

Bupa Care Services NZ Limited - Tararu Rest Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Tararu Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 February 2023 End date: 8 February 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	57

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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Bupa Tararu provides hospital (geriatric and medical), and rest home levels of care for up to 62 residents. There were 57 residents on the days of audit.

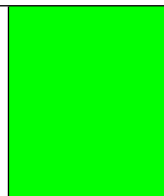
This certification audit was conducted against the Nga Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand-Waikato. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, and staff. The general practitioner was unavailable for interview at the time of audit.

The care home manager is appropriately qualified and experienced and is supported by a relieving clinical manager who is a registered nurse. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the intent of the standard and a continuous improvement rating has been awarded in the area of restraint.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



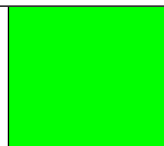
Subsections applicable to this service fully attained.

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

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

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

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation, and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

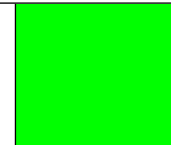
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

There is an activities calendar. The programme includes community visitors and outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group, including younger people with physical disabilities.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. The organisational dietitian reviews the Bupa menu plans.

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

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



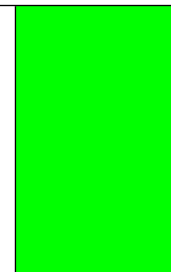
Subsections applicable to this service fully attained.

The facility holds a current building systems status report issued in lieu of a building warrant of fitness due to Covid -19 restrictions. Electrical equipment has been tested and tagged. The maintenance programme includes equipment and hoist checks. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme. A staff member trained in first aid is on duty at all times. Security is maintained.

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

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




Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported on. The service has robust Covid-19 screening in place for residents, visitors, and staff. The pandemic plan and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been one Covid -19 outbreak since the last audit.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored securely. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is a registered nurse. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. At the time of the audit there were no residents requiring restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	158	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori.</p> <p>Bupa is developing a te ao Māori strategy to introduce and implement te ao Māori related standards with a Māori health consultant. Bupa Villages Aged Care is currently establishing an action plan in collaboration with an external entity. This will support the development of materials and care programmes that address the 2021 Health and Disability Services Standard. The action plan consists of five phases with documented timelines to ensure establishment, implementation, and communication across Bupa facilities in New Zealand. Bupa care home managers have attended a workshop (Mauri Tu, Mauri Ora) designed to identify problems in relation to Te Tiriti o Waitangi and scoping of opportunities to improve health equity for Māori. The service engages with a local kaumātua and Māori ministers and developed meaningful partnerships with Māori communities and organisations through their staff and</p>

		<p>residents.</p> <p>The care home manager stated that they support increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Bupa Tararu. At the time of the audit there were Māori staff members in various roles, including management. Bupa Tararu has links to the local Te Korowai O Hauraki service and local kaumātua for community support.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one care home manager, and one relieving clinical manager) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service provided training on cultural safety in November 2022. Training encompassed Te Tiriti o Waitangi based on the guidelines of cultural safety in nursing education and practice.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs, including cultural beliefs. On admission all residents state their ethnicity. Individual cultural beliefs are documented for all residents in their care plan and activities plan. There are residents at Bupa Tararu who identify as Pasifika.</p> <p>The Bupa organisation is working towards the development of a comprehensive Pacific health plan. Bupa plans to partner with a Pacific organisation and/or individual to provide guidance. The service is able to link with Pacific groups in the local community facilitated by current staff members. If required, the service is able to access pamphlets and information on the service in most Pacific languages. The service is actively recruiting new staff. The care home manager described how they would encourage and support any</p>

		<p>applicants that identified as Pasifika through the employment process. There are currently staff that identify as Pasifika. On interview, a Pacific staff member confirmed they were welcomed and supported by management to attain qualifications.</p> <p>Interviews with the management team, eleven staff members (six caregivers, one registered nurse, one activities coordinator, one cook, one laundry and one maintenance personnel), six residents (two hospital and four rest home), five relatives (three hospital, two rest home), and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Bupa policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. The care home manager, relieving clinical manager or registered nurse (RN) discusses aspects of the Code with residents and their relatives on admission. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available, such as information in te reo Māori. Resident and relative meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and</p>

		<p>kindness. The residents and relatives felt they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents were respectful. The Māori health plan and care plans reviewed reflect residents were encouraged to make choices and be as independent as possible.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents have control and choice over activities they participate in, as evidenced in resident care plans and interviews with residents.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is</p>

		<p>encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. The 2022 resident survey identified a high level of satisfaction around privacy, dignity, and respect (including cultural needs). Residents' files and care plans identified resident's preferred names.</p> <p>Te reo Māori is celebrated during Māori language week. Matariki and Māori language week are celebrated at Bupa Tararu. Caregivers interviewed advised they are encouraged to use common te reo phrases when speaking with Māori residents and answering the phone. Two staff interviewed were fluent in te reo and described using their language skills within the home.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Bupa Tararu policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The service promotes a strengths-based and holistic model through the Māori health plan to</p>

		<p>ensure wellbeing outcomes for their Māori residents. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview, care staff confirmed an understanding of holistic care for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and relatives on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. The accident/incident forms reviewed identified relatives are kept informed; this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. Staff on interview advised they have used hand and facial gestures in addition to word cards to assist with communication when residents have required that level of assistance.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora – Waikato specialist services (eg, geriatric nurse specialist, mental health, wound nurse specialist). The management team attend weekly multi-agency meetings at the local hospital to facilitate a holistic approach to care for the local community. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity</p>

		for further discussion, if required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies in relation to informed consent which are implemented. Eight resident files reviewed (four at hospital level, and four at rest home level, including one respite) included signed general consent forms. Separate consent forms were in place for vaccines. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. The advance directive policy is implemented. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>The service follows relevant best practice tikanga guidelines and welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files, where available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically. There have been two complaints year to date for 2023, five in 2022, nineteen in 2021, eighteen in 2020 and nine in 2019 since the previous audit. The complaints included an investigation, follow up, and reply to the complainants. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The care home manager on interview advised complaints logged were classified into themes (operational issues, quality of care,</p>

		<p>communication, customer rights) in the complaint register. A complaint made through HDC in June 2019 (post the last audit) has been closed with recommendations in May 2022. There was evidence of an implemented quality improvement plan related to documentation of Section 31 notifications for pressure injuries, following this outcome. The corrective actions were discussed in staff meetings and toolbox talks.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, chaired by the care home manager. The contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents and relatives making a complaint can involve an independent support person in the process if they choose. The care home manager described the preference for face-to-face communication with people who identify as Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa Tararu is located on the Thames coast and is a purpose-built ground floor facility. The service is certified to provide care for rest home and hospital levels of care for up to 62 residents. All beds are certified as dual purpose.</p> <p>On the day of the audit there were 57 residents: 36 rest home, including one respite resident, and 21 hospital residents. All residents apart from the respite were under the age-related residential care contract (ARRC).</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their philosophy of 'Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to deliver quality care with a personal touch'. The business plan includes a mission statement and operational</p>

	<p>objectives with site specific goals. The Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director that reports to a New Zealand based Board. The operations manager for Midland region reports to the national operations director. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The governing body of Bupa consists of directors of: clinical; operations; finance; legal; property; customer transformation; people; risk; corporate affairs; and technology. This team is governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team.</p> <p>Bupa is developing a te ao Māori strategy to introduce and implement the te ao Māori related standards alongside a Māori health consultant. The goals will be embedded in the plan, and outcomes from the plan will be managed. Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori and tāngata whaikaha. The care home manager confirmed work is still progressing to ensure the strategic plan reflects collaboration with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Work is underway to ensure tāngata whaikaha have meaningful representation in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p> <p>Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings, that includes review of quality and risk management systems. There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. The customer service improvement team (CSI) includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office and supports. The organisation benchmarks quality data with other NZ aged care providers. Each region has a clinical quality partner who support the on-site clinical team with education, trend review and management.</p>
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		<p>Policies are in the process of review with further updates required in order to meet the 2021 Standard.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings, and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The care home manager has been employed at Bupa Tararu since October 2021 and has held previous management and nursing roles within Bupa over a number of years and has completed a Bupa course on management essentials. The care home manager holds post graduate nursing qualifications. The care home manager is supported by a relieving clinical manager who has worked at Bupa Tararu since April 2022, registered nurses, experienced care staff team and the regional operational partner.</p> <p>The care home manager and the relieving clinical manager have both completed more than eight hours of training related to managing an aged care facility and includes Bupa regional managers forums, Māori health plan, pandemic and infectious disease planning, and infection control teleconferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality</p>	<p>FA</p>	<p>Bupa Tararu is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions</p>

<p>improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident family satisfaction surveys are managed by head office who rings and surveys families. An independent contractor is sent to survey residents using direct questioning and a tablet. The 2022 resident satisfaction surveys have been correlated and analysed at head office and indicate that residents have reported high levels of satisfaction with the service provided. Results have been communicated to residents in the monthly resident meetings.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are in the process of review with further updates required in order to meet the 2021 Standard (link 2.1.11). New policies or changes to policy are communicated and staff sign as acknowledgement.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The goal for 2022 was to reduce and eliminate where possible the risk of musculoskeletal harm to staff. The goals for 2023 are due to be set this month. The health and safety team meets bimonthly. All have attended external health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious work-related staff injuries in the last 18 months.</p> <p>Electronic reports using RiskMan are completed for each</p>
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		<p>incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. The RiskMan system generates a report that goes to each operational team/governance team and also generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Relatives are notified following incidents.</p> <p>Discussions with the care home manager and relieving clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed appropriately. There have been three outbreaks since the previous audit which were appropriately notified.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site overnight for hospital level care residents. The service mitigates the risk of this situation by utilising an overnight virtual nurse service, with a senior caregiver acting as night shift duty lead on site. A temporary waiver to utilise a virtual nursing service in lieu of an on-site RN, has been granted by Te Whatu Ora -Waikato District Health of Older People portfolio manager in charge of aged residential care until 10 April 2023. The service is actively recruiting registered nurses. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The care home manager (registered nurse) and clinical manager are available Monday to Friday. On-call cover for other Bupa facilities in the region is covered by a six-week rotation of one care home and</p>

		<p>one clinical manager each week.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural awareness training in November 2022, which included Te Tiriti o Waitangi and how this applies to everyday practice.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-seven caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 27 caregivers at Bupa Tararu, 15 caregivers have achieved a level 3 NZQA qualification or higher.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to): restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Caregivers who have completed NZQA level 4, complete many of the same competencies as the RN staff (eg, medication administration; controlled drug administration; nebuliser; blood sugar levels and insulin administration; oxygen administration; wound management; and management of nebuliser therapy). Additional RN specific competencies include (but are not limited to) subcutaneous fluids, syringe driver, and interRAI assessment competency. Four registered nurses, and the relieving clinical manager are all interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible. Facility meetings provide a forum to share quality health information. External training opportunities for care staff include training through Te Whatu Ora, and hospice. A record of completion is maintained on an electronic register.</p> <p>Agency staff are not regularly used. A management of agency staff policy is documented for the organisation. If the agency nurse has never worked in the care home before, a 'bureau staff information booklet' is provided to them. Orientation including health and safety</p>
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		<p>and emergency procedures are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the agency in regard to meeting specific competencies. Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Staff welfare is promoted through provision of healthy lunches, massages, and regular cultural days and shared lunches. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The Bupa recruitment office advertise for and screen potential staff, including collection of ethnicity data. Once they pass screening, suitable applicants are interviewed by the Bupa Tararu care home manager. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers have not been utilised over the past two years due to</p>

		<p>Covid. An orientation programme and policy for volunteers is in place. Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. Plans are in place to implement the VCare electronic resident management system later in the year. There is a documented Bupa business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>	<p>FA</p>	<p>Residents who are admitted to the service have been assessed by Te Whatu Ora -Waikato needs assessment care coordination centre (NASC) service to determine the required level of care with physical disabilities. The relieving clinical manager or care home manager completes a pre-admission screening process for prospective residents following the Bupa Need and Enquiry policy. At the time of enquiry, the care home manager meets with prospective families /whānau and explains entry criteria, charges and other expectations.</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The manager described reasons for declining entry would only occur if the service could not provide the required service the potential resident required, after considering staffing, equipment requirements, and the needs of the potential resident. The other reason would be if there were no beds available.</p> <p>There are policies documented in relation to entry and decline of residents to guide the management team around admission and declining processes, including required documentation. Any enquiries are documented electronically with the required ethnicity data captured to create a waiting list. The care home manager keeps the electronic record of prospective residents and families that have viewed the facility, and admissions and declined referrals. This data is shared with the regional operations manager. These records are analysed by Bupa head office to analyse captured ethnicity.</p> <p>The service has an information pack (Moving into residential care) relating to the services provided at Bupa Tararu Care Home, which is available for families/whānau and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Bupa Tararu has a person and whānau-centred approach to services provided. Interviews with residents and relatives all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. There were residents identifying as Māori. The service engages with a local kaumātua and Māori ministers and developed meaningful partnerships with Māori communities and organisations through their staff and residents. There is a list of ethnicity-focussed services including the Māori Health Equity Directorate through Te Whatu Ora -Waikato.</p>
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<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight resident files were reviewed: four at hospital level, and four rest home, including the resident on respite. The registered nurses are responsible for conducting all assessments and for the development of care plans. Whānau are invited to attend a three-week review meeting after admission and six-monthly reviews. There is documented evidence of resident and whānau involvement in the interRAI assessments and long-term care plans and include their own goal setting. On interview, whānau members confirmed they were kept informed of matters relating to changes in health, including the recent outbreaks.</p> <p>The service uses the Bupa assessment booklets and person-centred templates (My Day, My Way and Map of Life) for all residents that reflect their ‘Person First care’ model of care. This and an initial support plan are completed within 24 hours of admission. The admission nursing assessment and assessment booklet includes a suite of assessment tools. Additional risk assessment tools include behaviour and wound assessments as applicable.</p> <p>InterRAI assessments and reassessments are completed within expected timeframes. Outcomes of risk assessments are reflected in the care plan. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. This was evidenced through a file review of a resident that identified as Māori. The service has policies and procedures in place to support Māori access and choice and is delivering these services. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>Long-term care plans reviewed (including the activities care plan) had been completed within 21 days for long-term residents. Care plans identify cultural needs, spiritual/religious, values, and beliefs, as identified through the assessment process.</p> <p>The respite resident had an admission assessment, initial care plan, including ‘My Day My Way’, completed within 24 hours of admission, as per the care home resident policy that covers the requirements for a resident admission. The residents had a support plan in place to meet the physical needs, community links, own routine, hobbies, and health needs of the resident.</p>
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	<p>Care plan evaluations had occurred within the required six-month timeframe. Written evaluations reviewed, identify if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Short-term care plans were well utilised for issues such as infections, weight loss and wounds. The GP visits and their medical notes are integrated into the resident file.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a medical provider who specialises in care of the elderly and has a GP visit weekly and more if required. After-hours GP cover is provided by the practice and the service is utilising a Virtual Nursing service to assist caregivers covering night duty. The GP was unable to be interviewed on the day of audit. Care plans include and identify multidisciplinary involvement with interventions documented and integrated into care plans. The service has contracted a physiotherapist once a week. There are regular podiatrist visits and a Bupa dietitian available. There is input from Te Whatu Ora -Waikato care coordination centre, older persons mental health team, an occupational therapist for seating assessments, social worker, speech language therapist, wound care and continence specialist nurse, and hospice support are available as required.</p> <p>Caregivers and nurses interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers. The RN further adds to the progress notes if there are any incidents or changes in health status. Progress notes give an accurate picture of the resident's care journey.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the relieving clinical manager or a RN initiates a review with a GP. The RNs utilise and complete a comprehensive Introduction, Situation, Background, Assessment and Recommendation tool (ISBAR) when communicating with clinicians regarding deteriorating residents. There is evidence that residents that deteriorate in health are rapidly assessed and reviewed in a timely manner by the GP. Family was notified of all changes to health, including infections,</p>
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		<p>accident/incidents, GP visit, medication changes and any changes to health status. A family/whānau contact sheet records family notifications and discussions.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for nineteen residents with wounds. Wound dressings were being changed appropriately, within the required frequency. A wound register is maintained. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury. All reviewed were completed according to the timeframes detailed in policy. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Opportunities to minimise future risks are identified by the clinical manager and unit coordinator.</p> <p>The service is responsive to residents with disabilities accessing the community, resources, facilities, and mainstream supports. This includes education, public transport, and primary health care services in the community. The service promotes access to family and friends.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	<p>FA</p>	<p>The service employs a full-time activities coordinator who leads and facilitates the activity programme Monday to Friday 8.30am to 4.30pm and is supported by a full-time activity's assistant. There are set Bupa activities including themes and events. The activities team is supported by the Bupa national diversional therapist. A monthly activities calendar is distributed to residents and daily activities are posted on the noticeboards. Families can choose to have the</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>newsletter emailed to keep them informed of upcoming events and allow family attendance at special events and celebrations. Te Whare Tapa Whā is recognised and implemented to improve outcomes for Māori. The activity programme supports Māori to participate in te ao Māori. Poi dancing, building of words and pronunciation of phrases in te reo Māori is incorporated in the activities programme. Māori language week was actively promoted. The service ensures that their staff support community initiatives that meet the health needs and aspirations of their Māori residents through engagement of kaumātua, and the local marae.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. The activity programme is further broken down into physical, cognitive, creative, and social activities. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions. Interactions observed on the day of the audit evidenced engagement between residents and the activities team members. The activities team seek verbal feedback on activities from residents and families to evaluate the effectiveness of the activity programme, enabling further adaptation if required. Residents and family/whānau interviewed were positive about the activity programme. Residents have the opportunity through the residents' meetings to provide suggestions for the activity programme.</p> <p>Each resident has a Map of Life developed on admission. The Map of Life includes previous careers, hobbies, life accomplishments and interests which forms the basis of the activities plan. The resident files reviewed included a section of the long-term care plan for socialisation, activities, hobbies, and interests which has been reviewed six-monthly. The service provides a range of activities, such as: crafts; exercises; bingo; news reading; cooking; quizzes; table games; van trips; sing-alongs; movies; and pampering sessions. Community visitors include weekly and monthly church services, singers and other entertainers. Themed days such as Matariki, Waitangi, Easter, Diwali, Melbourne Cup, cultural days, and Anzac Day are celebrated with appropriate resources available. The facility has its own wheelchair accessible van and van outings occur weekly to local Thames beaches, shopping outings and visits to areas of</p>
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		<p>interest to local residents (eg, where residents lived previously).</p> <p>There is plenty of space in the lounge/dining rooms for group activities, there are also quiet spaces within the facility. Interviews and observation confirmed activities are meaningful and appropriate for the cohort of residents. Residents and family interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements and support safe storage of complementary, over the counter and alternative medicines. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Staff who administer medications could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the electronic chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the treatment room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications, including the bulk supply order, is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP. No residents were self-administering medication on the day of audit. There are policies and assessments available should residents choose to administer their medications.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each drug chart has photo identification and allergy status identified. There are no standing</p>

		<p>orders in use.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The clinical manager and registered nurses described working in partnership with Māori resident’s whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen manager oversees the on-site kitchen, and all cooking is undertaken on site. The kitchen manager is supported by a cook and four kitchen assistants. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. Food service policies and procedures include basic Māori practices, respecting and supporting cultural beliefs, values, and protocols around food. The kitchen manager interviewed provided a menu for Māori week, Waitangi Day “boil up” and a hangi for Christmas lunch. The service incorporated Māori residents’ cultural values and beliefs into menu development and food service provision. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special diets, and the kitchen manager (interviewed) works closely with the registered nurses on duty. The service provides pre-moulded pureed foods to those residents requiring this modification. Staff feedback indicated the close resemblance to the original dish (pureed carrots look like carrots etc) has a beneficial effect for the resident in terms of inclusion in the dining room and dietary intake. Supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen is situated near the rest home dining room. Meals are transported in scan boxes already plated and served directly to residents in each wing. Residents that do not require supervision with their meals may also choose to have meals in their rooms. There are special utensils and lipped plates available when required. There are snacks available which include sandwiches and fruit platters.</p>

		<p>There is a current food control plan that expires 22 December 2023. Kitchen staff are trained in safe food handling and memorable dining experience. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal and documented. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Surveys, kitchen feedback and one-to-one interaction with kitchen staff allow the opportunity for resident feedback on the meals and food services. The kitchen manager and care staff interviewed understood basic Māori practices in line with tapu and noa. Residents and family members interviewed indicated high satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented Bupa resident transfer, return and discharge policy. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. The management team reported the service facilitates, encourages, and supports all residents to access other health and disability services, social supports or kaupapa Māori agencies where appropriate. One resident's file (that was recently discharged from hospital) evidenced discharge notes are kept on file, instructions are incorporated into the care plan and the 'yellow envelope' transfer documentation system is utilised. The relieving clinical manager stated there is a comprehensive handover between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-</p>	FA	<p>The building currently holds a building system status report issued in lieu of a building warrant due to Covid-19 restrictions, expires 16 May 2023. The maintenance person works 37 hours a week (Monday to Friday), plus on call after hours. There is a maintenance request book for repair and maintenance requests located at reception. Equipment</p>

<p>centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>failure or issues are also recorded in the handover book. This is checked daily and signed off when repairs have been completed. There is a 52-week annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, monthly testing of hot water temperatures and checking of civil defence kits. Essential contractors are available as required. Contractors are inducted to the site. Testing and tagging of electrical equipment and calibration of medical equipment has been completed as scheduled by an external contractor.</p> <p>The home reflects an environment that is inclusive of peoples' cultures and supports cultural practices. The facility includes places where young people with disabilities can find privacy within communal spaces. There is consideration of compatibility with residents prior to entry.</p> <p>The beds are divided into two wings: Rest Home (31) and Hospital (31). All are dual purpose rooms. All rooms are single occupancy with handbasins and adequate number of communal toilets and showers. One room has an ensuite. Flooring, fittings, and features are adequate for easy cleaning. Handrails are strategically placed in the toilets and showers for ease of mobility. These areas are spacious to accommodate mobility equipment, transfer equipment and shower chairs. All communal toilets/bathrooms have locks and engaged signs. There is a spacious lounge, dining area with kitchenette in both wings, and with access to the outdoor via a ramp with handrails. The large lounge and dining room are also used for activities. Caregivers interviewed reported that they have adequate space and equipment to provide care to residents. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit.</p> <p>Visitors and staff toilets are located near the reception at the rest home area.</p> <p>There are separate call points for each bed and communal areas. Both hospital and rest home areas have access to garden and pathed areas, which are safe to promote freedom of mobility. Outdoor areas have seating, safe paths, and shading.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There are wall heaters for the bedrooms and heat pumps</p>
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		in central lounge/dining areas that can be manually adjusted. There are no plans for major refurbishment or building projects. Bupa as an organisation, consult with Māori for any new build projects, and this is coordinated by head office.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies outline the specific emergency response and evacuation requirements, as well as the responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly, last completed 10 February 2023. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Emergency lighting is available in each unit. Back-up power, alternative cooking (gas) water stores (approximately 1500 litres) and adequate food stores are available in the event of a civil emergency. There is an emergency storage area containing critical supplies of personal protective equipment (PPE), as well as orange civil defence bins that are checked six-monthly. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas display panels, and the caregivers carry a pager. Call bells are included in the preventative maintenance programme. Residents were observed to have their call bells within reach. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, and staff complete security checks at night. A security company also does regular night checks.</p>
Subsection 5.1: Governance	FA	A registered nurse undertakes the role of infection control coordinator to oversee infection control and prevention across the service for the

<p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>last year. The job description outlines the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention specialist (currently vacant position) at Bupa head office, who reports to and can escalate any significant issues to Board level. Documentation review evidence recent outbreaks were escalated to the executive team within 24 hours. Bupa has monthly and sometimes weekly infection control teleconferences for information, education, discussion and Covid updates should matters arise in between scheduled meeting times. Infection rates are presented and discussed at quality and staff meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local Te Whatu Ora -Waikato, in addition to expertise at Bupa head office.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening and health declarations continues for visitors and contractors, and all are required to wear masks. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid-19 vaccinations (logs sighted), with all staff and all residents being fully vaccinated against Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control coordinator is supported by the clinical nurse manager and Bupa infection control lead. During Covid-19 lockdown, there were regular zoom meetings with Te Whatu Ora and the Bupa infection control lead, which provided a forum for discussion and support relating to the Covid-19 response framework for aged residential care services. The service has a Covid-19 and pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed an online training</p>

	<p>with Te Whatu Ora-Waikato and Ko Awatea infection prevention and control training. There is good external support from the GP, laboratory, and the Bupa infection control lead. There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE available and accessible. The Bupa infection control lead and the infection control coordinator has input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa, in consultation with infection control coordinators. Policies are available to staff. Aseptic techniques are promoted through handwashing and creating an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There were no residents with MRSA or ESBL at the time of the audit. There are sterile single use packs for wound care.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service infection control policies acknowledge importance of te reo information around infection control for Māori residents and safe practices, acknowledging the spirit of Te Tiriti. Staff interviews demonstrated knowledge around culturally safe practices in relation to their roles. This is supervised by the relieving clinical manager and Māori staff. Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Residents have their own slings. Cleaning and environmental audits are completed four-monthly and the cleaning audits reviewed for this audit include evidence that these procedures are carried out.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training</p>
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		<p>plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed handwashing and PPE competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through emails.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follows the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The infection control Bupa lead is responsible for collating and analysing the electronic medication management system with pharmacy support. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs annually.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic RiskMan register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance is discussed at infection control, clinical</p>

		<p>and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora-Waikato.</p> <p>There has been one Covid -19 outbreak since the previous audit June 2022. All were appropriately managed with Te Whatu Ora- Waikato and Public Health was appropriately notified. There was daily communication with Bupa infection control lead, clinical director portfolio manager and the local Te Whatu Ora- Waikato infection control nurse specialist. Daily outbreak management meetings and toolbox meetings (sighted) captured 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs were completed. Staff confirmed resources, including PPE, were adequate. Relatives were kept informed during the outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) in each wing, with personal protective equipment available, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry near the reception of the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. There are two commercial washing machines and two dryers. Material safety datasheets are available, and all chemicals are within closed systems. All laundry is processed on site by dedicated laundry assistants, seven days per week. The numerous linen cupboards were well stocked. The washing machines and dryers are</p>

		<p>checked and serviced regularly.</p> <p>Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. Laundry and cleaning staff have also completed chemical safety training. The laundry assistant and cleaner interviewed had good knowledge about cleaning processes and requirements under Covid-19.</p> <p>The cleaning and laundry services are monitored through the internal audit schedule and is supervised by the infection control coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is an RN (relieving clinical manager supports the restraint coordinator). At the time of the audit, there was no residents using restraints.</p> <p>The use of restraint is reported to the Bupa head office. It is discussed in the monthly RN, staff, and quality meetings, evidenced in the meeting minutes. The relieving clinical manager interviewed (as restraint coordinator was not available for the interview) described the facility's focus on only using restraint as a last resort.</p> <p>Education on restraint minimisation is included in the annual training plan and orientation programme. It is accompanied by a competency questionnaire.</p> <p>The service has been awarded a continuous improvement rating for maintaining a restraint-free environment.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 6.1.1</p> <p>Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	CI	<p>A review of the clinical indicator data indicated Bupa Tararu to be restraint free from February 2021 to date. The relieving clinical manager and care home manager interviewed confirmed that a range of initiatives are implemented to ensure the restraint-free environment is maintained. Meeting minutes reviewed evidenced discussions around strategies to maintain a restraint-free environment. Caregivers interviewed could explain current strategies that assist to keep the environment restraint free.</p>	<p>The service wanted to continue to support residents' independence and safety with proven strategies and initiatives that maintains the restraint-free environment. This included individual strategies to respond to specific resident needs, including: falls prevention; early intervention to identify changes in behaviour; quality use of medication; and the provision of a safe environment, including a review of timing of other activities and individual schedules/routine.</p> <p>The service has managed to maintain a restraint-free environment, while reducing falls during the same period by 60%. Staff oversee walking groups to promote residents' independence through mobility support and exercise. Education sessions for staff were provided to focus upon restraint minimisation practices. Ongoing communication and involvement of the next of kin and residents improved an understanding of the Bupa strategy</p>

			<p>to maintain a restraint-free environment.</p> <p>Positive feedback from residents and relatives indicates that residents have been able to enjoy a safer and more comfortable home experience. These positive results were discussed at clinical and quality meetings, and in residents' newsletters.</p>
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End of the report.