

Rahiri Lifecare Limited - Rahiri

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Rahiri Lifecare Limited
Premises audited:	Rahiri
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 22 August 2022 End date: 23 August 2022
Proposed changes to current services (if any):	The process is underway for the change of ownership of the facility.
Total beds occupied across all premises included in the audit on the first day of the audit:	43

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

General overview of the audit

Rahiri Lifestyle Care and Village is owned and operated by BUPA Care Services Limited and provides rest home, hospital and dementia services for up to 49 residents. The service has had a change of clinical manager and changes to care staff and registered nurses since the last audit. The facility has been through a COVID-19 outbreak in July. No structural facility changes have occurred.

This provisional audit was required due to the proposed change of ownership, to assess the prospective provider's preparedness to provide a health and disability service. The audit was conducted against the Nga Paerewa Health and Disability Services Standards and the service's contract with the Te Whatu Ora Health New Zealand Midcentral. The process included, review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whanau, managers, staff, and a nurse practitioner.

The main strengths of the service is the general manager who is dedicated to the service. Improvements are required to ensure repairs and maintenance to some areas, completion of audit activities, oversight of the activities person, training and orientation being completed.

Ō tatou motika | Our rights

BUPA are strengthening their processes to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. This work will also include a plan for Pacific peoples who enter the facility to be provided with services that recognise their worldviews and are culturally safe. The service works collaboratively to support and encourage a Māori world view of health in service delivery.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). Staff receive education on the Treaty of Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code).

The provider maintains a socially inclusive and person-centred service. The residents confirmed that they are treated with dignity and respect at all times. Cultural and spiritual needs are identified and considered in daily service delivery. Consent is obtained where and when required. Residents are safe from abuse.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making. Advance directives are followed wherever possible.

The service receives few complaints and those received are managed within the requirements of the Code.

Hunga mahi me te hanganga | Workforce and structure

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

A strategic aspirations document ensures the purpose, ambitions and direction for 2022-2024 are documented. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded. Both residents and staff information are securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Entry processes are efficiently managed. Qualified personnel assess residents on admission. The service works in partnership with the residents and their family/whānau, or enduring power of attorney for residents in the dementia unit, to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely stored and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

Residents are referred or transferred to other health services as required.

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

The facility has different areas, with residents allocated to areas which best supports their needs. The facility was warm and clean with areas for groups, large and small, to sit and undertake activities.

There was a current building warrant of fitness (BWoF), with monthly testing related to the BWoF occurring. Electrical and biomedical equipment has been tested as required. External areas are accessible to people with disabilities, with seating and shade provided in summer.

A New Zealand Fire and Emergency approved evacuation plan is in place. Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

The implemented infection prevention (IP) and antimicrobial stewardship programme (AMS) in place is appropriate to the size and complexity of the service. Suitably qualified personnel lead the programme which is reviewed annually.

Specialist infection prevention advice is accessed when needed. Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required.

Infection outbreaks have been managed effectively.

Here taratahi | Restraint and seclusion

The service has had a restraint free environment for approximately six years. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. Documentation is available should restraint be required to ensure a comprehensive assessment, approval, monitoring process, and review. Staff demonstrated a sound knowledge and understanding of providing a restraint free service and have undergone training related to this area.

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	2	1	0	0
Criteria	0	147	0	2	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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>BUPA has a current cultural policy and a Māori Health policy and procedures which is being rolled out and seeks to embed and enact Te Tiriti o Waitangi in all aspects of its work and respect mana motuhake. This is reflected in one of the strategic pillars - values are respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>BUPA are currently establishing an action plan based on a gap analysis to meet the requirements of these standards. This includes the development of a te ao Māori strategy health plan with a Māori health consultant.</p> <p>Staff orientation has been reviewed and includes Te Tiriti o Waitangi, Te Whare Tapa Wha and tikanga best practice. A tikanga best practice flip chart is available covering areas which support staff looking after Māori residents. The general manager stated there was a resident who identified as Māori and a number of staff. They spoke</p>

		of an aspiration of the facility staff ethnicity reflecting the resident ethnicity mix. They are looking at forging links with the two local iwi and are making contact with the local school who have a kapa haka group.
<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>	FA	<p>BUPA has undertaken a gap analysis against these standards and are working on a plan which includes the development of a Pacific plan to introduce and implement the related standards. The goal is to embed the plan and outcomes from the plan into service level care.</p> <p>The general manager stated there were no residents who recognised as Pacific peoples. They spoke of having a culturally diverse staff with one staff member who is from the Pacific Islands.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions 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>	FA	<p>Staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process as was verified in staff files and interviews with staff. Not all staff have completed the ongoing training on the Code (refer criterion 2.3.4). Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code in English and te reo Māori and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters are prominently displayed at the reception area and on notice boards around the facility. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. The Code pamphlets are provided to residents as part of the admission documents. The admission agreement has information on residents' rights and responsibilities. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The service recognises Māori mana motuhake by involving residents, family/whānau or their representative of choice in the assessment</p>

		<p>process to determine residents' wishes and support needs.</p> <p>The prospective provider knows and understands the consumer rights as per requirements of Ngā Paerewa standards.</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 experiences.</p>	FA	<p>Staff were observed respecting residents' personal areas and privacy by knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors. Shared toilets and bathrooms had clear signage when in use.</p> <p>Residents are supported to maintain as much independence as possible, for example making their own bed and completing their personal cares if able. Independent residents can freely attend activities of choice in the community should they choose to do so. Residents and family/whānau confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, independence, and choices.</p> <p>Residents' individual cultural values and beliefs, religion, disability, gender and relationship status were identified and documented. The residents and their family/whānau responded positively and stated that their cultural needs, values and beliefs were met in a respectful manner, and they are encouraged to manage their affairs autonomously where appropriate.</p> <p>Tikanga best practice guidelines are used to supports te reo Māori and tikanga Māori throughout the organisation. Staff have received training on the principles of the Treaty of Waitangi, and they are provided with the Māori culture handbook as part of employment documents. Tangata whaikaha are enabled to participate in te ao Māori and their needs are responded to as confirmed by residents and whānau in interviews.</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</p>	FA	<p>Professional boundaries, code of conduct, misconduct, discrimination, harassment, bullying and abuse and neglect information is included in the code of conduct handbook. These are discussed with all staff during their orientation. There was no evidence of discrimination or abuse observed during the audit. Policies and work instructions</p>

<p>services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of abuse, neglect or exploitation.</p> <p>Residents' valuables list is completed, and property is labelled on admission. The clinical manager (CM) stated that any observed or reported abuse or exploitation would be addressed promptly. Safeguards are in place to protect residents from abuse and revictimization; these include the complaints management processes and the satisfaction surveys. Residents and staff expressed that they have not witnessed any abuse or neglect, and they are treated fairly, and they feel safe. Residents' comfort money is managed by an external financial provider and residents can access their money as desired.</p> <p>The organisation is working towards implementing a system to monitor institutional and systemic racism.</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>Residents, family/whānau and enduring power of attorneys (EPOAs) for residents in the dementia unit are given an opportunity to discuss any concerns they may have in relation to making informed decisions either during admission or whenever required. Communications and referrals with allied health care providers was recorded in residents' records. Residents and family/whānau stated they were kept well informed about any changes to their/their relative's health status and were advised in a timely manner about any incidents or accidents. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and work instructions that meet the requirements of the Code.</p> <p>Information provided to residents, family/whānau or EPOAs is mainly in English language. However, the CM stated that information can be accessed in other languages if required. Interpreter services can be accessed if required, with contact details available. Written information and verbal discussions are provided to improve communication with residents and their family/whānau. Open communication with residents and family/whānau is promoted through</p>

		the open-door policy maintained by the general manager. Residents and family/whānau confirmed that open communication is practised, the general manager and CM are approachable and responsive to requests. Verbal, non-verbal cues, printed material or written communication methods are adopted to make communication and information easy for residents to access, understand, use, enact or follow.
<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>	FA	<p>Staff understood the principles and practice of informed consent. Best practice tikanga guidelines in relation to consent and the Code are used in obtaining consent. Informed consent was obtained as part of the admission documents which the resident and family/whānau or nominated legal representative for residents in the dementia unit signed on admission. Staff were observed to gain consent for daily cares. Resuscitation treatment plans were available in residents' records. The general practitioner (GP) or nurse practitioner (NP) signed resuscitation treatment plans for residents who were unable to provide consent in consultation with family/whānau and EPOAs. Advance care plans were available where applicable.</p> <p>Residents confirmed being provided with information and being involved in making decisions about their care. Where required, a nominated support person was involved with the resident's consent. EPOAs for residents in the dementia unit were involved in the decision making for the residents' care. EPOAs for residents in the dementia unit were activated. The CM reported that residents can be offered a support person through the advocacy services when required. Communication records verified inclusion of support people where applicable.</p>
<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</p>	FA	<p>Policies and procedures describe residents' right to make a complaint and a complaint management process that is consistent with the requirements of the Code. An information sheet and forms on how to make a complaint are at the front reception of the facility and a post box for the forms to be put into. Residents and whānau understood their right to make a complaint and knew how to do so. There have been no known complaints received from external sources since the</p>

<p>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>		<p>previous audit.</p> <p>The general manager spoke of how potential residents and whānau are informed of their right to make a complaint or raise an issue of concern. They stated they would ensure any who identified as Māori were supported in a culturally appropriate manner to ensure equity. This was confirmed by staff spoken with who stated they would support a resident or whānau who wished to raise an issue. The general manager has an open door policy which was observed and spoken off by residents and whānau.</p> <p>The service receives few complaints; one each of the last three years. Review of two of these showed complaints being investigation and follow-up occurring within the timeframes of the Code and the complainant advised accordingly.</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> <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>FA</p>	<p>BUPA leadership team is the governing body who ensures compliance with legislation and contractual and regularity requirements. This occurs through their policies and procedures, and leadership team. This leadership team has ten directors who have specific areas of responsibility, such as clinical, operational, finance, property, customer transformation, people and risk. Each role has a position description and orientation which outlines the specific governance responsibilities. Electronic reporting by facilities creates 'dashboards' which allow governance to see the data related to areas of risk and benchmarking against strategic goals and with other facilities. The regional manager stated they oversee facilities which includes four to six weekly meetings with the general and care home managers.</p> <p>A strategic aspirations (plan) 2022 to 2024, details the purpose, ambition and strategic pillars/direction and aspirations/goals. The goals are measured on monthly retrospective key performance indicator reviews.</p> <p>An action plan with a five phase approach, over four to seven months, is being implemented to meet the requirements of this standard. This work includes a te ao Māori strategy with input from a Māori health</p>

	<p>consultant. The regional manager stated the directors were undertaking training related to Māori cultural including the Tiriti o Waitangi and te reo Māori to facilitate an understanding of outcomes to improve equity and reduce barriers for Māori and tāngata whaikaha people with disabilities. The plan is to work with each facility to identify how they will work with their local iwi and other Māori community organisations. There is a national clinical governance who provide oversight of the clinical indicators and support clinical work at the facility level.</p> <p>A sample of the online electronic reports which can be viewed by the regional and national managers showed adequate information to monitor performance is reported.</p> <p>The general manager is a registered nurse (RN), with experience in the aged care sector. They have worked in this facility for many years in senior positions and took up the newly created position of general manager in March this year. They confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency within the field.</p> <p>Rahiri Care Home holds contracts with Te Whatu Ora - Health New Zealand Midcentral District to provide residential rest home, hospital and dementia care services under the age-related residential care agreement (ARRC). There were 21 residents receiving rest home care, 13 residents receiving hospital level care and seven residents receiving dementia level care under the ARRC contract. Two residents were under the Ministry of Health contract for younger persons with physical disability (YPD), one being over 65 years of age and the other under 65 years of age. One was receiving rest home level care and one hospital level care. With 43 of the 49 beds occupied on the first day of audit.</p> <p>The prospective owners New Zealand Aged Care (NZAC) is a New Zealand based organisation who presently own and operate aged care facilities. It has a board of directors, a management structure which includes an executive chairperson, finance manager and general manager of clinical and operations, who are all Auckland</p>
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		<p>based. A recent addition is an operations manager who is based in the Manawatu. They have notified the Ministry of Health and Te Whatu Ora Health New Zealand Midcentral of their prospective ownership. Their facility management structure has a care home manager and clinical manager, registered nurses, healthcare assistants and support staff. The prospective owner will employ the present staff from manager down and will continue with the present processes with ongoing review to occur. Present NZAC facilities meet the requirements of the standard.</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 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>PA Low</p>	<p>The organisation has a range of documents that contribute to quality and risk management and quality improvement processes. These include electronic policies and processes to support all aspects of their business including service delivery, an annual auditing schedule, resident and whānau surveys, health and safety, complaints and an electronic incident and accident process. Analysis of key areas, such as financial and clinical indicator data is reported electronically to the governing body to allow for analysis and trending of data over time and by facility to allow for benchmarking.</p> <p>Residents, including YPD residents, and whānau contribute to quality improvement through satisfaction surveys and meetings. Review of the last meeting minutes and survey showed general satisfaction with the services being provided. Areas raised, such as food and activities were discussed at quality and staff meetings and actions taken where possible. Progress against quality goals is monitored and evaluated, for example, falls. Quality improvement initiatives are documented, such as improving the dining room experience, which is yet to be evaluated.</p> <p>Review with the general manager (GM) of the facility's audit schedule showed that not all audits have been completed this year and this is an area for improvement. The 'dashboard' for quality indicators showed trending of data for the facility, with an increase in falls during the lockdown period. Minutes of the quality meeting and staff meetings showed quality data being discussed. The GM had an understanding of and complies with statutory and regulatory obligations in relation to essential notification reporting. Examples</p>

		<p>were the notification to the Ministry of Health when they had no RNs and of their COVID-19 outbreak.</p> <p>The regional manager provided a copy of the organisation wide risk register with risks being identified, rated, mitigated and reviewed. Each facility has its own hazard/risk register, and this was sighted as being complete with a similar process used to the organisation wide register.</p> <p>An adverse event policy is in place to guide staff. An electronic process is used by staff to report all resident and visitor or staff incidents. The system has an incident register which showed 50 events since July which are open. A review of one staff incident showed that the follow up was not completed and this completion occurred during the audit. Three residents' incidents showed processes followed including open disclosure with whānau, appropriate clinical interventions, such as short term care plans development and neurological observations. These were discussed at appropriate staff and the quality meetings.</p> <p>BUPA is developing systems and strategies that will enable individual facilities and the wider organisation to be able to identify the level at which they have delivered quality health care for Māori.</p> <p>The prospective owner stated that they will continue with the facility's present quality and risk systems, including policies and procedures and progressively integrate their generic quality systems. They are aware and comply with statutory and regulatory obligations in relation to essential notification reporting legal and contractual.</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</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). This was confirmed by rosters reviewed, which showed some shortage of household staff, but these duties were being covered. Eleven new staff have been employed this year and they are currently advertising for household</p>

<p>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>staff and RNs. There was evidence of the facility adjusting staffing levels to meet the changing needs of residents. Care staff reported they have been 'stretched' and at times more staff would assist to complete the work allocated to them. Residents and whānau interviewed supported this. There is 24/7 RN coverage in the hospital, all of whom hold a current first aid certificate.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Evidence of education was sighted including for infection control, medication management, with the majority of care staff being medication competent. However, there was no evidence that all staff have completed the necessary education this year and this is an area for improvement. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Staff working in the dementia care area have either completed or are enrolled in the required education.</p> <p>The number of care staff who have NZQA qualification levels was provided:</p> <p>Level 2 -10</p> <p>Level 3 -9</p> <p>Level 4 10 with dementia</p> <p>Level 4 – 5</p> <p>The others (7), employed between September 2021 and July 2022 have or are about to commencing their certification training.</p> <p>The GM spoke of a BUPA initiative to provide afterhours cover for the Manawatu area with each of the rest home senior staff on a roster to cover these rest homes. Staff reported feeling well supported by their</p>
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		<p>GM and safe in the workplace.</p> <p>Interview with the prospective provider identified that they have policies related to staffing, skill mix and staff changing shifts. There are no plans to change the present roster patterns. The provider offers an incentive scheme for staff to remain with the company, are recruiting overseas RNs, and have a remote nurse who assists RNs with interRAI and care plan development with the facility staff. They also have a plan to consolidate learning for care staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Moderate</p>	<p>Human resources management policies and processes are based on good employment practice and are in accordance with Health Information Standards Organisation (HISO) requirements. A sample of staff records (two RNs, the clinical manager, maintenance manager, four care workers, and the cook) reviewed confirmed the organisation's policies are being consistently implemented.</p> <p>Eleven new staff members have been recruited this year and there is an orientation programme set out to be completed within three months of commencing. Not all staff have completed the orientation programme.</p> <p>Staff performance is reviewed three monthly and annually, with two presently outstanding.</p> <p>The GM is aware of the ethnicity of the majority of her staff which is multicultural and includes at least one Māori staff member. BUPA is yet to commence formally collecting ethnicity data of its staff. Records for staff and residents were seen to be in line with legislation and good practice.</p> <p>There is a process to debrief when events occur, this has occurred related to COVID-19 effects on 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>FA</p>	<p>The regional manager stated BUPA information technology systems are backed up and maintained with appropriate security systems. Varying levels of access ensure health information security standards are upheld. Security of information was observed and confirmed by staff at the facility.</p> <p>Residents' notes are in hard copy records, except for the medication management system. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. The current and old records are held securely on site, for the required period before being destroyed.</p> <p>The service uses a paper-based information management system for clinical files and the electronic system for medication management, interRAI assessment and quality and risk data. Records were legible with the name and designation of the person making the entry identifiable. InterRAI assessment information is entered into the Momentum electronic database and reports are printed and kept in individual residents' files. The service provider is not responsible for National Health Index registration.</p>
<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.</p>	<p>FA</p>	<p>The entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). EPOAs have consented to admission and there are specialist referrals for residents in the dementia unit.</p> <p>The entry to services policies and work instructions are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are</p>

<p>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>respected. The service maintains a record all enquiries. Work is in progress to implement routine analysis of entry and decline rates including specific rates for Māori. Residents have access to complimentary/traditional medicines if required. The nurse practitioner (NP) or general practitioner (GP) stated that they work closely with the local iwi and a nurse in the iwi who has access to kaumatua services to benefit Māori residents and whanau. These services can be utilised when required.</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>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents, family/whānau or EPOAs for residents in the dementia unit. The service uses assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau or EPOA where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected residents' strengths, goals and aspirations aligned with their values and beliefs. Detailed strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Any family/whānau goals and aspirations identified were addressed in the</p>

		<p>care plan. Behaviour assessments and behaviour management plans that included identified triggers and strategies to manage the behaviours were completed for residents in the dementia unit.</p> <p>Tikanga best practice guidelines are used to ensure kaupapa Māori perspectives permeate the assessment process. The cultural assessment process supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. Staff understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are identified in the Māori health policy and the clinical manager (CM) stated that these are eliminated where possible.</p> <p>The service has contracted a NP and GP from the local medical centre to provide medical services. Medical assessments were completed by the GP or NP within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records. Over the counter medication was charted on the prescription charts where required.</p> <p>The care plans evidenced service integration with other health providers including medical and allied health professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GP or NP. Records of referrals made to the GPs when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. Referrals for residents in the dementia unit were consented for by the EPOAs. The NP expressed satisfaction with care being provided to residents.</p> <p>Residents' care was evaluated on each shift in the progress notes by the caregivers. Any changes noted were reported to the RN, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute medical events. Short term care plans</p>
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		<p>were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</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 activities coordinator (AC) provides the activities programme with the support of the organisational occupational therapist. The weekly activities programme is posted on notice boards around the facility.</p> <p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission using the activities assessment form and 'map of life' that is completed with input from residents and family/whānau. Residents' participation in activities is monitored and recorded daily. Residents' activity plans are evaluated six monthly and when there is a significant change in the resident's ability. This was evident in the records reviewed.</p> <p>Individual, group activities and regular events are offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. Community activities on the programme included, family outings and bus outings; however, there has been a reduction in outings due to Covid-19 outbreak restrictions in the facility over the past three months. Monthly themes and international days are celebrated. Cultural events celebrated include Matariki and St Patrick's day celebrations. Other activities included seated exercises, news updates, bowls, 'happy hour' with piano music by an external entertainer. Community initiatives that meet the health needs, aspirations of Māori and</p>

		<p>whānau and participation in te ao Māori include Māori music played during music sessions and observing the Māori language week. Daily activities attendance records were maintained.</p> <p>Activities for residents in the dementia unit include walks in the secure garden, colouring, exercises, puzzles, music and one-on-one chats. Residents were observed participating in a variety of activities on the days of the audit. 24-hour activity plans were completed for residents in the dementia unit. Residents can freely access the secure gardens. Interviewed residents and family/whānau confirmed they find the programme satisfactory.</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>The implemented medicine management system is appropriate for the scope and size of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines.</p> <p>The service uses an electronic medication management system. Staff were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>All medicines were prescribed by suitably qualified personnel. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for PRN (as required) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when a resident is transferred back to the service. This was verified in medication records sampled. All medicines in the medication room and trolley were within current use by dates. Three-monthly medication reviews were consistently recorded on the medicine charts sampled. Over-the-counter medication and supplements were included on the prescription charts where</p>

		<p>applicable. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range. Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The NP reported that when requested by Māori, appropriate support and advice for Māori treatment is provided.</p> <p>Residents who were self-administering medications had current competency assessment completed. Appropriate processes were completed to ensure this was managed in a safe manner.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</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>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A nutritional requirement form is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans.</p> <p>The food is prepared on site by two cooks and is in line with recognised nutritional guidelines for older people. Kitchen staff have received the required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian on 26 March 2021. The food is transported in a hot box to the dementia unit dining room and served through the kitchen</p>

		<p>server to the rest home dining room. Residents who chose not to go to the dining room for meals had meals delivered to their rooms. Facilities were available for competent residents in the rest home and hospital wings to make their hot drinks independently when desired. Residents in the dementia unit are supported to participate in cooking activities as able as part of the activities, for example, baking preparations.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Ministry for Primary Industries. The current food control plan expires on 22 September 2022. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Snacks and drinks were available for residents in the dementia unit on a 24-hourly basis.</p> <p>Residents' weights are monitored monthly by the clinical staff and any identified weight issues were managed appropriately. Additional supplements were provided where required. The cook reported that menu options for residents who identify as Māori and other cultures will be offered when requested. Culturally specific to te ao Māori food options, like muscles and a 'boil up' were prepared for residents when requested. Corned silverside and pickled pork are some of the Māori culturally specific food on the menu. Whānau/family are welcome to bring culturally specific food for their relatives as confirmed by whānau in interviews. Residents who identify as Māori expressed no concerns with the meals provided.</p> <p>Mealtimes were observed during the audit. Residents received the support they required and were given enough time to eat their meal in an unhurried fashion. Confirmation of residents' satisfaction with meals was verified in interviews.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the

<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>		<p>resident and whanau/EPOA. Whānau reported being kept well informed during the transfer of their relative. The CM reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations, as needed. The reasons for transfer were documented in the transfer records reviewed.</p> <p>The CM reported that referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered. The medical service has links with local kaumatua, and the NP reported that referrals to these services will be offered if required.</p> <p>Referrals to seek specialist input for non-urgent services are completed by the GP/NP or CM with EPOA consent for residents in the dementia unit. Examples of referrals completed were in residents' files sampled, including to the eye specialists, wound nurse specialist and mental health team.</p>
<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 throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness expiring January 2023 is on display near the front entrance. Appropriate systems are in place to monitor the residents' physical environment and facilities, internal and external. BUPA's new action plan to meet the requirements of these standards; will include ensuring that any new service design will include consultation and co-design to reflect the aspirations and identity of Māori. There has been a refurbishment programme underway, and this was seen occurring in two wings of the facility. However, the rest home, dementia and surrounding areas are yet to be worked on and these areas were in need of improvement. There are garden areas for residents and whānau to use and an enclosed external dementia area, to encourage purposeful walking, which is in need of maintenance.</p> <p>The maintenance manager described their role and responsibilities which included the electronic monthly planned maintenance schedule (including beds, wheelchairs, call bells and vehicle) and responding to</p>

		<p>reactive maintenance repairs. The reactive maintenance registers sighted showed good response to maintenance requests. There is also 'casual' gardening staff. A vehicle transportation policy covers maintenance, driver requirements and staff outings.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment is available for residents with disabilities to meet their needs. Electrical test and tagging occurs for organisational equipment and residents' own appliances. Biomedical equipment checks have been undertaken within the last 12 months, and hot water temperature checks are completed twice a month.</p> <p>There is a mix of rooms sizes with three smaller rooms used only for rest home residents. There are sufficient numbers of toilets and showers with eleven rooms with ensuites and the rest share several toilets and showers. There is a separate staff toilet and shower and visitor toilets. Three rooms do not have hand basins, and hand gel was sighted for use near to these rooms. There is ample space in toilet and shower areas to accommodate shower chairs.</p> <p>A range of seating and lounge areas are available with areas for activities, such as bowls. Spaces suited the needs of the resident groups, including for younger (YPD) residents.</p> <p>Residents, including YPD residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Heating is via a gas central heating, heat pumps or ceiling mounted ceramic heaters.</p> <p>The prospective provider has no plans for environmental changes as this stage. They will do due diligence related to the building structures.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>The fire evacuation plan was approved by the New Zealand Fire Service in April 2007. Regular fire drills are occurring which includes the dementia wing. The one planned for July was deferred due to COVID-19 and has been rescheduled for September. An external</p>

<p>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>provider carries out the monthly egress and fire system checking for the facilities BWoF.</p> <p>BUPA has a business continuity plan which addressed emergency situations. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region and are checked on a regular basis by the maintenance manager. Spill kits are available for chemicals spills.</p> <p>Staff wear name badges and uniform and have been trained and knew what to do in an emergency. The staff member in the dementia wing has a duress alarm to summon assistance in the event of an emergency. Fire wardens are identified.</p> <p>Staff are responsible for ensuring the external windows and doors are locked at night fall. There is external lighting to allow staff to see if anyone seeks entry during the night. A security company provides a service to ensure staff feel safe to go to their cars in the dark and patrol the exterior during the night. They will inform staff if there are any open doors or windows.</p> <p>Call bells alert staff to residents requiring assistance or opening of emergency doors. Maintenance staff undertake regular checks of the call bell system. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p> <p>Residents and whānau were happy with the emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component</p>	<p>FA</p>	<p>BUPA governance body has a infection prevention and control specialist who has reviewed their policies and processes to align with the new standards. They review any infection programme and antimicrobial stewardship at their quarterly governance committees. This includes the ongoing monitoring of infection incidents which are reported via the electronic reporting system. Any significant events are notified to the clinical director and discussed with the leadership</p>

<p>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>team and clinical governance group.</p> <p>The prospective owner will carry on with current processes and review these over time.</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 general manager (GM) and the CM are the infection control officers who oversee and coordinate the implementation of the IPC programme onsite. The infection control officer's role, responsibilities and reporting requirements are defined in the infection control officer's job description. The infection control officers have appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. The IPC programme was approved by the governance body and is linked to the quality improvement programme. The IPC programme is reviewed annually; it was last reviewed in July 2022.</p> <p>The IPC policies were developed with input from the clinical services director. They reflected the requirements of the standard and are based on current accepted good practice. Staff have received education in IP at orientation and through ongoing annual education sessions (refer to 2.3.4). Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in the records sampled.</p> <p>The GM is involved in procurement of the required equipment, devices, and consumables through approved suppliers and the local Te Whatu Ora - Health New Zealand. The CM stated that they will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility. Currently there are refurbishments in progress.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the</p>

		<p>manufacturer and best practice guidelines. Single-use medical devices are not reused. The decontamination and disinfection work instructions guide staff practices. Some infection control audits were completed, and where required, corrective actions were implemented (refer to 2.2.2).</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The cultural safety policy includes culturally safe practices in infection prevention and control. The CM reported that residents who identify as Māori will be consulted on IP requirements as needed to acknowledge the spirit of Te Tiriti. In interviews, staff understood these requirements. The organisation is in the process of developing educational resources in te reo Māori.</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 documented AMS programme aims to optimise antimicrobial use and minimise harm. The programme is appropriate for the size, scope and complexity of the service. The IP and AMS programme guide the use of antimicrobials. The programme was developed using evidence-based antimicrobial prescribing guidance and has been approved by the governance body.</p> <p>Infections are recorded in the electronic incident management system and any prescribed antibiotics are recorded. Monitoring of the quality and quantity of antimicrobials used and identification of areas for improvement and evaluating the progress of AMS activities is managed at an organisational level.</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</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data is collated, and action plans are implemented. Surveillance tools are used to collect HAIs data and</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>standardised surveillance definitions are used. The service is working towards implementing collection of ethnicity information for surveillance data. Results of the surveillance programme are shared with staff and reported back to the governance body regularly.</p> <p>Residents were advised of any infections identified and family/whānau and EPOAs where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whanau and EPOAs. There were infection outbreaks reported since the previous audit that were managed effectively with appropriate notification completed.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the cleaning room. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use. There was sufficient PPE available which includes masks, gloves and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>A designated cleaner and laundry staff are onsite daily. The facility was observed to be clean throughout. The cleaner has attended training appropriate to their roles. There are internal audits to monitor environmental cleanliness though only 50 percent of these were completed (refer to 2.2.2). These did not reveal any significant issues. Laundry services are completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. The effectiveness of laundry processes is monitored by the internal audit programme.</p> <p>Resident surveys and residents confirmed satisfaction with cleaning and laundry processes.</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>BUPA seeks to maintaining a restraint free environment within its facilities. Monthly reporting to regional and national managers informs the governing body of the current restraint status of each facility. At the time of audit Rahiri had no residents using a restraint and this has</p>

<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>been the case for some years. If restraint was required, this is as a last resort when all alternatives have been explored.</p> <p>Policies and procedures and forms are available and meet the requirements of the standards, should restraint be required. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint review is part of the quality meeting where the approval of the use of restraints and the restraint processes are discussed – should they be required or in use.</p> <p>The prospective provider supports a restraint free environment.</p>
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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant 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)
<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	There is an annual audit schedule which defines the audits to be undertaken each month. The GM's schedule also contains areas they have added. However not all audits have been undertaken from January to July, with a 50 percent completion.	There is a year planner of monthly audits; however, only 50 percent of audits have been able to be undertaken this year to date	<p>The audits identified in the schedule which have not been undertaken, and are not due to be repeated in the next six months, be undertaken.</p> <p>180 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	BUPA have an annual training programme with areas to be covered each month, which meets the requirements of their contract and residents' needs. There is an online register of staff training and competencies plus the GM keeps a spreadsheet of the training each staff member has completed. These showed that not all staff have completed training requirements. All RNs have undertaken	<p>The organisation has an annual training plan to cover mandatory education and competencies. The training plan for 2021 and 2022 have not been completed. Not all staff have completed the required training and competencies.</p> <p>The activities coordinator does</p>	<p>All staff undertake training to support the care requirements of the residents.</p> <p>90 days</p>

		<p>training related to wound care management. Out of 52 listed examples of numbers of staff who have completed training, the following applied:</p> <p>Code of Rights -18 staff have attended</p> <p>Infection control - 24</p> <p>Cultural awareness - 9</p> <p>Fire safety - 9</p> <p>Health and safety - 15</p> <p>Safe food handling - 9</p> <p>Chemical safety training - 5 (there are 14 staff who were identified as working in household, kitchen, maintenance manager, plus some caregivers assist in these areas when short)</p> <p>Abuse and neglect - 23</p> <p>First aid – Other than the RNs, there was no evidence of first aid certification.</p> <p>The GM is instigating a plan to undertaken education sessions for the rest of the year to increase the number of staff trained, this includes the clinical manager undertaking infection control training sessions for new and other staff.</p> <p>The activities coordinator was not being overseen by a trained person, such as a diversional therapist. This is a requirement in the DHB contract in relation to the person who is providing activities programmes for patients receiving dementia care.</p>	<p>not have oversight by a trained person</p>	
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<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Moderate</p>	<p>There has been 11 staff members recruited this year; however, COVID-19 has stretched resources and impacted on the completion of the orientation. This was confirmed by the GM and staff interviewed who reported varying degrees of support during this process. Not all staff files had a copy of the completed orientation workbooks and including two care givers who commenced within the last six months.</p>	<p>There is induction programme for caregivers and orientation workbooks for all grades of staff. However, these have not been consistently completed in a timely manner. This was confirmed by staff interviewed.</p>	<p>All staff undertake the organisation's orientation process including the completion of the orientation workbook and complete an evaluation of the process.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.