety goal that is directed from head office. A health and safety team meets monthly. There are six health and safety representatives, and all have completed level 3 health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses’ stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.  Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for eight hours per week and when required and is assisted by a physiotherapy assistant (Monday to Friday from 9am- 4.30pm. Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance. Transfer plans are assessed and evaluated by the physiotherapist and placed in the resident’s room. A falls focus group meets six weekly to evaluate interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises.  Electronic reports using RiskMan are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in fifteen accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs on a national level against other Bupa facilities. The RiskMan system generates a report that goes to each operational team/governance team and also generates alerts depending on the risk level.  Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow-up by a registered nurse. Neurological observations were consistently recorded as per policy. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the unit coordinator.  Discussions with the general manager and unit coordinator evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around issues relating to three pressure injuries (June, August and October 2021). There has been three outbreaks since the previous audit which were appropriately notified. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  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.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | PA Low | There is a staffing policy that describes rostering. The documented roster provides sufficient and appropriate coverage for the effective delivery of care and support, however not all registered nursing shifts have been covered.  The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.  Interviews with staff confirmed that their workload is very hard with the unavailability of RNs to fully cover the roster. Challenges also arise when staff call in as unavailable. Bupa cover pool and external agency is being used to assist with RN and caregiver cover when required, however not all shifts could be filled when required. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.  The general manager (non-clinical) and unit coordinator are available Monday to Friday. On call cover is shared between seven Bupa facility managers in the region.  The unit coordinator is based in level 1  Level 1: Total of 24 beds (with 2 hospital and 13 rest home at the time of the audit)  AM three caregivers 7 am-3 pm;7 am-1 pm and 7 am-11 am  PM two caregivers 3 pm-11 pm  NIGHT one caregiver 11 pm-7 am  The morning, afternoon and night RN is based on level 2 and provides oversight across the service  Level 2: Total of 24 beds (with 12 Hospital and 6 Rest home at the time of the audit)  AM three caregivers 2x 7 am-3 pm and 7 am-1 pm  PM two caregivers 3 pm-11 pm and share one floater from 4 pm-8 pm with level 3  NIGHT one caregiver 11 pm-7 am  Level 3: Total of 24 beds (with 19 Hospital and 3 Rest home at the time of the audit)  AM three caregivers 3x 7 am-3 pm and 7 am-1 pm (one medication competent senior caregiver)  PM three caregivers 3 pm-11 pm and share one floater from 4 pm-8 pm with level 2  NIGHT one caregiver 11 pm-7 am and another floater from 11 pm-7 am (shared between level 2 and 3)  There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural awareness training in 2021 and 2022. Plans are in place to provide additional cultural training that is more specific to Māori and the Treaty of Waitangi. External training opportunities for care staff include training through the DHB, and hospice.  The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two New Zealand Qualification Authority (NZQA); twenty-two caregivers have achieved a level three NZQA qualification or higher. There is one Careerforce assessor level four caregiver on site (interviewed) and confirmed seven caregivers are currently enrolled to complete different qualification levels.  A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Level four caregivers complete many of the same competencies as the RN staff (e.g. restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, wound management, nebuliser). Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Two of six RNs are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete professional development recognition programme (PDRP). All RNs attend relevant quality, staff, RN, restraint, health, and safety in infection control meetings when possible.  All caregivers are required to complete annual competencies for restraint and moving and handling. A record of completion is maintained on an electronic register.  A management of agency staff policy is documented for the organisation. If the agency nurse has never worked in the care home before, a ‘bureau staff information booklet’ is provided to them. Orientation including health and safety and emergency procedures are the responsibility of delegated person on duty. Agency contracts indicate the requirements to be met by the agency in regard to meeting specific competencies.  The service encourages all their staff to attend monthly meetings (e.g. staff meetings, quality meetings). Resident/family meetings are held monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). Clinical review meetings provide site specific clinical governance and occur every Wednesday and Friday. Attendance includes the general manager, unit coordinator, RNs, and a level four caregiver from each floor.  A health and safety team is in place with health and safety meetings taking place monthly. Health and safety is a regular agenda item in staff and quality meetings. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. Environmental internal audits are completed. Staff wellness is encouraged through participation in health and wellbeing activities of the ‘take five’ Bupa wellness programme. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. |
| Subsection 2.4: Health care and support workers  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.  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.  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. | FA | There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the general manager’s office in a locked filing cabinet. Eight staff files reviewed (three caregivers, two RNs, one activities coordinator, one cook, one kitchen assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.  There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.  A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.  The service has a role-specific orientation programme in place that provides 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 RNs and caregivers to provide a culturally safe environment to Māori.  Volunteers have not been utilised over the past two years due to Covid. An orientation programme and policy for volunteers is in place.  Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.  Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes.  Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.  As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential. | FA | Resident files and the information associated with residents and staff are retained in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. Plans are in place to implement the VCare electronic resident management system later in the year. There is a documented Bupa business continuity plan in case of information systems failure.  The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required.  Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. |
| Subsection 3.1: Entry and declining entry  The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.  Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.  As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau. | FA | Residents’ entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Eight admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family member and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The general manager is available to answer any questions regarding the admission process and a waiting list is managed. Advised by the general manager that the service openly communicates with potential residents and whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service is working on a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The service is working in building relationships with two local maraes and one local Māori provider. |
| Subsection 3.2: My pathway to wellbeing  The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.  Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.  As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Eight resident files were reviewed, four rest home and four hospital (all ARRC contract). The unit coordinator and registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family contact forms.  All residents have admission assessment information collected and an interim care plan completed at the time of admission. All initial assessments and care plans were signed and dated. The unit coordinator advised that due to registered nurse (RN) staff shortages, interRAI assessments have not always been completed within the required timeframes (link 2.3.1). The general manager requested assistance from another Bupa facility and all interRAI assessments are now up to date. All eight resident files reviewed had up to date interRAI assessments and care plans had been evaluated within the required six-month timeframe. Care plans had been updated when there were changes in health condition and identified needs. The long-term care plan includes sections on mobility and transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and social needs. The care plan aligns with the service’s model of person-centred care. Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. Challenging behaviour is assessed when this occurs. There is specific cultural assessment in the Bupa assessment booklet. Bupa has a Tikanga - best practice guidelines for Māori health flip chart in every office and nurses’ station. This covers karakia, whānau support, whānau/family rooms, food/linen/commode bowls/urinals, support and specific needs, taonga/valuables, pending and following death/tupapaku, Te Whare Tapa Whā and facility information.  All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident three monthly. There is one GP who visits twice weekly. The GP is on call after hours. The general manager and unit coordinator also share on call afterhours for phone support and advice when needed. When interviewed, the GP expressed satisfaction with the care and the quality of the care especially under difficult circumstances with staff shortages. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted two physiotherapists who share six hours a week. There is also a physiotherapy assistant every morning five days a week. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse are available as required.  Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.  Residents interviewed reported their needs and expectations were being met. When a resident’s condition alters an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. A family contact sheet records family notifications and discussions. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for six residents with wounds (skin tears, cellulitis and one open wound). It was noted that the stated frequency/timeframes of wound changes were not being adhered to. There were no residents with pressure injuries on the day of audit. A wound register is maintained.  Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, pain, behaviour, blood sugar levels and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries.  Short term care plans were well utilised for issues such as infections, weight loss, and wounds.  The service communicates with all residents to ensure tāngata whaikaha have choice and control over their supports. |
| Subsection 3.3: Individualised activities  The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them. | FA | There is one activities coordinator who works 21 hours a week and two activities assistants who work 32 hours a week. Between them they cover weekends as well. One of the activities assistants works as the physiotherapy assistant each morning from Monday to Friday. One activities assistant has completed the diversional therapy course. All have first aid certificates. The overall programme has integrated activities that is appropriate for all residents. The activities are displayed in large print on all noticeboards. They include weight exercises, bike exercises, Tai Chi, word games, board games, bingo golf, movies, van outings and quoits. The programme allows for flexibility and resident choice of activity. One on one activities such as individual walks, chats, hand massage/pampering occur for residents who are unable to attend to participate in activities or who choose not to be involved in group activities. There are plentiful resources. There are goldfish tanks on each level and two dogs visit weekly. Community visitors include entertainers, and church services. Prior to Covid there were also visiting schools and cultural groups but as yet these have not recommenced. Residents are encouraged to maintain links to the community. One resident goes out to the RSA and another to pipe band practice and the Masonic Lodge. The activities staff also take residents shopping and out for coffees. Celebrations occur. Currently staff and residents are preparing for Matariki. There is also a Māori medicine workshop planned.  There are seating areas where quieter activities can occur. There is a hairdressing salon.  The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile and activity assessment informs the activities plan. Individual activities plans were seen in resident file reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and relative interviewed were happy with the variety of activities provided. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  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. | FA | There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked treatment room. Registered nurses and medication competent senior caregivers’ complete annual competencies and education. All medications are administered from prepacked robotic sachets. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). Medication management policies describe management of self-medicating residents and standing orders. There were no residents self-medicating on the days of audit. There are no standing orders. There are no vaccines stored on site.  The medication fridge temperatures and room air temperature are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked. Sixteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. ‘As required’ medications had prescribed indications for use. The effectiveness of ‘as required’ medication had been documented in the medication system. All medications are charted either regular doses or as required. There are currently no over the counter medications in use. The service is working towards providing appropriate support advice and treatment for Māori. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences.  Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.  As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The food services are overseen by a kitchen manager. All meals and baking are prepared and cooked on site by qualified chefs/cooks who are supported by weekend cooks and rostered morning and afternoon kitchenhands. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed by a registered Bupa dietitian. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen sends meals to the satellite kitchens by bain-marie and the food is served from these directly to the dining rooms. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.  The food control plan was issued in September 2021 for 12 months. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the kitchen manager when required. Resident preferences are considered with menu reviews. One Māori resident stated that the kitchen had done a ‘boil up’ on request. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service.  Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are referred to the dietitian. The dietitian informs the care staff and kitchen of any extra requirements. |
| Subsection 3.6: Transition, transfer, and discharge  The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.  Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.  As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. The RN’s interviewed understand the transfer process with particular emphasis on what documentation is required. There is a Bupa transfer process and the RN’s use the ‘yellow envelope’ system. The RNs interviewed describe transfers are initiated to manage clinical risk and include transfer notes (the resident profile, print out of electronic medication chart, advance directive document and EPOA,) a verbal handover. |
| Subsection 4.1: The facility  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.  Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.  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. | FA | The building holds a current warrant of fitness which expires 16 June 2022. Renewal has been planned. The maintenance person (also a health and safety representative) works 32 hours a week (Monday to Friday). There is a maintenance request book for repair and maintenance requests located in each nurses’ station. This is checked daily and signed off when repairs have been completed. There is a monthly, three monthly, six monthly and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Bupa head office. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment was completed in February 2022. Checking and calibration of medical equipment, hoists and scales was also completed in February 2022. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents  There is a contracted gardener who works one day a week.  The facility is built over three floors. There are two lift’s and one is large enough to accommodate beds/stretchers. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyard and garden (level 1) has seating and shade. The external balcony and garden (level 3) also has seating and shade. There is safe access to all communal areas. Each level has an open plan lounge and dining room. Each dining room has a satellite kitchen and food is served from a bain-marie in these kitchens. On level 1 there is a breakfast bar and residents may serve themselves from this if they wish. There are water coolers on each level. There is a small library on level 1. There are seating alcoves throughout the facility. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required.  All rooms are single. There are eighteen rooms with ensuites. The remaining 54 rooms share ensuites. There are also communal bathrooms/showers within the facility with privacy locks and privacy curtains. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Resident rooms provide adequate space for the use of a hoist for resident transfers as required. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.  All bedrooms and communal areas have ample natural light and ventilation. There are electric heaters in each room and residents are able to adjust the temperature if they wish. The facility is non-smoking. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe.  Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.  As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.  A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly and one is due this May. The facility uses a contracted evacuation specialist to conduct these fire drills and one is planned for this month. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in green bins on each level. These are checked by the maintenance person monthly to check if the seal has been broken and a full check three monthly to check expiry dates. In the event of a power outage there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.  There are call bells in the residents’ rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.  The building is secure after hours, staff complete security checks at night. There are security cameras installed outside and a security firm patrols at least once a night. Currently, under Covid restrictions visitors are controlled by pressing the doorbell for assistance and a rapid antigen test (RAT) is completed before entry to all levels. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.  Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.  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. | FA | The unit coordinator oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by Bupa head office and infection control audits are conducted. The regional quality partner is part of the quality team where infection matters are raised. Infection rates are presented and discussed at quality and infection control meetings. Infection control data is also sent to head office where it is reviewed by the clinical services and improvement team and benchmarked with other Bupa facilities. Infection control is part of the strategic and quality plans.  The service has access to an infection prevention clinical nurse specialist from Bupa head office.  Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.  There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform rapid antigen tests (RAT) daily. There were no residents with Covid-19 infections on the days of audit. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.  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.  As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The designated infection control (IC) coordinator has only been in the role for one week but is supported by the regional quality partner. During Covid-19 lockdown there were regular zoom meetings with Bupa head office which provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.  The infection control coordinator has completed online MOH infection training and there is further education planned. There is good external support from the GP, laboratory, and the Bupa IC nurse specialist. There are outbreak kits readily available and a personal protective equipment cupboard. Bupa head office supplies extra PPE equipment as required.  The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed at Bupa head office support office in consultation with infection control coordinators. Policies are available to staff.  There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti.  The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters and emails. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use.  Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.  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. | FA | The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and infection control meetings as well as Bupa head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  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. | FA | Infection surveillance is an integral part of the infection control programme and is described in the Tasman Bupa infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control and staff meetings and sent to Bupa head office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Bupa head office and the local DHB for any community concerns.  There have been three outbreaks since the previous audit (one influenza outbreak in 2020, one RSV in 2021, and Covid19 in 2022). Twelve residents and nineteen staff had Covid between 7 March to 1 April 2022. All have recovered well. The facility followed their pandemic plan. All levels were kept separate, and staff were kept to one level if possible. Staff wore PPE. Residents and staff were RAT tested daily. Families were kept informed by phone or email. Visiting was restricted. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.  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.  As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room on each level and each sluice room has a sanitiser and a sink. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.  All laundry is processed off site by another Bupa facility. The laundry has a dirty room where laundry is taken in bags to be picked up. Next door is a clean room to which laundry is returned. Household staff are responsible for unpacking the clean laundry and putting linen into linen cupboards and personal laundry into baskets before returning this to residents’ rooms. There are three cleaning staff on each day for cleaning and laundry duties. The linen cupboards on each level were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.  The designated restraint coordinator is a RN and supported by the unit coordinator and regional quality partner (RN). At the time of the audit, the facility was restraint-free.  The use of restraint (if any) would be reported in the quality meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment.  There is a Bupa national restraint review teleconference six monthly where the six-monthly national restraint review report is presented. Recent changes to the Bupa policies include emergency restraint documentation with a register and template for debrief.  Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 2.3.1  Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services. | PA Low | Bupa Tasman provides care over three floors. The general manager confirmed that due to the layout of the facility, ideally there should be two RNs on am, pm shift and one on night shift. The service is actively recruiting for three vacant RN shifts since June 2021. The general manager confirmed some of the vacant positions had been filled but became vacant again. There are several nurses on parental leave. At the time of the audit there were seven RNs including the unit coordinator. The clinical manager role became vacant three weeks ago. The regional quality partner (RN) assists the facility currently in the absence of the clinical manager. The general manager stated an RN is due to start 1 June 2022 after completion of a competency assessment programme (CAP).  The service completed section 31 reports for RN unavailability. Staffing is an agenda item in meeting minutes and documented in RiskMan to manage the risk.  Bupa manages risk by replacing an RN with level 4 medication competent care staff/team leaders. On the day of the audit there was a RN arranged to sleep over on night shift as no RN was available to replace the shift (Thursday), there was not yet an RN allocated for the next night (Friday). The risk is assessed as low due to several initiatives that Bupa Tasman put in place to manage clinical risk. Contractual requirements under the ARRC 17.4(a)(i) are not met.  The service had ceased all admissions since mid-February 2022 to focus on care delivery for the remaining residents. | On the day of the audit there was a RN arranged to sleep over on night shift as no RN was available to replace the shift (Thursday), there was not yet an RN allocated for the next night (Friday). The risk is assessed as low due to several initiatives that Bupa Tasman put in place to manage clinical risk. | Ensure to continue active recruitment for RN vacant positions and the roster is adequately covered  60 days |

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

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End of the report.