

# Bupa Care Services NZ Limited - Fergusson Rest Home & Hospital

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## 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](#).

The specifics of this audit included:

|   |   |
|---|---|
| <b>Legal entity:</b>  | Bupa Care Services NZ Limited   |
| <b>Premises audited:</b>  | Fergusson Rest Home & Hospital  |
| <b>Services audited:</b>  | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| <b>Dates of audit:</b>  | Start date: 25 May 2022    End date: 26 May 2022  |
| <b>Proposed changes to current services (if any):</b>   | None  |
| <b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> | 96  |

# Executive summary of the audit

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## 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.

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           |

| Indicator | Description  | Definition  |
|-----------|--|---|
|           | 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

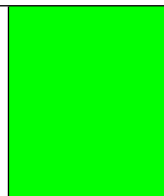
Bupa Fergusson Home and Hospital provides dementia, hospital (geriatric and medical), and rest home levels of care for up to 112 residents. There were 96 residents on the days of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the 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 care home manager/registered nurse (RN) is appropriately qualified and experienced and is supported by a clinical manager (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 that eight improvements are required in relation to implementation of the quality framework, evaluation of progress against quality outcomes, the accident/incident process, the orientation programme, performance appraisals, documentation of staff designation, civil emergency supplies, and first aid/CPR training.

## 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.



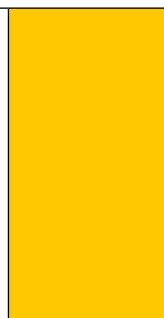
Subsections applicable to this service fully attained.

Bupa Fergusson Home and Hospital 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 aims to provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Bupa Fergusson Home and Hospital 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. 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 medium or high risk and/or unattained and of low risk

The service has established quality and risk management systems in place that take a risk-based approach. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. 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

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| 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. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

There is a combined activities calendar for the rest home and hospital residents, and a separate calendar for the dementia unit. The programme includes community visitors and outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group.

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. The organisational dietitian reviews the Bupa menu plans. There are nutritious snacks available 24 hours per day, including diabetic snack packs located in the nurse's stations.

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

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| <p>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.</p> |  | <p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</p> |
|--|--|--|

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. The dementia unit is secure with enclosed spaces for residents to wander freely. Appropriate equipment for responding to emergencies is provided. There is an emergency management plan in place. There is an approved evacuation scheme.

## 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 personal protective equipment supplies. There have been four outbreaks (which includes three of Covid-19) since the previous audit.

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

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 the unit coordinator/RN. Three hospital level residents were listed as using a restraint. Encouraging 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 only uses 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                           | 24                  | 0  | 1                                    | 3  | 0                                      | 0  |
| Criteria          | 0                           | 139                 | 0  | 4                                    | 4  | 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](#).

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 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>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.</p> | <p>FA</p>         | <p>A Māori Health Plan is documented for the organisation. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has two residents (one dementia, one rest home) who identify as Māori. Neither resident was able to be interviewed and whānau were not available.</p> <p>The care home manager stated that she supports increasing Māori capacity by employing more Māori staff members.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. One Māori care plan was reviewed. This care plan reflected the resident’s cultural values and beliefs and included input received from whanau. External services are arranged for this resident at their request (e.g. podiatry, hairstyling).</p> <p>Eleven care staff interviewed (four caregivers who work in the rest home and hospital wings), one unit coordinator/RN, five staff RNs,</p> |

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|   |                | <p>one activities coordinator) described how care is based on the resident's individual values and beliefs.</p> <p>Plans are underway by the Bupa organisation to promote a Māori workforce actively and formally.</p>   |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>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.</p> | Not applicable | <p>On admission all residents state their ethnicity. Advised that family members of Pasifika residents will be encouraged to be present during the admission process including completion of the initial care plan. There was one resident (rest home level) that identified as Pasifika. Cultural beliefs are documented in their care plan and activities plan. This resident speaks limited English. A translation board is placed in her room. Family visit regularly and assist with translation. Care staff interviewed were able to discuss this resident's cultural values and beliefs.</p> <p>The Bupa organisation is working towards the development of a comprehensive Pacific health plan. The organisation plans to partner with Pasifika communities to assist with the development of their Pacific health plan. The role of these partnerships is expected to expand as the needs of Pacific populations are identified.</p> <p>The service is actively recruiting new staff. Two staff identify as Pasifika. The relieving care home manager described how they would encourage and support any staff that identified as Pasifika through the employment process.</p> <p>Interviews with sixteen staff (eleven care staff, one kitchen manager, one cook, one cleaner, one laundry, one maintenance), six residents (two rest home, four hospital), four relatives (hospital); and documentation reviewed identified that the service puts people using the services and family/whānau at the heart of their services. Note: the dementia unit was in lockdown and was not accessible to the auditors or family.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>  | FA             | <p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The relieving care home manager, clinical manager, unit coordinator or registered nurse</p>   |

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| <p>and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>   |           | <p>discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the resident/family meetings. Residents and relatives interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Church services are held monthly with communion available weekly (when the facility is not in lockdown).</p> <p>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. This includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Plans are underway to ensure that the service recognises Māori mana Motuhake.</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p> | <p>FA</p> | <p>Caregivers and RNs interviewed described how they support residents to choose make choices. 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 and/or other forms of support.</p> <p>Residents have control over and choice over activities they participate in.</p> <p>The Bupa annual training plan demonstrates training that is</p>  |

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| <p>experiences.</p>  |           | <p>responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place with training included in the education and training schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. There is one double room being shared by a married couple.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information are gathered on admission with the whanau/relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated during Māori language week. A tikanga Māori flip chart is available for staff to use as a resource. Work is underway to further promote te reo Māori and tikanga Māori.</p> <p>Cultural awareness training is provided annually with plans to roll out more specific Māori cultural training for staff that covers Te Tiriti o Waitangi and tikanga Māori. Work is underway to ensure that staff participate in te ao Māori.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> | <p>FA</p> | <p>An abuse and neglect policy is being implemented. Bupa Fergusson Home and Hospital policies support the prevention of any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities and cultural days are celebrated to acknowledge and support cultural diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing this code of conduct. This code of conduct addresses the elimination of discrimination, harassment, and bullying.</p>   |

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| <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>  |           | <p>All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education at 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.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. 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.</p> <p>Work is underway to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for their Māori residents.</p> |
| <p>Subsection 1.6: Effective communication occurs</p> <p>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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p> | <p>FA</p> | <p>Information is provided to residents/relatives on admission. Resident meetings identify feedback from residents although there was a lack of evidence to suggest that survey results and corrective action plans resulting from these results are shared in resident meetings (link 2.2.2).</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. 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. Twenty accident/incident forms reviewed identified relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available.</p>   |

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|  |           | <p>Interpreter services are used where indicated. At the time of the audit, there was one Pasifika resident who spoke limited English. Staff who speak the same language, family who visit regularly, and translation boards are used for communication.</p> <p>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.</p> <p>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 the various services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>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.</p> <p>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.</p> <p>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.</p> | <p>FA</p> | <p>There are policies around informed consent and advance directives. Ten resident files reviewed; four at hospital level, four at rest home level and two at dementia level of care included signed general consent forms. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>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. The two dementia</p>  |

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|  |    | level files had activated EPOAs.   |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>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.</p> <p>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.</p> | FA | <p>The complaints procedure is provided to residents and relatives on entry to the service. The relieving care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and held 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).</p> <p>There were eight complaints logged in the complaint register in 2022 (year-to-date). Each complaint includes a documented investigation, follow-up, and correspondence with the complainant. Staff are informed of complaints in the quality and staff meetings (meeting minutes sighted) although corrective actions in relation of a complaint is not being minuted (link 2.2.2). One external HDC complaint relating to resident cares was recently received (18 May 2022) and was under investigation at the time of this audit.</p> <p>Discussions with residents and relatives confirmed they are 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. Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p> |
| <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>  | FA | <p>Bupa Fergusson Rest Home and Hospital is a Bupa residential care facility. The service provides care for up to 112 residents at hospital, rest home and dementia levels of care. On the morning of the audit there were 96 residents. There were 44 rest home residents in the rest home wing and 38 hospital residents in the hospital wing. There were 14 dementia care residents in the 18-bed dementia wing. Hospital residents included three younger persons under the younger person disabled (YPD) contract, one ACC respite and one ACC permanent resident. There were four residents funded through the long-term support – chronic health conditions (LTS-CHC) contract, two at rest home level and two hospital level. One dementia level</p>   |

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| <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> |  | <p>resident was on respite. All remaining residents were under the age-related residential care (ARRC) contract. There are 10 dual-purpose beds located between the rest home and hospital wings.</p> <p>The governing body of Bupa consists of Directors or heads of Clinical, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. This team are governed by Bupa strategy, purpose, and values. Each Director of head has an orientation to their specific role and to the Senior leadership team.</p> <p>Bupa is developing a Te Ao Māori strategy to introduce and implement the Te Ao Māori related standards with a Maori Health consultant. The goals will be embedded in the plan and outcomes from the plan will be managed.</p> <p>Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings that includes review of quality and risk management systems. There is a Risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. External benchmarking of incident data with other NZ aged care providers is included.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. The relieving care home manager provides a weekly report to the operations manager and there are monthly teleconferences to monitor progress of quality goals and to discuss issues.</p> <p>Bupa Fergusson has only recently developed their new goals for 2022. The delay in this process is due to the high turnover of management staff (four care home managers over a period of 18 months). These goals will be shared with staff at the upcoming staff meeting (delayed due to three different periods in 2022 of Covid lockdowns).</p> |
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|  |                    | <p>The relieving care home manager is an RN. She is managing a Bupa aged care facility in Rotorua and was asked to provide short term relieve cover at Bupa Fergusson while a general manager is recruited. She has been in this relieving role at Bupa Fergusson for the past five weeks. She has extensive management experience in nursing and aged care both in New Zealand and Australia and has been a care home manager with Bupa since June 2020. The care home manager is supported by a clinical manager who has been in the role since July 2021. He has worked in the aged care environment for ten years and has six years of clinical management experience. He is supported by three unit-coordinators, two who were available at the time of the audit. Staff spoke positively about the support/direction and management of the current management team, in particular the clinical manager.</p> <p>The managers have maintained over eight hours annually of professional development activities related to managing an aged care service.</p> <p>Further work is required for the Bupa organisation to address delivering services that improve outcomes and achieve equity for Māori, ensuring tāngata whaikaha have meaningful representation in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha, identify and address barriers for Māori for equitable service delivery, and for the board and senior managers to attend cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>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.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus</p> | <p>PA Moderate</p> | <p>Bupa Fergusson Home and Hospital has an established quality and risk management programme. The quality and risk management systems encompass performance monitoring through internal audits and the collection of clinical indicator data. Data is reported to the Bupa head office for dissemination.</p> <p>The collation and analysis of quality indicator data is documented with corrective actions documented (where indicated) to address service improvements. Quality meetings and bi-monthly staff meetings</p>  |

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| <p>on achieving Māori health equity.</p> <p>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.</p> |  | <p>provide an avenue for discussions in relation to (but not limited to) health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Missing is evidence of sharing clinical indicator data, resident/family satisfaction survey results, and corrective action plans. Due to three periods of Covid lockdown in 2022, meetings have been limited. An internal audit programme is being implemented that is taking place as per the audit schedule. Audit results and corrective actions identified (if any) are not shared with staff either in meetings or on notice boards in the staff room.</p> <p>A Bupa health check (comprehensive internal audit) was completed in November 2021. A selection of moderate and high-risk findings (as determined by Bupa) failed to reflect progress being made.</p> <p>The most recent resident/family survey results sighted were for 2020 with only 57% of respondents stating that they would recommend the care home to others. No corrective actions were sighted to address these survey results. A 2021 survey has reportedly been completed but the interim care home manager was unable to locate the results. Communication with residents/families and staff regarding the outcome of the surveys were also not able to be located.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. 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.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The maintenance officer, a member of the health and safety team was interviewed. Staff training begins during their orientation and continues via in-service training. A contractor orientation is also in place although documentation reflects only two contractors have been orientated to</p> |
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|  | <p>health and safety at Bupa Fergusson since 2019 (link 2.4.4). A health and safety team is scheduled to meet two-monthly. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff, led by the physiotherapist. A noticeboard, located in the staffroom, keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>A falls committee is in place, led by the clinical manager. The committee has met as frequently as weekly to identify gaps contributing to falls. Falls reduced significantly for the fourth quarter of 2021 although have increased in the first and second quarters of 2022 as a result of Covid and staffing challenges. A physiotherapist is available from 0900-1500, one day per week. Transfer plans are assessed and evaluated by the physiotherapist and placed in the resident's file. Falls prevention strategies are implemented for residents identified at risk of falls. All new admissions are issued a sensor mat regardless of their risk of falling and are then evaluated after one week, a post fall investigation tool is completed for residents with an incident severity rating (ISR) of two or higher, a preventative action plan is completed by the unit coordinator and/or RN for residents who fall frequently, and medication reviews are completed for frequent fallers. Other strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance.</p> <p>Electronic reports using Riskman are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twenty accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, skin tears, bruising). Incident and accident data is collated monthly and analysed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations for unwitnessed falls and/or suspected injury to the head were not consistently recorded (link 3.2.4). Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager although the sign-off of incidents by</p> |
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|  |           | <p>the clinical manager is behind schedule.</p> <p>Discussions with the care home manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT for grade three (or higher) pressure injuries and RN staffing issues. There have been three Covid outbreaks in 2022 and one norovirus outbreak in August 2021. Public health and the DHB have been notified.</p> <p>Work is underway to assess competency to ensure a high-quality service is provided for Māori, developing plans to ensure external and internal risks and opportunities are identified that include potential inequities, and include a response plan; assessing staff cultural competencies to ensure the service can deliver high quality care for Māori; and to ensure that a critical analysis of practice is undertaken to improve health equity.</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>FA</p> | <p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. At the time of the audit there were five RN vacancies. Senior caregivers replace RNs when required. Contractual staffing requirements are being met.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents when all staff are able to work as per the roster. Challenges arise when staff call in as unavailable. Hospitality agency staff are being used to assist with caregiver cover. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The relieving care home manager, and clinical manager are available Monday to Friday. On call cover is shared between four Bupa facility managers and clinical managers based in the Hutt Valley region.</p> <p>Dementia community (14 residents): A unit coordinator/RN is rostered Sunday – Thursday. Two long shift caregivers cover the AM and PM</p> |

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|  |  | <p>shifts, and one caregiver covers the night shift.</p> <p>Rest home community (44 rest home level residents): A unit coordinator/RN is rostered Tuesday – Saturday. The PM shift RN cover includes oversight in the dementia wing. Six caregivers are rostered on the AM shift (four long and two short shift (0700-1300 and 0700-1400). Four caregivers are rostered on the PM shift (two long and two short (1600-2100). One RN and one caregiver are rostered on the night shift. If an RN is not available, they are replaced with a senior (level four) caregiver.</p> <p>Hospital community (38 hospital level residents): A unit coordinator is rostered Monday – Friday although at the time of audit was on extended leave. Two RNs are rostered on the AM shift, one on the PM shift and one on the night shift. Six caregivers are rostered on the AM shift (four long and two short shifts (0700 – 1400 and 0700-1330). The PM is staffed with seven caregivers (three long and four short (two from 1500 – 2200 and two from 1600-2000). The night shift is staffed with two caregivers, one which is a floating position.</p> <p>Hospitality (agency) workers have been used during periods of staff shortages to assist with delivering and collecting meals, feeding, and chatting with the residents. They also assist with making beds. There was no documentation available to indicate that the hospitality staff received an orientation (link 2.4.4).</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists all (16) compulsory trainings, which includes cultural awareness training. Staff last attended cultural awareness training in 2021. 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. Beginning in April, staff will be rostered to attend a minimum of one full day of education and training.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirteen</p> |
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|  | <p>caregivers have achieved a level four New Zealand Qualification Authority (NZQA) qualification or higher and four caregivers hold a level three qualification. Nine caregivers are employed to work in the dementia unit. Three have completed their dementia qualification and the remaining six are enrolled. All six have been employed for less than 18 months.</p> <p>A competency assessment policy is being implemented. All staff are required to completed 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. Eight of eleven RNs are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year. All RNs attend relevant quality, staff, RN, restraint, health, and safety in infection control meetings when possible.</p> <p>All caregivers are required to complete annual competencies for restraint and moving and handling. A record of completion is maintained on an electronic register.</p> <p>The service encourages all their staff to attend meetings (e.g. staff meetings, quality meetings). Weekly clinical review meetings support site-specific clinical governance. Due to the facility experiencing three Covid lockdowns in 2022, the frequency of meetings has had to be reduced.</p> <p>A health and safety team is in place with health and safety meetings taking place two-monthly. Health and safety is a regular agenda item in staff and quality meetings. Training, support, and monitoring staff competence 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</p> |
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|   |                    | <p>completed. Missing is documented evidence of external contractors being orientated to health and safety (link 2.4.4).</p> <p>Staff wellness is encouraged. Wellness signage shows support for the Employee Assistance Programme (EAP). Bupa Fergusson also supports the Bupa Take 5 staff wellness programme. Take 5 champions encourage staff to pause and consider their own wellbeing, by providing suitable tools and resources. They encourage staff to take five minutes or more, to consider how they're feeling and then move forward.</p> <p>Work is underway to ensure that staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity and to ensure that the service invests in the development of organisational and staff health equity expertise.</p>  |
| <p><b>Subsection 2.4: Health care and support workers</b></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>PA Moderate</p> | <p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the care home manager's office in a locked filing cabinet. Ten staff files reviewed (five caregivers, two kitchen assistants, two RNs, one activities assistant) evidenced implementation of the recruitment process, employment contracts, and police checking.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, physiotherapy, podiatry). There is an appraisal policy. All staff who have been employed for over one year are scheduled to have an annual appraisal completed. Performance appraisals are behind schedule.</p> <p>The service has a general and 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</p> |

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|   |               | <p>orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Missing was consistent evidence of staff returning their completed orientation paperwork. Also missing was evidence of external contractors completing their health and safety orientation, and hospitality (agency) workers completing an orientation.</p> <p>A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. Volunteers have not been utilised due to Covid. An orientation programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>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.</p> | <p>PA Low</p> | <p>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 V-care electronic resident management system later in the year.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely, however, signatures that are documented include the signature but were missing the designation of the service provider.</p> <p>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.</p>  |



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| <p>Subsection 3.1: Entry and declining entry</p> <p>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.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>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.</p> | <p>FA</p> | <p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The clinical manager screens the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the resident back to the referrer and maintain data around the reason for declining. The clinical manager described reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The care home manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the regional operations manager and customer liaison officer, however, these records do not currently capture ethnicity.</p> <p>The service receives referrals from the NASC service, the DHB, and directly from residents or whānau.</p> <p>The service has an information pack relating to the services provided at Bupa Ferguson (including dementia specific information) which is available for families/whānau and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Bupa Ferguson has a person and whānau-centred approach to services provided. Interviews with residents and relatives all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English</p> |
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|  |           | <p>and in te reo Māori. There were two residents identifying as Māori. The service is working towards developing meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>   |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>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.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>Ten resident files were reviewed: four rest home (including one long-term support- chronic health contract), four hospital (including one ACC and one younger person with disabilities -YPD) and two dementia level care (including one respite). The 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/whanau contact forms, however, designation is not always documented (link 2.5.1). The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses the Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. This and an initial support plan completed are within 24 hours of admission. The assessment booklet includes falls, Braden pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all resident files reviewed. Evaluations were completed six monthly or sooner for a change in health condition. InterRAI assessments sampled had been reviewed six monthly and care plans reviewed had been evaluated within the required six-month timeframe with written progress towards goals.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a medical provider who visits three times weekly (two GPs). The GP</p> |

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|  | <p>service also provides out of hours cover. The GP (interviewed) was very complimentary regarding the standard of care, the rapport the staff have with residents and how they treat them as their own family. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist to attend routinely one day per week. A podiatrist visits regularly and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local DHB.</p> <p>Caregivers 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, however, designations are not always documented (link 2.5.1). The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager, unit coordinator or 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/whanau contact sheet records family notifications and discussions.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for twelve residents with wounds (skin tears, skin conditions, and post-surgical wounds). Wound dressings were being changed appropriately in line with the documented management plan. There were three residents with pressure injuries on the day of audit (one stage 3 and two unstageable). A wound register is maintained. There is access to the wound nurse specialist (WNS) via the DHB and regular communication between the facility and WNS was evidenced in the clinical records. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Incident reports</p> |
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|  |           | <p>and section 31 notifications were sighted for the pressure injuries.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. The service extends this monitoring period as required in order to get an accurate picture of resident need as required. Care plans reflected the required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury; however, these were not all completed according to the timeframes detailed in policy, this was also the case with restraint monitoring.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short term care plans were well utilised for issues such as infections, weight loss, and wounds. The GPs record their medical notes in the integrated resident file.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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.</p> | <p>FA</p> | <p>The service employs one full-time activities coordinator and three part-time activities assistants who lead and facilitate the activity program seven days per week in the dementia unit and six days per week for the rest home and hospital areas. The activities coordinator and two activities assistants are currently undertaking diversional therapy qualifications. There are set Bupa activities including themes and events. A weekly activities calendar is distributed to residents and is posted on noticeboards. Families can also choose to have the activity calendar emailed to keep them informed and allow family attendance at special events and celebrations (subject to Covid traffic light settings).</p> <p>There is a combined activities calendar for the rest home and hospital</p>   |

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|  | <p>residents, and a separate calendar for the dementia unit. Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. There are four levels of activity to guide staff as to which is most appropriate for a particular resident: active able, less active able, less active less able, and limited activity limited ability. The activity program is further broken down into physical, cognitive, creative, and social activities. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>Each resident has a Map of Life developed on admission. The Map of Life includes previous careers, hobbies, life accomplishments and interests which forms the basis of the activities plan. The resident files reviewed included a section of the long-term care plan for activities, which has been reviewed six-monthly.</p> <p>The service provides a range of activities such as crafts, exercises, housie, cooking, quizzes, sing-alongs, movies, guided and pampering sessions. Community visitors include entertainers, church services and 'canine friends' therapy visits. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. The residents are able to enjoy the knitting club, baking club and flower arranging club. There are also plans for a men's club. The activities coordinator is currently studying New Zealand native art and brings related activities and resources into the facility for resident use. These include Māori weaving and other arts. Resident quizzes contain Māori specific topics and the use of everyday te reo Māori language and greetings are encouraged. Residents contribute to community activities by making Christmas cards for the local police service and producing painted stones for use in treasure hunts by local kindergartens and childcare centres. The service is working towards ensuring that their staff support Māori residents in meeting their health needs and aspirations in the community. The facility has its own wheelchair accessible van and will resume outings following a reduction in the Covid traffic light level settings in the near future.</p> <p>Residents in the secure dementia unit had 24-hour activity plans</p> |
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|   |           | <p>which included strategies for distraction and de-escalation. The dementia unit calendar has activities adapted to encourage cognitive stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. The residents and relatives interviewed spoke positively of the activity 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>FA</p> | <p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the two facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. Two residents were self-medicating on the day of audit and had self-medication assessments in place authorised by the GP as well as safe and secure storage in their room.</p> <p>Twenty electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly and each drug chart has a photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on site.</p> |

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|  |           | <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with the current Māori residents and whanau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>   |
| <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> | <p>FA</p> | <p>The kitchen manager (qualified chef) oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. The organisation is working towards how they can incorporate Māori residents' cultural values and beliefs into menu development and food service provision. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special diets, and the kitchen manager (interviewed) works closely with the registered nurses on duty. The service provides pre-prepared moulded pureed foods to those residents requiring this modification. Staff feedback indicated the close resemblance to the original dish (pureed carrots look like carrots etc.) has a beneficial effect for the resident in terms of inclusion in the dining room and dietary intake. For those residents who prefer not to have the pre-moulded purees, the kitchen also purees additional food on site. Lip plates and other specialised utensils are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen is situated centrally, with hospital, rest home room service and dementia unit meals being individually trayed and delivered via temperature-controlled scan boxes to maintain delivery temperature. Non-trayed meals are served directly from the kitchen into the adjacent main dining room.</p> <p>There is a food control plan expiring 22 September 2022. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer</p> |

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|   |    | temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Resident surveys and one to one interaction with kitchen and care staff in the two dining rooms allows the opportunity for resident feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and the service is working towards how they can incorporate Māori residents' cultural values and beliefs into menu development and food service provision. Residents and family members interviewed indicated satisfaction with the food.  |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>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.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>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.</p> | 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, including being given options to access other health and disability services and social support or kaupapa Māori agencies where indicated or requested.  |
| <p>Subsection 4.1: The facility</p> <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</p>   | FA | The building holds a current warrant of fitness which expires 19 November 2022. The maintenance person works 40 hours a week (Monday to Friday) plus on-call after hours. There are maintenance request books for repair and maintenance requests located at reception and each nursing station. These are checked daily and signed off when repairs have been completed. There is a 52-week annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment have been completed and medical equipment, hoists and scales are next |



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| <p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> |  | <p>due for checking and calibration in July 2022.</p> <p>The service utilises external contractors to look after the gardens and grounds. Resident rooms are refurbished as they become vacant. 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 courtyards and gardens have seating and shade. There is safe access to all communal areas. Caregivers interviewed stated they have adequate equipment to safely deliver care for the residents in their care.</p> <p>In the Lavender (dementia) community, eleven of the eighteen rooms have toilet ensuites, and there are also communal toilets and showers in close proximity to resident rooms. The Lavender unit is secure, and has a dining room, and a separate main lounge which opens out to a securely fenced courtyard with raised beds and walking pathways. There are alternative small lounge areas with library and activity resources throughout the facility.</p> <p>The Lilac and Iris (hospital) communities have a mixture of rooms with either full ensuites, part ensuites (toilet only) or no ensuite facilities. Communal toilet and shower facilities are situated nearby for those rooms with no ensuite facilities.</p> <p>All rooms in the Rainbow (rest home) community have shared toilet ensuites, and communal shower facilities. There are toilets situated close to communal areas in all wings in addition to separate staff and visitor toilets.</p> <p>All have communal toilets and bathrooms are well signed and have privacy locks. All communal bathrooms allow for mobility equipment. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets all contain flowing soap and paper towels.</p> <p>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. Care staff</p> |
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|   |                    | <p>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.</p> <p>The main open plan lounge/dining is centrally located in the centre of the Rainbow, Lilac, and Iris communities and has doors that open out to courtyard gardens with outdoor seating and shade. There is safe access to the external courtyards and gardens. All communal areas are easily accessible for residents with mobility aids with ramp access.</p> <p>All bedrooms and communal areas have ample natural light, ventilation, and thermostatically controlled heating</p> <p>Although there are no current plans to expand the building, the service is working towards the consideration of how designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction that may arise in the future.</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>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>PA Moderate</p> | <p>Emergency management policies outline 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.</p> <p>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 in accordance with the facility's building warrant of fitness. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available and gas cooking. There are food and water supplies available in the event of a civil defence emergency although the water stores do not meet DHB requirements. This is an ongoing identified shortfall. Emergency management is included in staff orientation. It is also ongoing as part of the education plan.</p> <p>At the time of the audit, only one staff held a current first aid</p> |

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|   |           | <p>certificate. First aid training has been scheduled to take place (23, 24 May 2022).</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. 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.</p> <p>The building is secure after hours, staff complete security checks at night. There are five security cameras installed, both indoors and outside. Currently, under Covid lockdown, visiting is restricted. Visitors are instructed to press the doorbell for assistance. External gates also restrict access.</p>   |
| <p><b>Subsection 5.1: Governance</b></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 clinical manager undertakes the role of infection control coordinator (ICC) to oversee 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 quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention specialist at Bupa head office who reports to and can escalate any significant issues to Board level. Bupa has monthly infection control teleconferences for information, education, and discussion and COVID updates should matters arise in between scheduled meeting times. Infection rates are presented and discussed at quality/staff meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local DHB in addition to expertise at Bupa head office.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid vaccinations, with</p> |

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|   |           | <p>all staff and the majority of residents being fully vaccinated against Covid-19. Strict visitor controls are in place with the requirement to perform a negative rapid antigen test (RAT) prior to entry for all contractors, visitors, and staff. There were fourteen residents with Covid-19 infections on the days of audit, confined to the dementia unit which was closed to visitors.</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>The designated infection control officer has been in the role for sixteen months is supported by organisation's infection control specialist. During the recent Covid-19 exposure event lockdown there were daily management meetings and weekly zoom meetings with the Bupa infection control specialist which provided a forum for discussion and support for the facility. 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 should this occur.</p> <p>The infection control officer has completed extensive DHB infection control training in their prior role and there is good external support from the GP/NP, laboratory, the infection control nurse specialist at the DHB and from Bupa head office. There are outbreak kits readily available and a personal protective equipment cupboard.</p> <p>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. The service is working towards how they can incorporate te reo Māori into infection prevention information for Māori residents, whānau and staff. Policies and procedures are reviewed at support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>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</p> |

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|  |    | <p>spirit of Te Tiriti.</p> <p>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. All staff complete infection control in orientation and annually as part of the in-service training schedule. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents were kept informed and updated on Covid-19 policies and procedures through resident meetings and newsletters.</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 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. Bupa's own geriatrician monitors antibiotic use and provides feedback to GPs on trends and prescribing rates. 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 staff, clinical and quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is avoided where possible.</p>   |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</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</p> | FA | <p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic incident/infection database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at clinical, quality and staff meetings and daily updates held during periods of outbreak. Meeting minutes and data are available</p> |

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| <p>with an equity focus.</p>  |           | <p>for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from the DHB for any community concerns.</p> <p>There have been four outbreaks since the previous audit: one norovirus in August 2021, and three Covid-19 outbreaks, in March, April and May of this year. All outbreaks (including current Covid-19) show evidence of appropriate and timely management including liaison with the DHB and public health unit.</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 regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. The three sluice rooms have appropriate personal protective equipment available including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site seven days per week by dedicated laundry staff. The laundry has a defined clean/dirty area with two door entry/exit. The cleaners' trolley was attended at all times and are locked away when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate protective clothing readily available. Each wing had linen cupboards which were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>   | <p>FA</p> | <p>The facility is committed to providing services to residents without use of restraint. 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</p>  |

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| <p>restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>  |           | <p>restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the hospital unit coordinator/RN. At the time of the audit, the unit coordinator was unavailable, and the clinical manager was interviewed in their absence. There three hospital level residents were using restraint (two t-belts and one bedrails).</p> <p>The use of restraint is reported in the quality meetings. This information is also sent to head office for reporting purposes. The clinical manager interviewed described the staff's focus on maintaining a restraint-free environment.</p> <p>Minimising the use of restraint is included as part of the mandatory training plan and orientation programme (link 2.4.4).</p>   |
| <p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p> | <p>FA</p> | <p>A restraint register is maintained by the restraint coordinator. One hospital level resident listed on the register for using a t-belt and bedrails was reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g. falls prevention strategies, managing behaviours). Restraint as used only as a last resort. Written consent was obtained by the resident's EPOA. A policy is in place for the use of emergency restraints. The restraint coordinator stated this would only be used over the weekend for safety until a restraint assessment could take place with input from the restraint coordinator. No emergency restraints have been required.</p> <p>Monitoring forms are completed for each resident using restraint. As per policy, bedrails are required to be monitored two-hourly and the safety belt (t-belt) on an hourly basis. The file reviewed indicated that the t-belt was being monitored two-hourly instead of hourly (link 3.2.4). The use of the restraints, risk associated with restraint use and frequency for monitoring are stated in the resident's care plan. Care plans include residents cultural, physical, psychological, and psychosocial needs, and address wairuatanga in relation to the use of</p> |

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|  |    | <p>restraint.</p> <p>No accidents or incidents have occurred as a result of restraint use. Restraints are reviewed three monthly and are discussed in the clinical review meetings, handovers, and general staff meetings.</p>   |
| <p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p> | FA | <p>The restraint programme is monitored and reviewed regularly by the Bupa organisation with the intent to eliminate the need for restraint. Restraint meetings at the regional restraint meetings that take place six monthly via teleconference with Bupa restraint coordinators. Included in this process is the evaluation of the staff restraint education programme. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried.</p> |



## 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 subsection by looking at the code. For example, 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)   |
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| <p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p> | PA Low            | A quality management framework is established. Manager turnover has been high with three different care home managers over the last nine months. The Bupa quality systems have not been maintained. | <p>i) Satisfaction survey results, internal audit results and clinical indicator data are collected (and trended where applicable) but are not consistently shared with either residents (where applicable) (resident/family meeting minutes sighted) or with staff (quality meeting minutes, staff meeting minutes and staff notice boards sighted).</p> <p>ii) There is a lack of documented evidence to indicate that a corrective action plan was developed to address areas for improvements identified in either the 2020 or 2021 resident/family satisfaction surveys.</p> <p>iii) Corrective action plans developed do not indicate being shared with staff.</p> | <p>i) Ensure quality data (e.g. satisfaction survey results, clinical indicator data) are shared with residents/family (where applicable) and with staff.</p> <p>ii) Ensure corrective action plans are developed for areas that identify a need for improvement.</p> <p>iii) Ensure corrective actions plans that are developed are shared with staff.</p> <p>60 days</p> |

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| Criterion 2.2.3<br>Service providers shall evaluate progress against quality outcomes.   | PA<br>Moderate | Monthly internal audit results are signed off when areas are identified for improvement, but a comprehensive Bupa health check, completed in November 2021, identified a significant number of low, moderate, and high-risk findings. A selection of findings (primarily clinical) been signed off with no evidence of progress that was undertaken to achieve other than stating 'met'. A significant number of moderate and high-risk findings remain that also fail to indicate any progress being made.   | The Bupa health check completed in November 2021 indicated there were 21 criteria requiring action ranging from low to high risk. Eleven findings (clinical) have been signed off as being met. Ten corrective actions remain open (nine designated high risk and one designated moderate risk). There is no evidence documented to indicate progress being made.                                       | Ensure progress is evaluated and documented against measurable outcomes (e.g. Bupa health check) with priority given to high and moderate risk areas.<br><br>60 days                |
| Criterion 2.2.5<br>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings. | PA Low         | Incidents and accidents are completed electronically by the individual who witnessed the event, with support provided by the RNs. Registered nurses are then expected to upload relevant documents to the electronic (Riskman) database (e.g. short-term care plans, post fall investigation, post fall assessment, neurological observations). Once all information is uploaded, the clinical manager will review and sign off on the event. Due to a selection of accidents/incidents missing these uploaded documents, a number of clinical events require sign-off by the clinical manager, | Twenty-eight accident incident reports reviewed during the month of April indicated that the investigation process had commenced but not been closed. The sample size was extended to March and indicated a significant number of adverse events were still open. The clinical manager stated that relevant documentation related to the adverse event must be uploaded before sign-off can take place. | Ensure all documentation relating to accident and incident reports are uploaded and signed off by the clinical manager to indicate that the adverse event is closed.<br><br>90 days |
| Criterion 2.4.4<br>Health care and support   | PA<br>Moderate | An orientation programme is established that covers general orientation and job-  | i) Three of 10 staff files reviewed failed to indicate that staff had   | i) Ensure that there is documented evidence to  |

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| <p>workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>  |               | <p>specific orientation. Staff receive an orientation but are not consistently returning their orientation paperwork to indicate that they have completed it. Also missing is documented evidence of external contractors and hospitality (agency) workers being orientated.</p> | <p>completed their orientation programme and therefore orientation competencies are not assessed. A spreadsheet in the care home manager's office and review of meeting minutes reflects this as an ongoing issue.</p> <p>ii) There is no documented evidence to indicate hospitality contractors, assisting caregivers during staff shortages, are orientated.</p> <p>iii) Only two health and safety orientations were sighted for external contractors since 2019.</p> | <p>indicate staff have completed their orientation programme which includes competencies.</p> <p>ii) Ensure hospitality contractors who are assisting caregivers with low-risk activities undergo an orientation programme.</p> <p>iii) Ensure all contractors are orientated to health and safety.</p> <p>60 days</p> |
| <p>Criterion 2.4.5<br/>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>  | <p>PA Low</p> | <p>A performance appraisal policy is established. Staff are scheduled to have annual performance appraisals completed. This is currently behind schedule.</p>  | <p>Six of eight staff files reviewed of staff who have been employed for over one year are missing evidence of a performance appraisal being completed. This has also been identified as an issue in meeting minutes.</p>   | <p>Ensure all staff have an annual performance appraisal completed annually.</p> <p>90 days</p>  |
| <p>Criterion 2.5.1<br/>Service providers shall maintain quality records that comply with the relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> | <p>PA Low</p> | <p>Staff signatures held in hard copy resident files are not including their designation.</p>  | <p>All ten residents' files audited (progress notes, family communication records) failed to indicate the designation of the service provider.</p>  | <p>Ensure all hard copy documentation stored in residents' files include the signatory's designation.</p> <p>90 days</p>   |

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| <p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>   | <p>PA<br/>Moderate</p> | <p>The facility currently stores 7000 litres of water for emergency use. Hutt Valley DHB requires 20 litres of water per person per day for 7 days (15,680 litres).</p>                         | <p>Water stores in the event of a civil emergency do not meet Hutt Valley DHB requirements.</p> | <p>Ensure there are adequate water stores as per Hutt Valley DHB requirements (15,680 litres) in the event of a civil emergency.</p> <p>90 days</p> |
| <p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p> | <p>PA<br/>Moderate</p> | <p>Staff CPR/first aid training is behind schedule with only one staff currently holding a first aid certificate. Staff training (multiple sessions) has been arranged for 23, 24 May 2022.</p> | <p>Only one staff holds a current first aid/CPR certificate.</p>                                | <p>Ensure there is a minimum of one staff trained in first aid/ CPR 24 hours a day, seven days a week.</p> <p>60 days</p>                           |

## Specific results for criterion where a continuous improvement has been recorded

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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, 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.

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End of the report.