

# Kauri Lifecare Limited - Kauri

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## 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 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>	Kauri Lifecare Limited
<b>Premises audited:</b>	Kauri
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 13 September 2022    End date: 14 September 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>	40

# 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.

## General overview of the audit

Bupa Kauri Coast Hospital and Rest Home provides hospital (geriatric and medical), and rest home levels of care for up to 52 residents. There were 40 residents on the days of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with Te Whatu Ora Te Tai Tokerau. 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 (non-clinical) is appropriately qualified and experienced and is supported by a clinical leadership team and the northern 1 operations 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.

The prospective purchasers are an organisation that own and operates seven care homes and six villages. The executive team have significant combined experience in aged care. They plan to continue initially with the current and established quality management plan. The purchasers are planning to provide additional clinical management and registered nursing (RN) staff support.

This provisional audit identified that improvements are required in relation to staffing and infection control.

## **Ō tatou motika | Our rights**

Bupa Kauri Coast Hospital and Rest Home 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 Kauri Coast Hospital and Rest Home 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**

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. There are human resources policies which cover recruitment, selection, orientation, appraisals and staff training and development. Regular

staff education and training are in place. At the time this audit was undertaken there was a significant national health workforce shortage.

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**

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 practitioner as well as 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. 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.

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

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

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

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 two covid outbreaks 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

The restraint coordinator is a registered nurse. Three residents were listed as using a restraint (three bed rails). 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 would only use an approved restraint as the last resort.

### Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	1	1	0	0
Criteria	0	160	0	1	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

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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 service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Bupa is developing a Te Ao Māori strategy to introduce and implement the Te Ao Māori related standards with a Māori health consultant.</p> <p>The care home manager stated that she supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Bupa Kauri Coast. At the time of the audit there were Māori staff members. Bupa Kauri Coast has links to the local Oturei Marae for community support. There are Māori residents at Bupa Kauri Coast.</p> <p>Interviews with six care staff interviewed (four caregivers, one RN, diversional therapist) described examples of providing culturally safe services in relation to their role. Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Clinical staff described their commitment to</p>

		<p>supporting Māori residents and their support whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one care home manager, one clinical manager and the acting head of clinical service improvement) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service provided training on cultural safety that supports the principles of Te Tiriti o Waitangi in July 2021. Training scheduled for July has not been held due to a Covid outbreak and is rescheduled for day two of this audit. On the day of audit staff were involved in an activity promoting Māori custom and practise.</p> <p>The prospective purchaser knows and understands the consumer rights and has a very good understanding of Te Tiriti o Waitangi, recognising Māori and supporting Māori.</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>	<p>FA</p>	<p>On admission all residents state their ethnicity. There are residents at Bupa Kauri Coast who identify as Pasifika: The resident's whānau are encouraged to be present during the admission process including completion of the initial care plan. Individual cultural beliefs for all residents are documented in their care plan and activities plan.</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. The service is actively recruiting new staff. The general manager described how they would encourage and support any staff that identified as Pasifika through the employment process. There are currently staff employed that identify as Pasifika.</p> <p>Interviews with ten staff (six care staff, one cook, one cleaner, one household supervisor, one maintenance officer), six residents (three rest home, three hospital), two relatives (hospital); and documentation reviewed identified that the service puts people using the services and family/whānau at the heart of their services.</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>	<p>FA</p>	<p>Bupa policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. The care home manager discusses aspects of the Code with residents and their relatives on admission. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available such as information in te reo Māori. Resident and relative meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and relatives felt they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents were respectful.</p> <p>The prospective purchasers know and understand the Code and that it must be adhered to, evidenced on interview and in answers provided on the prospective purchaser's interview questionnaire.</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 what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to</p>

<p>experiences.</p>	<p>make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. The 2022 resident survey to date identified a high level of satisfaction around staff attitudes and cultural and spiritual needs.</p> <p>It was observed that residents are treated with dignity and respect. 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. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity.</p> <p>Residents' files and care plans identified residents preferred names.</p> <p>Te reo Māori is celebrated during Māori language week. Matariki and Māori language week are celebrated at Bupa Kauri Coast. On the days of audit, the diversional therapist was teaching common te reo phrases to the residents and demonstrated the weaving of a Korowai.</p>
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<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>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Bupa organisational 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. 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. Staff interviewed could describe professional boundaries, and practice this in line with policy.</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</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Two-monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>documented on the family communication sheet that is held in the front of the resident's file. Twelve accident/incident forms reviewed identified relatives are kept informed; this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</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 Te Whatu Ora Te Tai Tokerau 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 regarding services involved. The registered nurse described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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. Seven resident files reviewed; four at hospital level, three at rest home level 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.</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 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>FA</p>	<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 two 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). One complainant was not satisfied with the facilities response and forwarded the original complaint to Te Whatu Ora Te Tai Tokerau. The contracts manager is in the process of undertaking an independent review.</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>The prospective purchaser is aware of the complaints process and timeline for responding to complaints.</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 highquality service that is responsive, inclusive, and</p>	<p>FA</p>	<p>Bupa Kauri Coast Hospital and Rest Home is a Bupa residential care facility. The service provides care for up to 52 residents at hospital and rest home levels of care. On the morning of the audit there were 40 residents; 19 rest home residents including one resident funded through the long-term support – chronic health conditions (LTS-CHC) contract and two residents on respite contracts. There were 21 hospital residents including two younger persons under the younger person disabled (YPD) contract. Residents not under a contract were under the age-related residential care (ARRC) contract. All beds are dual-purpose beds. A number of complex hospital level care residents have been recently transferred to other facilities in response to</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>registered nurse shortages.</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their philosophy of ‘Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch.’ The business plan includes a mission statement and operational objectives with site specific goals. The Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director that reports to a New Zealand based board. The governing body of Bupa consists of Directors or heads of Clinical, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. The Northern one operations manager (interviewed) reports to the managing director. Advised by the Northern 1 Operations Manager that members of the board and leadership team have recently attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>Bupa is developing a Te Ao Māori strategy to introduce and implement the Te Ao Māori related standards with a Māori Health consultant contracting firm. 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 report is 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 care home manager provides a verbal update weekly to the operations manager and the clinical risk team generates a monthly quality report. The operations manager receives an email alert for all RiskMan entries. There are monthly teleconferences to monitor progress of quality goals and to discuss issues.</p>
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	<p>Bupa Kauri Coast has developed their goals for 2022. These goals are shared with staff at monthly staff meetings</p> <p>The care home manager is an experienced manager in the health and disability sector and has been in the role for 20 months. They have worked in management roles (General Manager) in the sector for 12 years prior to joining Bupa and has an MBA and other postgraduate management qualifications. The care home manager is supported by the Bupa clinical leadership team, the operations manager/RN and a relieving care home manager/RN who has also been at the facility since mid-July. The clinical leadership are providing support at Bupa Kauri Coast while a clinical manager is recruited. The care home manager is supported on site by an experienced RN, an agency RN and care staff. The service is currently advertising for five full time registered nurses and a clinical manager. Staff spoke positively about the support provided by the care home manager.</p> <p>The manager has 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.</p> <p>The prospective purchasers are an organisation that own and operates seven care homes and six villages. The executive team have significant combined experience in aged care. The prospective purchaser has entered into a conditional sale and purchase agreement for the purchase of Bupa Kauri Coast. Assuming the prospective purchaser confirms the agreement, and the contract goes unconditional, the proposed settlement date is 1 November 2022. Te Whatu Ora Te Tai Tokerau has been informed. The prospective purchaser is currently working in partnership with Bupa to develop a three-month transition plan. The prospective purchaser is looking at recruiting registered nurses and is offering support for the RNs remotely, until vacant positions are filled. The prospective purchaser have no immediate plans to make changes to the current staff and</p>
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		day to day management.
<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>	FA	<p>Bupa Kauri Coast Hospital and Rest Home 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. Three monthly quality/infection control meetings and monthly staff meetings provide an avenue for discussions in relation to (but not limited to) health and safety, clinical indicator data on falls, skin tears adverse events and infections, infection control/pandemic strategies, survey results and corrective active plans, complaints received (if any), staffing, and education. External and internal risks and opportunities are identified that include potential inequities and include a response plan. The internal audit programme is being implemented that is taking place as per the audit schedule. Audit results and corrective actions identified (if any) are 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 June 2021. A number of clinical findings were identified, and a corrective action plan was implemented. A repeat check has not been scheduled for this year.</p> <p>Bupa have changed the method of surveying families and now speak to respondents on phone calls throughout the year. A summary of 2022 results year to date evidenced that all respondents found the staff to be friendly and helpful, understanding of cultural and spiritual needs and receiving good quality care. Corrective actions were being implemented to address activities and food services. Results are scheduled as agenda items for the next staff meeting and the next resident newsletter.</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</p>



	<p>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. Three health and safety representatives were interviewed – the cook and two caregivers. Staff training begins during their orientation and continues via in-service training. A site-specific hazard management plan is discussed with all contractors. A contractor orientation is also in place. Management advised that Bupa preferred suppliers and contractors have been orientated to health and safety at Bupa Kauri Coast by the governance team. A health and safety team representative of the service meet two-monthly. Hazard identification forms and a hazard register were sighted. Bupa has distributed a new hazard register template to all facilities. This was received by Bupa Kauri Coast in September 2022 and completion is in progress as evidenced, the health and safety committee is involved, and a specific meeting has been scheduled. 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.</p> <p>In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for six hours per week over three mornings and when required. Strategies implemented to reduce the frequency of falls including assigning intentional rounding, the use of sensor mats, high falls indicators on resident notes, resident walkers, and the regular toileting of residents who require assistance. Transfer plans are assessed and evaluated by the physiotherapist and placed in the resident's room. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises. All falls are discussed at the weekly clinical review meetings as confirmed in the minutes.</p> <p>Electronic reports using Riskman are completed for each</p>
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		<p>incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising and challenging behaviours) 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 consistently recorded. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager although the sign-off of incidents by 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 two covid outbreaks in 2022. Public health and Te Whatu Ora Te Tai Tokerau 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>The prospective purchaser has no immediate plans to change the existing quality and risk management programme at Bupa Kauri Court. The prospective provider has an established quality plan in place that they plan to integrate and maintain at Bupa Kauri Coast as part of a three-month transition period.</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>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements. At the time this audit was undertaken, there was a significant national health workforce shortage. The roster does not currently provide sufficient and appropriate coverage for the effective delivery of care and</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>support. At the time of the audit there were five RN and one clinical manager vacancies. Senior caregivers are currently replacing RNs when required. Due to RN staffing shortages Te Whatu Ora Te Tai Tokerau has worked collaboratively with Bupa Kauri Coast management and clinical teams to identify the most complex residents and transfer then to other facilities to ensure safe staffing and quality clinical care. Weekly teams meeting with Te Whatu Ora Te Tai Tokerau provide a forum for discussion and mitigation of risk regarding the RN shortage and has completed weekly section 31 reports. A relieving care home manager (RN) is assisting with managerial tasks and an agency RN is contracted short term. The service contracts emergency consults which provide a virtual telehealth clinical support service. Senior level four caregivers have received additional training and support to promote effective use of the virtual service. The Bupa clinical on call is also available for advice and support. Contractual staffing requirements are not currently being met. Bupa and Kauri Coast are actively recruiting registered nurses with limited success.</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. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The care home manager is available Monday to Friday. On call cover is shared between nine Bupa care home managers based in the Northern 1 region. There is a similar roster for clinical managers. As there is no clinical manager at Kauri Coast, the northern 1 operations manager assumes the on-call role when Kauri Coast would normally be rostered on.</p> <p>Laura Ambury wing: (30 beds, 27 occupied – made up of 10 hospital, and 17 rest home,): AM shift: one senior caregiver 06:45 to 15:15 and three caregivers (one 07:00 to 15:00, one 06:00 to 13:00 and one 07:00 to 13:30); PM shift: one senior caregiver and three caregivers (one 5:00 to 23:00, one 15:00 to 22:00 and one 15:00 to 21:00, night shift: one caregiver.</p> <p>Saint Joseph wing: (22 beds, 13 occupied - 2 rest home and eleven hospital level residents): One RN or senior team leader covers the</p>
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		<p>AM, PM, and night shifts. Caregivers: AM shift: three caregivers (two 07:00 to 15:00, one 07:00 to 13:30); PM shift: three caregivers (one 15:00 to 23:00, one 15:00 to 22:00 and one 15:00 to 21:00), night shift: one caregiver.</p> <p>Activities staff are rostered six days a week. Separate cleaning and laundry staff are rostered. Residents and family members identified that staffing is adequate to meet the needs of residents.</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 local hospital, and hospice. On the day of audit, the DT who has significant Māori expertise was observed actively engaging with residents and staff in te reo and promoting Māori customs. This included an education opportunity for staff. Plans are in place to provide additional cultural training that is more specific to Māori and the Treaty of Waitangi. Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-six caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two New Zealand Qualification Authority (NZQA). Seventeen caregivers have achieved a level three NZQA qualification or higher. There are two Careerforce assessors employed at Bupa Kauri Coast – the care home manager and the diversional therapist.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Level four caregivers complete many of the same competencies as the RN staff (e.g. restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, wound management, nebuliser). Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and</p>
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	<p>interRAI assessment competency. One registered nurse is interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete professional development recognition programme (PDRP). The RN attends relevant quality, staff, RN, restraint, health, and safety in infection control meetings when possible. The RN has recently completed a course and is qualified to act as a preceptor for CAP students. External training opportunities for care staff include training through the local hospital, and hospice.</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 RN shortages in 2022, the infection control meetings have been included with quality meetings.</p> <p>The service is currently using RN agency staff from Hamilton. A management of agency staff policy is documented for the organisation. If the agency nurse has never worked in the care home before, a 'bureau staff information booklet' is provided to them. Orientation including health and safety and emergency procedures are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the agency in regard to meeting specific competencies.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. Training is provided around provision of care for younger residents.</p> <p>A health and safety team is in place with health and safety meetings taking place three-monthly. 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</p>
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		<p>equipment (PPE) training. Environmental internal audits are completed.</p> <p>Staff wellness is encouraged. Wellness signage shows support for the Employee Assistance Programme (EAP) Bupa Kauri Coast 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. Bupa Kauri Coast provided social opportunities for staff following lockdowns and significant events and individual appreciation to staff who have assisted with the staffing crisis.</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>The prospective purchasers will continue to ensure that all new staff are provided with a comprehensive orientation in line with requirements. The prospective purchasers state rostering is included in the transition plan they are working on alongside Bupa.</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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The Bupa recruitment office advertise for and screen potential staff including collection of ethnicity data. Once they pass screening, suitable applicants are interviewed by the care home manager. Staff paper files are held in the administration office in a locked filing cabinet and on a secure online electronic programme. Seven staff files reviewed (four caregivers, one maintenance officer, one cook and one diversional therapist) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code. This document includes but is not limited to the Bupa values, responsibility to maintain safety, health and wellbeing, privacy, professional standards, celebration of diversity, ethical behaviour and declaring</p>

		<p>conflicts of interest.</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, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>One volunteer has been assisting at Bupa Kauri Coast for 18 months. Visits were restricted during Covid lockdowns. An orientation programme and policy 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. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. This is evidenced in health and safety meeting minutes. Bupa links to a health and safety provider to implement return to work programmes for individuals injured both at work and home. Wellbeing support is provided to staff.</p> <p>The prospective purchaser has no immediate plans to change the recruitment process.</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</p>	<p>FA</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. The VCare electronic resident management system is utilised for billing and resident movements. There are no plans to implement further</p>

<p>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>modules for Kauri Coast. There is a documented Bupa business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required.</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> <p>The prospective purchasers currently use a paper based resident information system and is working closely with the vendor to facilitate the exchange of information to ensure continuity of services.</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. 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. Prospective residents are screened by the care home manager and acting clinical manager.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The manager described reasons for declining entry would only occur if the service could not provide the 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>There are policies and procedures to 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 head office. These records also capture ethnicity.</p> <p>The service has an information pack relating to the services provided</p>



		<p>at Kauri Coast, 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 Kauri Coast has a person and whānau-centred approach to services provided. Interviews with residents all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents and staff members identifying as Māori at the time of audit. The service currently engages with the local Oturei marae and kaumātua in order to further develop meaningful partnerships with Māori communities and organisations.</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>Seven resident files were reviewed: three rest home (including one respite and one LTS-CHC) and four hospital (including one YPD). 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/whānau contact forms.</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 residents apart from the respite resident who had the Bupa suite of assessments completed in order to develop their care plan. Evaluations were completed six monthly or sooner for a change in health condition. InterRAI assessments</p>

		<p>sampled had been reviewed six-monthly.</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.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a local GP who visits weekly. The GP service also provides out of hours cover till 2200hrs. After 2200hrs, residents are referred to the local hospital. The GP (interviewed) commented positively on the standard of communication, and the quality of care provided by the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for six hours per week. A podiatrist visits regularly and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora Te Tai Tokerau.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the acting clinical manager or RN initiates a review with the 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/whānau contact sheet records family notifications and discussions.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for five residents with wounds (skin tears, skin conditions, and a skin lesion). Wound dressings were being changed appropriately as per the detailed</p>
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		<p>frequency of dressing change. There were two residents with pressure injuries on the day of audit (both are almost healed). A wound register is maintained. There is access to the wound nurse specialist via Te Whatu Ora Te Tai Tokerau. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. 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. Care plans reflect 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 according to the timeframes detailed in policy.</p> <p>Māori health care plans are included as part of the long- term care plan. The Māori health care plans reflect the partnership and support of residents, whanau, and the extended whanau as applicable to support wellbeing and identify their individual pae ora. Tikanga principles are included (Tikanga principles displayed in each nurse's station). Any barriers that prevent tāngata whaikaha and whanau from independently accessing information would be identified and strategies to manage this documented. Whanau/family confirm that religion, culture, and beliefs are respected.</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</p>	<p>FA</p>	<p>There is one diversional therapist (DT) and one activities coordinator in the activities team. The DT works 24 hours one week and 30 the next. The activities coordinator works 30 hours one week and 34 the next. They work alternate Saturdays. Both have current first aid certificates. There is also a volunteer who assists as required, who has had orientation and training. The overall programme has integrated activities that are appropriate for all residents. The activities are displayed in large print on all noticeboards. Planned activities include but are not limited to word search, sing-alongs, craft, exercise, beauty therapy, puzzles, crosswords, bingo, board games, newspaper</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>reading, te reo Māori programme, movies, and van outings. There is a monthly Catholic church service and an interdenominational service every second Sunday. There is a facility cat called Honey'. The programme allows for flexibility and resident choice of activity. Those residents who prefer to stay in their room are visited daily by the activities staff for a chat and to check if there is anything they need. Seasonal celebrations include but are not limited to Anzac Day, Easter, Queens Birthday, Matariki and Waitangi Day.</p> <p>The YPD resident does not participate in activities, preferring to go out and visit friends. Residents are encouraged to maintain links to the community such as participating in coffee mornings and friendship clubs. Prior to Covid there were visits from schools, choirs and Kapa Haka groups and these groups are now keen to recommence visits.</p> <p>At present there are residents who identify as Māori (including one who does not identify with Tikanga Māori) and the activities team ensure they provide activities to meet their needs. The facility has a relationship with the local Oturei marae and the kaumātua. On the first day of audit the residents were participating in a Te Reo class. There was a marae visit planned for the next day, but this had to be postponed due to a Tangi. Instead, the DT showed the residents the korowai she was weaving for her whanau.</p> <p>There is a communal lounge in each wing where group or quieter activities can occur. There is a hairdressing salon. The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile, map of life and activity assessment informs the activities plan. The activities plan reviewed was individualised and met the residents' identified needs. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and relatives interviewed were happy with the variety of activities provided.</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</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and senior medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The RN has completed</p>

<p>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>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. Due to the shortage of RN's the facility uses an emergency response agency when caregivers are giving controlled medications and there is no RN on-site (link 2.3.1). The caregivers show the whole procedure to an RN online. The RN checks the prescription, the medication, and the medication register. The caregivers then go to the resident where the RN checks the identity of the resident and watches the caregivers give the medication and sign for it. This service has been approved by Te Whatu Ora Te Tai Tokerau . The service currently uses an electronic medication management system. They use robotic packs 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 facility medication room and two medication trolleys. 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. There were no residents self-medicating on the day of audit; however, the service has self-medication assessments available as well as safe and secure storage for any residents who may self-medicate in the future.</p> <p>Fourteen 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> <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 nurse and management described working in partnership with Māori residents and whānau ensuring appropriate support was in place,</p>
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		<p>advice was timely, easily accessed, and treatment was prioritised to achieve better health outcomes.</p> <p>The prospective purchaser intends changing the electronic management system provider.</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 food services are overseen by the head cook who works 40 hours a week Sunday to Thursday. There is a relief cook who works Friday and Saturday. They are assisted by a kitchen hand. All food service staff have completed online food safety training. All meals and baking are prepared and cooked on site. The four-week winter/summer menu is completed by a registered dietitian employed by Bupa. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. Food is served in both dining rooms directly from scan boxes. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm.</p> <p>The kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. The service supports residents to have culturally appropriate food when requested. The service is able to incorporate Māori residents' cultural values and beliefs into menu development and food service provision if required. Residents provide verbal feedback on the meals through the monthly 'food forums' which the cook attends. On interview a Māori resident confirmed the kitchen provided 'boil ups and Māori bread when requested.</p> <p>The food control plan was issued in September 2022 for 12 months. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, scan box serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily.</p> <p>Resident surveys are completed annually. Residents interviewed</p>

		expressed their satisfaction with the meal service. Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are referred to the dietitian. The dietitian informs the care staff and kitchen of any extra requirements.
<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 were 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 throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	The building holds a current warrant of fitness which expires 3 December 2023. The maintenance person works 40 hours a week (Monday to Friday) but is on call if required. There is a maintenance request book for repair and maintenance requests located in each nurses' station and the staff room. This is checked daily and signed off when repairs have been completed. There is a monthly, three monthly, six monthly and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Bupa head office. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment checking and calibration of medical equipment, hoists and scales are completed annually (electrical last 7 January 2022 and medical last June 2022). The gardeners are volunteers. All have had orientation and training with emphasis on health and safety. Caregivers interviewed stated they have adequate equipment to

		<p>safely deliver care for rest home and hospital level of care residents</p> <p>The facility is all on one level. There are two wings. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the facility with mobility aids where required. Each wing has a spacious lounge and dining room. The main dining room off the kitchen has a breakfast bar where residents may help themselves to cereals of their choice. There is also a drinks bar with tea and coffee available at all times. Both dining rooms have a water cooler. Food is served from scan boxes. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment including hoists. There is safe access to a large courtyard which opens off both lounges. There is seating and shade available.</p> <p>All rooms are single. The numbers identifying rooms are also written in Te Reo. There are fourteen rooms with ensuites. All other rooms have hand-basins but share communal toilets and showers. The communal bathrooms/showers within the facility are identified and include privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Care staff interviewed reported that they have adequate space to provide care to residents.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is underfloor electrical heating and ceiling heaters. Residents are unable to adjust temperatures as this is controlled by maintenance. On interview, residents confirmed they are encouraged to personalise their bedrooms, and this was observed on the day of audit.</p> <p>There are no immediate plans for building or major refurbishments, both Bupa and the prospective purchaser are aware of their obligation to involve Māori to ensure their identity and aspirations are reflected.</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>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to</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>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 and was last completed in May 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a bin. These are checked for expiry dates monthly. In the event of a power outage there is a dependable power generator available and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. There is external security lighting and a security firm patrol once a night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and</p>	<p>FA</p>	<p>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</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora Te Tai Tokerau 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 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, and staff. Visitors complete a health declaration and visitor numbers are limited to two per resident.</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>PA Low</p>	<p>The care home manager (non-clinical) under the supervision of the quality partner at Bupa head office undertakes the role of infection control officer to oversee infection control and prevention across the service. The care home manager commenced this role in July 2022 following clinical staff resignations. This arrangement will continue until additional RN's are employed. The job description outlines the responsibility of the role. The infection control officer is supported by the quality partner; area manager and the organisation's infection control specialist.</p> <p>During the recent Covid-19 exposure event lockdowns 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 designated infection control officer has not completed external infection control training however the quality partner has had training and there is good external support from the GP/NP, laboratory, the infection control nurse specialist at the local hospital and from Bupa head office. There are outbreak kits readily available, and a personal</p>

		<p>protective equipment storage shed located close to the back entrance.</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>The Bupa clinical management team and quality partner have oversight of procurement processes for equipment, devices, and consumables used in the delivery of health care. Bupa Kauri Coast is not proposing any significant changes to the building; however, the area manager advised that if any changes were planned there would be consultation and involvement with the quality partner and clinical management.</p> <p>There are policies and procedures in place around reusable and single use equipment which ensure single use equipment is not reused. All shared equipment is appropriately disinfected between use. Internal auditing processes identify best practise standards. Corrective actions are implemented for all areas of noncompliance. The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti.</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>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and	FA	The service has anti-microbial use policy and procedures and

<p>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>		<p>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 with an equity focus.</p>	<p>FA</p>	<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 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 Te Whatu Ora Te Tai Tokerau for any community concerns.</p> <p>There have been two Covid outbreaks since the previous audit: in March and July of this year. Both outbreaks show evidence of appropriate and timely management including liaison with Te Whatu Ora Te Tai Tokerau 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>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</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>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>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. 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. 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 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>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 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 acting clinical manager (RN). There are three residents listed on the restraint register as using a restraint. All are bedrails. One of these residents has been assessed as not needing a bedrail but chooses to have one as it makes the resident feel secure. The use of restraint is reviewed three-monthly and, reported in the monthly clinical, staff and quality meetings and to the regional operations manager via the care home manager. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. The restraint coordinator has recently completed restraint training outlining</p>

		the changes in the new standards.
<p><b>Subsection 6.2: Safe restraint</b></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>	FA	<p>A restraint register is maintained by the restraint coordinator. The files of the three residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g., falls prevention strategies, managing behaviours). All three residents were using restraint as a last resort and/or at their insistence (all were previously classed as enablers under the NZS 8134: 2008 standards). Written consent was obtained from each resident and/or their EPOA. There have been no emergency restraints required but staff are aware of emergency restraint requirements.</p> <p>Monitoring forms are completed for each resident using restraint. Restraints are monitored at least two-hourly or more frequently should the risk assessment indicate this is required. No accidents or incidents have occurred as a result of restraint use.</p> <p>Monitoring of restraint includes residents' cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga. Restraints are regularly reviewed and discussed in the staff meetings and twice weekly clinical updates.</p>
<p><b>Subsection 6.3: Quality review of restraint</b></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 service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit goes through to the clinical, quality and staff meetings. The weekly clinical update meetings include ongoing reviews of restraint use, restraint incidents (should they occur), and education needs. Restraint data including any incidents are reported as part of the restraint coordinator's report to the care home manager. Data is then submitted to Bupa head office via the care home and regional operations manager for benchmarking against other Bupa sites.</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)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. As per the ARRC contract with Te Whatu Ora, a hospital and rest home level aged care facility is required to employ, contract, or otherwise engage sufficient RNs to ensure at least one RN is on duty at all times. The RN is responsible for working with staff to assess each resident, develop care plans, advise on care and medication administration, provide, and supervise care, act as a resource person, monitor staff competence, advise on staff training needs, and assist with the development and implementation of policies and procedures.</p> <p>Due to RN resignations, there is currently only one permanent RN employed at Bupa Kauri Coast. With assistance from Bupa Head office, assessments and care plans have been updated</p>	<p>The service does not have sufficient employed or contracted registered nurses as per the ARC contract D17.3e. There has been a significant registered nurse shortage since beginning of July 2022.</p>	<p>Ensure sufficient registered nurses are rostered to meet safe staffing requirements.</p> <p>90 days</p>

		<p>as required. The RN who works predominantly afternoon shift attends to all wounds, weekly medication checks and documentation. There is lack of infection control oversight (link 5.2.1).</p> <p>The service and Bupa head office have been actively recruiting for RN staff since January this year. At the time of the audit, the service has a temporary agency RN, senior caregivers and a virtual telehealth company providing cover. Work is underway to employ another RN as soon as possible with the care home manager stating she had potential RN's from overseas however immigration delays are impacting on the start dates. HealthCERT and Te Whatu Ora Te Tai Tokerau have been informed of this situation.</p> <p>The prospective purchaser operates other aged care facilities. They plan to share RN resources between Bupa Kauri Coast and their other facilities. The prospective purchaser employs registered nurse positions in both remote and roaming roles. The purchaser's management team will be available to assist as required.</p>		
<p>Criterion 5.2.1</p> <p>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <p>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</p> <p>(b) Have clearly defined responsibility for IP decision</p>	PA Low	<p>There is an infection control officer position description. The service does not currently have a registered nurse employed at the facility in the infection control officer position. The non-clinical facility manager has assumed the role of infection prevention coordinator, however, has not the experience or clinical knowledge to support this role. The quality partner at head office is collating monthly data and the care home manager is liaising with Te Whatu Ora Te Tai Tokerau and the GP regarding infection prevention and covid planning and management. The service has access to an aged care infection prevention</p>	<p>The person currently responsible for infection control has not completed training or has the experience and clinical knowledge to support the role.</p>	<p>Ensure a suitable qualified and trained person is employed to provide the on-site infection control role.</p> <p>90 days</p>



<p>making;  (c) Have documented reporting lines to the governance body or senior management;  (d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;  (e) Receive continuing education in IP and AMS;  (f) Have access to shared clinical records and diagnostic results of people.</p>		<p>specialist from Bupa and Te Whatu Ora Te Tai Tokerau .</p>		
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# 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.

No data to display
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End of the report.