# Waireka Lifecare Limited - Waireka

## Introduction

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

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

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

You can view a full copy of the standard on the Ministry of Health's website by clicking here.

The specifics of this audit included:

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| **Legal entity:** | Waireka Lifecare Limited |
| **Premises audited:** | Waireka |
| **Services audited:** | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| **Dates of audit:** | Start date: 24 August 2022 End date: 25 August 2022 |

**Proposed changes to current services (if any):** The process is underway for the change of ownership of the facility.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 51

# Executive summary of the audit

## Introduction

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

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

## General overview of the audit

Waireka Care Home is owned and operated by BUPA Care Services Limited and provides rest home and hospital services for up to 61 residents. Since the last audit the service has had a change of care home manager. The clinical manager is on maternity leave, with an acting clinical manager taking on the role. There has been changes to care staff and registered nurses since the last audit. The facility has been through 3 outbreaks all due to Covid. No structural facility changes have occurred.

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

A strength of the service is the dedication of the staff to the residents. The staff work as a team and spoke of doing 'whatever it takes' to look after the residents. Areas for improvements identified include complaints management, quality and risk management

processes, volunteer recruitment, orientation and training of staff, assessment and care planning and aspects of the environment and cleaning.

## Ō tatou motika | Our rights

BUPA have a process to strengthen their processes to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. This includes a plan for Pacific peoples who enter the facility to be provided with services that recognise their worldviews and are culturally safe. Cultural and spiritual needs are identified on admission and considered in daily service delivery.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). All staff receive in-service education on the Code. The provider maintains a socially inclusive and person-centred service. The residents confirmed that they are treated with dignity and respect. Consent is obtained where and when required. Residents are safe from abuse.

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

## Hunga mahi me te hanganga | Workforce and structure

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

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

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

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, there is an orientation process, and planned training process in place.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Entry processes are efficiently managed. Qualified personnel assess residents on admission. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are referred to specialist services and to other health services as required. Residents' transfers and discharges are managed in an appropriate manner.

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

Medicines are safely stored and administered by staff who are competent to do so. The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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

The facility is laid out into different areas, with residents allocated to areas which best support their needs. There are internal and external areas for large and small groups to sit and undertake activities.

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

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

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

The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A suitably qualified registered nurse leads the programme.

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

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required. There were infection outbreaks that were managed effectively since the previous audit.

## Here taratahi | Restraint and seclusion

The organisation has a philosophy of being restraint free supported by policies and procedures. There were four residents using restraints at the time of audit. Documentation is available, with a comprehensive assessment, approval, monitoring process, and review. Staff demonstrated a sound knowledge and understanding of providing a restraint free service and have undergone training related to this area.

## Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
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| **Subsection** | 0 | 21 | 0 | 5 | 2 | 0 | 0 |
| **Criteria** | 0 | 150 | 0 | 7 | 2 | 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) |
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| **Subsection** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

| Subsection with desired outcome | Attainment Rating | Audit Evidence |
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| Subsection 1.1: Pae ora healthy futures<br><br>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.<br><br>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | BUPA has a current cultural policy and a Māori Health policy and procedures which are being rolled out. These seek to enact Te Tiriti o Waitangi in all aspects of its work and respect mana motuhake. This is reflected in one of the strategic plan pillars, that values are respected. A resident who identifies as Māori, who stated staff respected their right to Māori self-determination, and they felt culturally safe.<br><br>BUPA are currently establishing an action plan based on a gap analysis to meet the requirements of these standards. This includes the development of a te ao Māori strategy health plan with a Māori health consultant.<br><br>Staff orientation has been reviewed and includes Te Tiriti o Waitangi, Te Whare Tapa Wha and tikanga best practice. A tikanga best practice flip chart is available covering areas which support staff looking after Māori residents. The care home manager stated there are a number of staff who identify as Māori and have affiliations with |

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| | | the local marae, and they spoke of how they will work with local iwi to reduce barriers for Māori to enter the facility. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa<br><br>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.<br><br>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.<br><br>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | Not Applicable | BUPA has undertaken a gap analysis against the Nga Paerewa standards and are working on a plan which includes the development of a Pacific plan to introduce and implement the related standards. The goal is to embed the plan and outcomes from the plan into service level care.<br><br>The care home manager stated there were no residents or staff who recognised as Pacific peoples, although they have a culturally diverse staff. They are currently recruiting staff and would welcome any Pacific applicants. |
| Subsection 1.3: My rights during service delivery<br><br>The People: My rights have meaningful effect through the actions and behaviours of others.<br><br>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).<br><br>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Staff receive training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and annual ongoing mandatory training (refer to 2.4.4). Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code in English and Māori languages and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters are prominently displayed at the reception area and on notice boards around the facility. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. The Code pamphlets are provided to residents/whānau as part of the admission process. The admission agreement has information on residents' rights and responsibilities. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.<br><br>The service recognises Māori mana motuhake by involving residents, family/whānau or their representative of choice in the assessment process to determine residents' wishes and support needs.<br><br>The prospective provider knows and understands the consumer rights |

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| | | as per requirements of the Ngā Paerewa standards. |
| Subsection 1.4: I am treated with respect<br><br>The People: I can be who I am when I am treated with dignity and respect.<br><br>Te Tiriti: Service providers commit to Māori mana motuhake.<br><br>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics are identified from residents and their family/whānau on admission. These were documented in the residents' care plans sampled. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these.<br><br>The services provided demonstrated respect for residents' dignity, privacy, confidentiality, and preferred level of independence. Staff were observed respecting residents' personal areas and privacy by knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors. Shared bathrooms and toilets had clear signage when in use.<br><br>Residents are supported to maintain as much independence as possible, for example carrying their own their personal cares if able. Residents can freely attend to activities of choice in the community (COVID-19 restrictions permitting). Residents and family/whānau confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, independence, and choices.<br><br>Tikanga 'flipcharts' were posted on notice boards in the nurses' stations and staff room to promote te reo Māori and tikanga. The principles of the Treaty of Waitangi are incorporated into daily practice. Staff who identify as Māori converse with residents in te reo Māori. Tangata whaikaha needs are responded to as assessed and they are supported to participate in te ao Māori as desired. Residents who identify as Māori expressed satisfaction with the support provided in relation to their culture. |
| Subsection 1.5: I am protected from abuse<br><br>The People: I feel safe and protected from abuse. | FA | Professional boundaries, misconduct, code of conduct, discrimination, and abuse and neglect information is included in the staff employment handbook. These are discussed with all staff during their orientation (refer to 2.4.4). There was no evidence of discrimination or abuse |

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| Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.<br><br>As service providers: We ensure the people using our services are safe and protected from abuse. | | observed during the audit. Policies and work instructions outline safeguards in place to protect residents from abuse, neglect and any form of exploitation. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of exploitation. Work is in progress to implement a system to monitor institutional racism.<br><br>A residents' property list is completed, and belongings labelled on admission. The care home manager (CHM) stated that any observed or reported abuse or exploitation is addressed promptly. Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. A strengths-based and holistic model ensuring wellbeing outcomes for Māori, Te Whare Tapa Wha, is used to guide care. There are systems in place to monitor the effectiveness of the processes in place to safeguard residents, such as whānau/family and residents' meetings and resident reviews. |
| Subsection 1.6: Effective communication occurs<br><br>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.<br><br>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.<br><br>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | Residents/whānau are given an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. This was observed on the days of the audit and confirmed in interviews with residents and family/whānau. Residents and family/whānau stated they were kept well informed about any changes to their/their relative's status and were advised in a timely manner about any incidents or accidents and medical reviews. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and work instructions.<br><br>Information provided to residents and family/whānau is mainly in English language. The acting clinical manager (ACM) stated that information can be accessed in other languages if required. Interpreter services are engaged if required, and contact information was accessible for staff. Written information and verbal discussions are provided to improve communication with residents and their family/whānau. Open communication with resident and family/whānau is promoted through the open-door policy maintained by the general manager. Residents and family/whanau expressed satisfaction with |

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| | | communication with the managers and the clinical team's response to requests. A record of phone or email contact with family/whānau was maintained.<br><br>Family/whānau may assist with interpretation where appropriate. Verbal, non-verbal, printed material or written communication methods are adopted to make communication and information easy for residents to access, understand, use, enact or follow. |
| Subsection 1.7: I am informed and able to make choices<br><br>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.<br><br>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.<br><br>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | Staff understood the principles and practice of informed consent. General consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Consent forms for residents who were unable to consent were signed by the residents' legal representatives. Resuscitation treatment plans and advance directives were signed by residents who are competent. The general practitioner (GP) signed resuscitation treatment plans for residents who were unable to provide consent in consultation with family and enduring power of attorneys (EPOAs). Staff were observed to gain consent for daily cares.<br><br>Tikanga guidelines in relation to consent are practiced. Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person or EPOA for residents were involved. Residents are offered a support person through the advocacy services when required. During the admission process, residents provide information on their representative of choice, next of kin or EPOA. These were documented in the admission records sampled. Communication records verified inclusion of support people where applicable. |
| Subsection 1.8: I have the right to complain<br><br>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.<br><br>Te Tiriti: Māori and whānau are at the centre of the health and | PA Low | Policies and procedures described residents' right to make a complaint. The complaint management process is consistent with the requirements of the Code. An information sheet and forms on how to make a complaint are at the front reception with a post box for the forms to be put into. Residents and whānau understood their right to make a complaint and knew how to do so. There have been no known |

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| disability system, as active partners in improving the system and their care and support.<br><br>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. | | complaints received from external sources since the previous audit.<br><br>The care home manager spoke of how potential residents and whānau are informed of their right to make a complaint or raise an issue of concern. They stated they would ensure any residents who identified as Māori were supported in a culturally appropriate manner to ensure equity. This was confirmed by staff spoken with who stated they would support a resident or whānau who wished to raise any issue. The care home manager has an open door policy which was observed and spoken of by residents and whānau.<br><br>The service receives few complaints; three in the last year. Review of two identified documentation missing and the time frames of the Code not being met. This is an area for improvement. |
| Subsection 2.1: Governance<br><br>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.<br><br>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.<br><br>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | FA | BUPA leadership team is the governing body who ensures compliance with legislation and contractual and regularity requirements. This occurs through their policies and procedures and the leadership team. This team has ten directors who hold specific areas of expertise/responsibility, such as clinical, operational, finance, property, customer transformation, people and risk. Each role has a position description and orientation which outlines the specific governance responsibilities. Electronic reporting by facilities creates ‘’dashboards’ which allow governance to see the data related to areas of risk and benchmarking against strategic goals and with other facilities. The regional manager stated they oversee facilities which includes four to six weekly meetings with the general and care home managers.<br><br>A strategic aspirations (plan) 2022 to 2024 details the purpose, ambition and strategic pillars/direction and aspirations/goals of the organisation. The goals are measured using monthly retrospective key performance indicator reviews.<br><br>An action plan with a five-phase approach, over four to seven months, is being implemented to meet the requirements of this standard. This work includes a te ao Māori strategy with input from a Māori health consultant. The regional manager stated the directors were |

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| | | undertaking training related to Māori culture including the Tiriti o Waitangi and te reo Māori to facilitate an understanding of outcomes to improved equity and reduce barriers for Māori and tāngata whaikaha, people with disabilities. The plan is to work with each facility to identify how they will work with their local iwi and other Māori community organisations. There is a national clinical governance group who provide oversight of the clinical indicators and support clinical work at the facility level.<br><br>A sample of the online electronic reports, which can be viewed by the regional and national managers, showed adequate information to monitor performance is reported.<br><br>The care home manager has experience in community and aged care sectors and has held senior management roles. They took up this role in January 2022. They confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency within the field.<br><br>Waireka Care Home holds contracts with Te Whatu Ora - Health New Zealand MidCentral District to provide residential rest home and hospital care services under the age-related residential care agreement (ARRC), and health recovery. One bed in the facility is available for general practitioners to use. There were 18 residents receiving rest home care and 33 residents receiving hospital level care under the ARRC contract. Two residents were under the Ministry of Health contract for younger persons with physical disability (YPD), with both being under 65 years of age, and both receiving rest home level care. Fifty-one of the 61 beds were occupied on the first day of audit.<br><br>The prospective owners New Zealand Aged Care (NZAC) is a New Zealand based organisation who presently own and operate aged care facilities. It has a board of directors, a management structure, which includes an executive chairperson, finance manager and general manager of clinical and operations, who are all Auckland based. A recent addition is an operations manager who is based in the Manawatu. They have notified the Ministry of Health and Te |

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| | | Whatu Ora Health New Zealand Midcentral of their prospective ownership of Waireka Care Home. Their facility management structure has a care home manager and clinical manager, registered nurses, healthcare assistants and support staff. The prospective owner will employ the present staff from manager down and will continue with the present processes with ongoing review to occur. Present NZAC facilities meet the requirements of the standard. |
| Subsection 2.2: Quality and risk<br><br>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.<br><br>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.<br><br>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. | PA Low | The organisation has a range of documents that contribute to quality and risk management and quality improvement processes. These include electronic policies and processes to support all aspects of their business including service delivery, an annual auditing schedule, resident and whānau surveys, health and safety, complaints and an electronic incident and accident process. Analysis of key areas, such as financial and clinical indicator data are reported electronically to the governing body to allow for analysis and trending of data over time and by facility to allow for benchmarking.<br><br>Residents, including YPD residents, and whānau contribute to quality improvement through satisfaction surveys and meetings. Review of the last meeting minutes showed general satisfaction with the services being provided. One area of concern related to food, and the kitchen staff have instigated a simple process for residents to rate their meal experience (red/green tokens) and the cook will discuss with ratings to improve residents' food experience. No resident satisfaction survey results were available during the audit. Progress against quality goals is monitored and evaluated, for example, falls.<br><br>Review with the care home manager of the audit calendar showed six of 18 audits were outstanding. Audit results showed action taken when compliance was under the 95 percent threshold. Those under the threshold included residents' file reviews (38 files with a 5 percent compliance), residents admission (61 percent compliance), weight recordings (61 percent compliance), see CAR 3.2.1. The dashboard for quality indicators is available to the manager to show analysis and trending. The quality meeting has not occurred since January 2022, this has not allowed for the managers to review, analyse and trend the quality data and identify risks. The care home manager stated that |

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| | | pressures of work related to the outbreaks and staffing issues has impacted in their ability to hold quality meetings. This is an area for improvement.<br><br>The care home manager understood the requirement to comply with statutory and regulatory obligations in relation to essential notification reporting. Examples were the notification to the Ministry of Health when they had no RNs and of their COVID-19 outbreak.<br><br>The regional manager provided a copy of the organisation wide risk register with risks being identified, rated, mitigated and reviewed. Each facility is expected to have their own hazard/risk register.<br><br>An adverse event policy is in place to guide staff. An electronic process is used by staff to report all resident, visitor, or staff incidents/accidents. The clinical incidents reported are linked to the quality system and these clinical indicators are available to regional and national managers. The incident register showed 53 events logged in July and August, with 18 being open. It was identified that the register was not current. This is an area for improvement (see CAR 2.2.1). Open disclosure with whānau, appropriate clinical interventions, such as short-term care plans and neurological observations, were sighted where appropriate. These were discussed at staff meetings.<br><br>BUPA is developing systems and strategies that will enable individual facilities and the wider organisation to be able to identify the level at which they have delivered quality health care for Māori.<br><br>The prospective owner stated that they will continue with the facility's present quality and risk systems, including policies and procedures and progressively integrate their generic quality systems. They are aware of and comply with statutory and regulatory obligations in relation to essential notification reporting legal and contractual |
| Subsection 2.3: Service management<br><br>The people: Skilled, caring health care and support workers listen | PA Moderate | There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). This was confirmed |

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| to me, provide personalised care, and treat me as a whole person.<br><br>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.<br><br>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | | in rosters reviewed, which showed staffing levels being met. However, covering for sick leave and leave due to weather events can be problematic. In roster reviewed there had been one caregiver had worked 14 days in a row, the acting clinical manager (clinical manager is on maternity leave) is doing nights to cover for shortages of RNs and had worked eight duties in a row. Staff when interviewed stated that they do what is needed to meet the residents' needs. The care home manager, spoke of staffing being problematic during COVID-19 and being assisted by the DHB. They have employed 15 new staff this year and are currently advertising for caregivers and RNs. There is 24/7 RN coverage in the hospital.<br><br>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Evidence of education was sighted; however, not all staff have completed the necessary education this year, and this is an area for improvement. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB.<br><br>The number of care staff with NZQA levels was provided:<br><br>Level 2 – 5 caregivers<br><br>Level 3 – 7<br><br>Level 4 – 5<br><br>Level 0 – 8. The 8 staff were employed between 26 July 2021 and 14 March 2022 and five have registered to commence training.<br><br>BUPA has an initiative for the Manawatu area with each of the rest home senior staff on a roster to cover all facilities in the area. Staff reported feeling well supported by the care home manager and safe in the workplace.<br><br>Interview with the prospective provider identified that they have |

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| | | policies related to staffing, skill mix and staff changing shifts. There were no plans presently to change the present roster patterns. The provider offers an incentive scheme for staff to remain with the company, are recruiting overseas RNs, and have a remote nurse who assists RNs with interRAI and care plan development with the facility staff. They also have a plan to consolidate learning for care staff. |
| Subsection 2.4: Health care and support workers<br><br>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.<br><br>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.<br><br>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. | PA Low | Human resources management policies and processes are based on good employment practice and in accordance with the Health Information Standards Organisation (HISO) requirements. A sample of eight staff personnel files reviewed (two RNs, the clinical manager, maintenance manager, four care workers, and cook) showed that the organisation's policies are being consistently implemented. The regional manager stated that BUPA has an online system where recruitment details were kept. This information was not always printed off and put into the staff files in the facility. Evidence of this being the case for three staff was provided. All health professionals had a current annual practising certificate.<br><br>Waireka has a group of volunteers who help with residents' activities. A sample of the personnel files for volunteers showed some documentation was missing.<br><br>There are orientation workbooks relevant to the staff member's role. These are to be completed and a copy put into the personnel file. These were not sighted in all files sampled. Not all staff had a three monthly and annual appraisal as per company policy. This is an area for improvement.<br><br>Staff performance is reviewed three monthly and annually; these were not current.<br><br>The care home manger is aware of the ethnicity of the majority of her staff which is multicultural and includes Māori but not Pacific staff members. BUPA is yet to commence formally collecting ethnicity data of its staff.<br><br>Records for staff and residents were seen to be kept safe and in line |

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| | | with legislation and good practice.<br><br>Staff and the care home manager stated debrief occurs as required, such as post COVID 91. |
| Subsection 2.5: Information<br><br>The people: Service providers manage my information sensitively and in accordance with my wishes.<br><br>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.<br><br>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential. | FA | The regional manager stated BUPA information technology systems are backed up and maintained with appropriate security systems and varying levels of access ensure health information standards are upheld. Security of information was observed and confirmed by staff at the facility.<br><br>Residents' notes are in hard copy records, except for the electronic medication management system. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. The current and old records are held securely on site, and when no longer required on site are boxed, labelled and removed to an external storage facility. Staff reported that access to the offsite storage is easily facilitated.<br><br>No personal or private resident information was on public display during the audit. Residents' information is held for the required period before being destroyed.<br><br>The service uses a paper-based information management system for clinical files and uses the electronic system for medication management and interRAI assessment. InterRAI assessment information is entered into the Momentum electronic database and reports are printed and kept in individual residents' files. Staff have individual passwords to access the electronic systems.<br><br>The service provider is not responsible for National Health Index registration. |
| Subsection 3.1: Entry and declining entry<br><br>The people: Service providers clearly communicate access, | FA | The entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit |

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| timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.<br><br>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.<br><br>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. | | the facility prior to admission and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC).<br><br>The entry to services policies and work instructions are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. The service maintains a record of the enquiries. Work is in progress to implement routine analysis of entry and decline rates including specific rates for Māori. Residents have access to complimentary/traditional medicines if required. The service maintains links with several local Māori communities to benefit residents who identify as Māori. |
| Subsection 3.2: My pathway to wellbeing<br><br>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.<br><br>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.<br><br>As service providers: We work in partnership with people and whānau to support wellbeing. | PA Moderate | The RNs are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments sampled were developed within 24 hours of an admission in consultation with the residents and family/whānau where appropriate. Initial care plans were developed within 24-48 hours of an admission. The service uses assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural training. There were three trained interRAI assessors. Initial interRAI assessments and long-term care plans were not completed in three out of six residents' files who required these to be completed. Support for these residents were provided based on the initial care plan or care summary. In another two files, routine six-monthly interRAI reassessments and care plan evaluations were overdue. The interRAI summary report for the service evidenced that 21 interRAI reassessments were overdue for routine assessment.<br><br>The completed care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs documented. Detailed strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early |

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| | | warning signs and risks that may affect a resident's wellbeing were documented. Behaviour management plans were completed for any identified behaviours of concern. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Any family/whānau goals and aspirations identified were addressed in the care plans.<br><br>The Māori health policy and tikanga best practice guidelines are used to ensure culturally safe practice for Māori residents and kaupapa Māori perspectives permeate the assessment process. The assessment process supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori health policy and the ACM reported that these will be eliminated as required. The staff confirmed they understood the process to support residents and whānau. Residents who identify as Māori confirmed satisfaction with the services being provided.<br><br>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequent reviews were completed as determined by the resident's condition where required. Medical records were evidenced in sampled records.<br><br>The care plans evidenced service integration with other health providers including medical and allied health professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly. Short-term care plans were completed for any events and identified acute resident care |

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| | | needs.<br><br>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau interviewed confirmed their involvement in evaluation of progress and any resulting changes. |
| Subsection 3.3: Individualised activities<br><br>The people: I participate in what matters to me in a way that I like.<br><br>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br><br>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them. | FA | The activities programme is managed by a qualified diversional therapist (DT) with the support of an activities assistant. The weekly activities programme is posted on notice boards around the facility and copies are provided to residents.<br><br>Residents' activity needs, interests, abilities, and social requirements are assessed on admission with input from residents and family/whānau. Residents' participation in activities is monitored and recorded daily. Residents' activity plans are updated when there is a significant change in the resident's ability. This was evident in the records reviewed.<br><br>Individual, group activities and regular events are offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. Community activities on the programme included countryside van outings, weekly day trips, visits to the RSA, movie theatre and external entertainment. Monthly themes and international days are celebrated. Cultural events celebrated include Waitangi Day, Matariki and St Patrick's day celebrations. Other activities included exercises, story reading, puzzles, building blocks, bowls, 'happy hour' and church services. Community initiatives that meet the health needs, aspirations of Māori and whānau and participation in te ao Māori include kapa haka performances, Māori music played during music sessions and Māori language week was celebration. Interviewed residents and family/whānau confirmed they find the programme satisfactory. |

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| Subsection 3.4: My medication<br><br>The people: I receive my medication and blood products in a safe and timely manner.<br><br>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.<br><br>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The implemented medicine management system is appropriate for the scope and size of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. The RNs were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.<br><br>Medicines were prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. The GP stated that over-the-counter medication and supplements are considered as part of the person's medications where requested. Standing orders are not used.<br><br>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.<br><br>Residents and their family/whānau, are supported to understand their medications when required. The GP and RN reported that when requested by Māori, appropriate support and advice is provided.<br><br>Residents who were self-administering medications at the time of |

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| | | audit had appropriate processes in place to ensure this was managed in a safe manner. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Medication audits were completed with corrective action plans implemented as required. |
| Subsection 3.5: Nutrition to support wellbeing<br><br>The people: Service providers meet my nutritional needs and consider my food preferences.<br><br>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.<br><br>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents' nutritional requirements are shared with the kitchen staff and any requirements are accommodated in daily meal plans.<br><br>The food is prepared on site by cooks and is in line with recognised nutritional guidelines for older people. Kitchen staff have received required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian in March 2021. Meals are served in the dining rooms. Residents who chose not to go to the dining room for meals had meals delivered to their rooms. Facilities were available for competent residents to make their hot drinks independently when desired.<br><br>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Ministry for Primary Industries. The current food verification audit was completed on 22 September 2022. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Snacks and drinks were available for residents on a 24-hour basis.<br><br>Residents' weights are monitored monthly by the clinical staff and any identified weight issues were managed appropriately with referrals made to the dietitian for weight loss issues. Additional supplements were provided where required. The kitchen manager reported that |

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| | | menu options for residents who identify as Māori and other cultures will be provided when requested. Culturally specific to te ao Māori food options, for example a 'boil up' and fried bread, were prepared to celebrate Matariki day. Whānau/family are welcome to bring culturally specific food for their relatives. Residents who identify as Māori expressed no concerns with the meals provided.<br><br>Mealtimes were observed during the audit and residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Confirmation of residents' satisfaction with meals was verified in interviews. |
| Subsection 3.6: Transition, transfer, and discharge<br><br>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.<br><br>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.<br><br>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whanau/EPOA. Whānau/family reported being kept well informed during the transfer of their relative. The RNs reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.<br><br>The acting clinical manager reported that referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Examples of referrals completed were in residents' files sampled, including to the physiotherapist, eye specialists, wound nurse specialist and mental health team. |
| Subsection 4.1: The facility<br><br>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.<br><br>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.<br><br>As service providers: Our physical environment is safe, well | PA Low | A current building warrant (BWoF) of fitness expiring August 2022, is on display near the front entrance. The qualified independent person (QIP) folder showed that all monthly checks were appropriately completed monthly for the new BWoF. The new warrant is still to be received by the provider.<br><br>There is a maintenance manager who described their roles and responsibilities. Proactive and reactive maintenance processes are in place. An electronic system alerts the maintenance person to the areas within the monthly planned maintenance schedule to be |

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| 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. | | undertaken (including beds, hot water testing, wheelchairs, call bells and vehicles) and that they have completed the work. Two nurse call bell cords were sighted as being removed and these had not been reported to the maintenance manager to be reinstalled. Responses to reactive maintenance was timely as evidenced in the maintenance log completed by staff and signed off by the maintenance person. Testing and tagging of electrical equipment including residents' own equipment were current. Biomedical equipment checks have been undertaken within the last 12 months.<br><br>The environment was comfortable and accessible, promoting independence and safe mobility for all residents, including younger people (YPD). Personalised equipment is available for residents with disabilities to meet their needs.<br><br>All rooms are single and have a wash hand basin. Observation of the residents' rooms showed they were of a good size to allow for movement including with the use of mobility aids. Two rooms have an ensuite toilet and shower. All others share toilet and shower facilities. One shower and toilet was sighted as being out of order due to maintenance, which has been ongoing for some time. Staff stated there were adequate toilets and showers to allow them to carry out cares. There were separate toilets for staff and visitors.<br><br>A range of lounge and dining areas are available and were observed to be being well used. A refurbishment programme is underway and has been held up due to COVID-19 impacting on contractor availability and shortage of materials. There were areas in residents' rooms, corridor and service areas that were in need of maintenance. This is an area for improvement.<br><br>Heating is provided by gas and this has been an issue ongoing. The gas boiler has a problem with corrosion which blocks the duct. This was an issue on day one of the audit and is an area requiring improvement.<br><br>The biomedical waste bins are being stored outside the building and |

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| | | are not secure.<br><br>Residents and whānau were happy with the environment.<br><br>BUPA's action plan to meet the requirements of these standards, will include ensuring that any new service design will include consultation and co-design to reflect the aspirations and identity of Māori.<br><br>The prospective provider has no plans for major environmental changes as this stage. They will do due diligence related to the building structures. |
| Subsection 4.2: Security of people and workforce<br><br>The people: I trust that if there is an emergency, my service provider will ensure I am safe.<br><br>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.<br><br>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | The fire evacuation plan was approved by the New Zealand Fire Service in April 1999. Regular fire drills are occurring, one in February and one in July this year. The reports from these drills showed that training was also undertaken. Staff confirmed they have undertaken emergency training.<br><br>BUPA has a business continuity plan which addressed emergency situations. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region and are checked on a regular basis by the maintenance manager. Spill kits are available for chemicals spills.<br><br>Staff wear name badges and uniforms and have been trained and knew what to do in an emergency situation. Fire wardens are identified. Staff are responsible for ensuring the external widows and doors are locked at night fall. There is external lighting to allow staff to see if anyone seeks entry during the night. A security company provides a service to ensure staff feel safe to go to their cars in the dark and patrol the exterior during the night. They will inform staff if there are any open doors or windows.<br><br>Call bells alert staff to residents requiring assistance. Maintenance checks include regular checks of the call bell system. Residents and whānau reported staff respond promptly to call bells. Appropriate |

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| | | security arrangements are in place.<br><br>Residents and whānau were happy with the emergency and security arrangements. |
| Subsection 5.1: Governance<br><br>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.<br><br>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.<br><br>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern. | FA | BUPA governance body has an infection prevention and control specialist who has reviewed their policies and processes to align with the new standards. They review any infection programme and antimicrobial stewardship at their quarterly governance committees. This includes the ongoing monitoring of infection incidents which are reported via the electronic reporting system. Any significant events are notified to the clinical director and discussed with the leadership team and clinical governance group.<br><br>The prospective owner will carry on with current processes and review these over time. |
| Subsection 5.2: The infection prevention programme and implementation<br><br>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.<br><br>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.<br><br>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The acting clinical manager (ACM) is the infection control nurse who oversees and coordinates the implementation of the IPC programme. The infection control nurse's role, responsibilities and reporting requirements are defined in the infection control nurse's job description. The infection control nurse has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. The IPC programme was approved by the governance body and is linked to the quality improvement programme. The IPC programme is reviewed annually, it was last reviewed in July 2022.<br><br>The IPC policies were developed with input from external IPC services. They reflected the requirements of the standard and are based on current accepted good practice. Staff have received education in IP at orientation and through ongoing annual education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their |

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| | | room if they are unwell. This was confirmed in the records sampled.<br><br>The infection control nurse is involved in procurement of the required equipment, devices, and consumables through approved suppliers and the local Te Whatu Ora – Health New Zealand. The policy stated that the IP personnel will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility. This was confirmed by the CHM. There were renovations in progress.<br><br>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. The decontamination and disinfection policy guides staff practices. Regular infection control audits were completed, and where required, corrective actions were implemented.<br><br>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.<br><br>The cultural safety policy includes culturally safe practices in infection prevention and control. The ACM stated that residents who identify as Māori will be consulted on IP requirements as needed with the support of the kaumatua if required, to acknowledge the spirit of Te Tiriti. In interviews, staff understood these requirements. Work is in progress at the organisational level to provide educational resources in te reo Māori. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation<br><br>The people: I trust that my service provider is committed to responsible antimicrobial use.<br><br>Te Tiriti: The antimicrobial stewardship programme is culturally | FA | The documented AMS programme aims to optimise antimicrobial use and minimise harm. The programme is appropriate for the size, scope and complexity of the service. The IP and AMS programme guide the use of antimicrobials. The programme was developed using evidence-based antimicrobial prescribing guidance and has been approved by the governance body. |

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| safe and easy to access, and messages are clear and relevant.<br><br>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. | | Infections are recorded in the electronic incident management system and any prescribed antibiotics are recorded. Monitoring of the quality and quantity of antimicrobials used and identification of areas for improvement and evaluating the progress of AMS activities is managed at an organisational level. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)<br><br>The people: My health and progress are monitored as part of the surveillance programme.<br><br>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.<br><br>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data is collated, and action plans are implemented. Surveillance tools are used to collect HAIs data and standardised surveillance definitions are used. The organisation is working towards implementing collection of ethnicity data for surveillance. Results of the surveillance programme are shared with staff and reported back to the governance body regularly.<br><br>Residents were advised of any infections identified and family/whānau and EPOAs where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whanau and EPOAs. There were infection outbreaks reported since the previous audit that were managed effectively with appropriate notification completed.<br><br>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. |
| Subsection 5.5: Environment<br><br>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.<br><br>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.<br><br>As service providers: We deliver services in a clean, hygienic | PA Low | Staff follow documented policies and work instructions for the management of waste and infectious and hazardous substances (refer to 4.1.1). Laundry and cleaning processes are monitored for effectiveness. The IP personnel are involved in the monitoring programme for the environment. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely in a locked storage room. There is a clear separation between handling and storage of clean and dirty laundry.<br><br>Adequate PPE supplies were available in the laundry and cleaning cupboard. Residents and family/whānau reported that the laundry is |

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| environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms. | | managed well. This was confirmed through observations. Cleaning was not up to an appropriate standard in some areas including cupboards, residents' rooms, and lounge areas, corners, under beds and furnishings. |
| Subsection 6.1: A process of restraint<br><br>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.<br><br>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.<br><br>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | BUPA seeks to maintaining a restraint free environment within its facilities and this is demonstrated through their policy. Two senior nurses hold the portfolio of national restraint coordinators. Monthly quality indicator reporting to the national restraint group informs the governing body of the present status of each facility. Benchmarking occurs between facilities and there are twice yearly sharing of information at the national restraint teleconferences.<br><br>At the time of audit, Waireka Care Home, had four residents using bed rails, and one of these resident also uses a lap belt for safety, which is registered as a restraint.<br><br>The BUPA policy and procedure has recently been reviewed in line with these standards. The acting clinical manger is the restraint coordinator and the job description for this role defines the responsibilities including providing support and oversight for restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint was seen as being part of the RN meeting where the approval of the use of restraints and the restraint processes are discussed.<br><br>The prospective provider supports a restraint free environment. |
| Subsection 6.2: Safe restraint<br><br>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.<br><br>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. | FA | The restraint assessment forms (two different forms were in use) showed restraint being considered as the least restrictive intervention, consultation occurring with the GP and whānau and signed by the restraint co-ordinator or an RN. The documentation included, monitoring, care and evaluation requirements meeting the requirements of the standard. Access to advocacy is facilitated as necessary, with EPOA and whānau involvement evident. Staff speak with residents in relation to putting up and taking down the bed rails. |

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| As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. | | A restraint register is maintained and reviewed at each RN meeting, which forms the restraint approval group. The register contained enough information to provide an auditable record. It was identified in July there were five residents with restraint in use and August this was reduced to four, as one resident had died.<br><br>Three residents' files reviewed showed assessment, monitoring and review documentation was up do date. The use of restraint being recorded for the minimum amount of time required for the safety of the resident. Review included GP and whānau input. |
| Subsection 6.3: Quality review of restraint<br><br>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.<br><br>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.<br><br>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. | FA | Three residents' files reviewed where restraint was in use, showed the restraint being reviewed at the RN meeting monthly and at the three monthly care reviews. This included input from whanau. The RN meetings showed evidence of each resident with restraint in use being reviewed, including concerns and whether this was the most suitable option for this resident. There have been no quality meetings since January where the restraint is reviewed with other quality data (See CAR 2.2.1).<br><br>BUPA monitor restraint use via monthly clinical indicator reports and support facilities to become restraint free. |

# Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| Criterion 1.8.2<br>I shall be informed about and have easy access to a fair and responsive complaints process that is sensitive to, and respects, my values and beliefs. | PA Low | There are policies and processes for residents and whānau to make a complaint and they are made aware of the process as part of the admission process. Those spoken with were aware of the process and how they would make a complaint, including speaking with the care home manager whom they said was approachable and had an open-door policy. The service receives a lot of positive feedback and has had three complaints in the last 12 months. The care home manager manages the complaints process. Of two complaints reviewed, one had an acknowledgment outside the timeframes of the Code and the final letter was not available during the audit. The other was a verbal complaint from a family member and | Although there are few complaints, two out of three received in the past year showed that the process was incomplete. | All complaints are documented in such a way that allows for the time frames to be readily identifiable and met, and all complaints responded to within the time frames specified in the Code.<br><br>180 days |

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| | | no documentation related to this was available during the audit. | | |
| Criterion 2.2.1<br>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service. | PA Low | BUPA's elements of a quality and risk management system were in place and included:<br>The audit schedule which showed six out of 18 audits due since January had not been completed. Audits that had occurred had corrective action undertaken where required.<br>There is an annual resident and whanau satisfaction survey, undertaken by central office and was not available during the audit.<br>Adverse events were being recorded and corrective action is occurring where required. However, the register of events is not being kept current. A review of four open events, three of which were for residents and had been open for over 20 days, and one staff accident. The three resident incidents were followed through in the residents' records. Two were closed but had not been closed by the acting clinical manager on the system.<br>The quality meeting has not occurred since January, due to staffing and infection outbreaks. This has not allowed for the review of quality management processes to ensure areas are complete, including corrective action being followed up to a conclusion, and to allow for trending | Approximately a third of audits in the internal audit schedule had not occurred. Where a result is below 95%, corrective actions are to occur, and this was sighted as occurring in the register and in residents' files. There was no evidence of resident or whanau satisfactions surveys occurring this year.<br>The quality meeting has not occurred since January to allow for an ongoing review of the quality systems, trending and analysis.<br>The 'closing-off' of clinical incidents in the electronic system was not consistently occurring. | Internal audits are undertaken as per the annual schedule. Clinical incidents are 'closed off' in the electronic system. Resident and whanau satisfaction surveys occur. Regular quality meetings occur to allow for analysis of the audit processes and trending of the data.<br>180 days |

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| | | and analysis. | | |
| Criterion 2.3.4<br>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services. | PA Moderate | There is an annual training calendar which includes required training. A review of the competency spreadsheet showed:<br>First aid - 13 staff have current certificates. All RNs have current first aid certificates. Two dates in October are scheduled for this training to occur.<br>The Code - 75 percent of staff have competed.<br>Behaviours of concern - 72 percent of staff have completed.<br>Safe moving and handling - 33 percent of staff have completed<br>The aging process - 36 percent of staff have completed.<br>Fire safety - 60 percent have completed.<br>There were no recorded figures for falls, emergency management, fire, Te Tiriri o Waitangi or tikanga Māori training occurring. | There is a Bupa annual training calendar. However, the records of training including competencies showed that not all staff have completed these requirements. This was also confirmed in staff files reviewed. | All staff complete mandatory training and competencies.<br>90 days |
| Criterion 2.4.1<br>Service providers shall develop and implement policies and procedures in accordance with good employment practice and | PA Low | There are a group of volunteers who support residents with activities. Three volunteer personnel files showed that reference checking and other checks were being undertaken, however, two had a one side of an agreement form. The second side contained the | Not all volunteers' files contained a signed agreement which included confidentiality. | Volunteers have a signed agreement which includes how they will maintain confidentiality. |

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| meet the requirements of legislation. | | confidentiality section and the area for the volunteer to sign the agreement. | | 180 days |
| Criterion 2.4.4<br>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided. | PA Low | There are BUPA orientation workbooks related to the staff member's role. These showed good coverage of appropriate areas being covered. Staff are to complete the workbooks which are signed off and a copy placed in their personnel file. There have been 15 new staff employed since January, and a sample of three new staff files did not have the completed workbook. Staff interviewed were happy with their orientation which included a 'buddy' and support from the other staff members. | There is an orientation processes which includes role appropriate workbooks which are to be completed and put into staff personnel files. There have been 15 new staff employed since January and not all of these have completed their workbooks within the required three-month timeframe. | All new staff complete a role specific orientation within three months of commencing and the evidence of this s held in personnel files.<br><br>90 days |
| Criterion 2.4.5<br>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals. | PA Low | Staff are to have a performance review three months following employment, and thereafter an annual appraisal. A list of completed appraisals showed that ten staff were overdue for their annual appraisal and 11 new staff had not undertaken the three-monthly appraisal. Staff could not remember having an appraisal. Staff files (eight) showed one appraisal carried out in 2020 and one in 2021. | Not all staff have completed an appraisal three months following appointment, or an annual appraisal. | All staff undertake a three-month post appointment and an annual appraisal as per organisational policy.<br><br>180 days |
| Criterion 3.2.1<br>Service providers shall engage with people | PA Moderate | A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents | Initial interRAI assessments and long-term care plans were not developed within three weeks of admission in three out of six files | Ensure interRAI assessment, long-term care plans and routine six-monthly evaluations are completed in a timely |

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| receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this. | | and family/whanau or EPOA were involved in the assessment and care planning processes. In care plans completed relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment and care planning process. Some interRAI assessments and long-term care plans were not completed within three weeks of an admission. These residents' care was provided as per initial care plans completed and was reported by residents and family/whānau to be adequate to address the residents' needs. There is potential risk of residents not receiving adequate support as changes may not be captured in a timely manner when timely assessments are not completed. There were three interRAI trained assessors. | of residents who required these to be completed.<br><br>Routine six-monthly interRAI reassessment and long-term care plan evaluations were not completed in two files.<br><br>The interRAI summary assessment report evidenced that 21 routine six-monthly interRAI reassessments were overdue. | manner as per contractual requirements.<br><br>90 days |
| Criterion 4.1.2<br><br>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence. | PA Low | BUPA has been undertaking a refurbishment of residents' rooms, toilets and showers for some time. The completion of this has been impacted by COVID-19 on contractors' availability as has access to the required materials. Observation of the rooms, corridors and service areas identified that there is need for ongoing maintenance to carpets, walls and doors which were chipped, with one lounge area where a door has been removed leaving the areas where the | A programme of refurbishment is underway and is being held up due to supply issues. However, there are areas requiring attention, for example, ceilings are in need of painting, chipped wooden doors and surfaces in need of maintenance and painting, and wallpaper is peeling off.<br><br>Hot water issues have seen failure of the heating systems and portable heaters have been | Environmental audit of the facility is undertaken, and areas of maintenance listed with a programme to ensure these areas are repaired.<br><br>The gas hot water system is explored to ensure a continuous supply of heating to all areas of the facility.<br><br>All areas of repair and maintenance are recorded in the maintenance log to alert |

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| | | hinges were with exposed timbers, which does not allow for cleaning. Ceiling paint was peeling, and rooms and corridors with wallpaper had areas where the wallpaper was peeling off.<br><br>The maintenance manager spoke of ongoing issues with the gas-fired hot water system used to provide heating. During the first day of the audit the heating was being provided by strategically placed electric heaters and it was observed that there were cold spots in the facility. External contractors cleared the blockage, and the facility was warmer on day two.<br><br>A maintenance logbook is available for staff to report issues. In two bathrooms the nurse call bell cord was not inserted into the ceiling. There was an emergency call system also available. The maintenance manager had not been alerted that the call bell cord issue.<br><br>There were a range of yellow biomedical waste bins being stored outside the facility. These were accessible to anyone in the area and the elements. | bought to ensure temperatures of the areas. This is an ongoing issue. The temperature of the different areas is not easily controlled or being monitored.<br><br>Call bell cords were not connected in two shower rooms.<br><br>The storage of biomedical waste yellow bins is not stored in a secure area. | the maintenance manager to the areas, for example, call bells in two shower rooms.<br><br>Biomedical waste is stored securely.<br><br>180 days |
| Criterion 5.5.3<br><br>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to | PA Low | Cleaning processes are carried out daily. The documented cleaning work instructions are appropriate to the size and scope of the service. Cleaning of some areas was not up to the appropriate standards, and this was | There were areas identified such as cupboards, residents' rooms, and lounge areas where corners, under beds and furnishings cleaning has not been up to the appropriate standard. | Cleaning is completed appropriately to ensure a safe and hygienic environment for residents. |

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| the size and scope of the health and disability service that shall include:<br>(a) Methods, frequency, and materials used for cleaning processes;<br>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;<br>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy. | | also identified in a recent internal environmental cleaning audit that was completed. There was a corrective action plan in place to address the identified needs; however, there was no evidence of follow up on the corrective actions. Access to cleaning equipment and storage areas was restricted with a coded access. | | 180 days |

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

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

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

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

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End of the report.