

Bupa Care Services NZ Limited - Hugh Green Care Home

Introduction

This report records the results of a Surveillance 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: Hugh Green Care Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 8 December 2022 End date: 9 December 2022

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: 84

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 Hugh Green provides hospital (geriatric and medical), rest home and dementia level of care for up to 100 residents. There were 84 residents on the days of audit.

This surveillance audit was conducted against the subset of relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora- Health Waitemata. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The general manager is appropriately qualified and experienced and is supported by a clinical manager. The service continues to implement the Bupa quality systems and processes.

Feedback from residents and families/whānau was 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 surveillance audit identified shortfalls related to staffing, completion of audits and staff development and training.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The organisation is working towards developing a te ao Māori strategy and the development of a Pacific health plan. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. Bupa Hugh Green provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations.

Hunga mahi me te hanganga | Workforce and structure

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

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The 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, with corrective actions completed 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.

Staff are supported with education and training.

Ngā huarahi ki te ora | 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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The service promotes equity of access to their facility through a well-documented entry and decline process. There is an admission package available to residents and families prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision.

The care plans demonstrate service integration; there is a plan in place for registered nurses to review assessments and care plans on the resident's six-month anniversary. The organisation uses a paper-based resident management system. Resident files include medical notes by the general practitioner and allied health professionals.

The activities team provides and implements a wide variety of activities which include cultural celebrations. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. The electronic medicine charts reviewed met prescribing requirements and reviewed at least three-monthly by the general practitioner. Medications are stored securely.

Residents' food preferences, dietary and cultural requirements are identified at admission.

Te aro ki te tangata me te taiao haumarū | 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 building has a current warrant of fitness which expires on 22 May 2023 and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. There is a printed up-to-date resident list for evacuation purposes.

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.

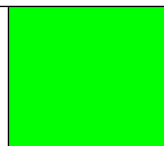
Infection prevention management systems are in place to minimise the risk of infection to residents, staff, and visitors. The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has a robust pandemic plan in place. Covid-19 response plans are in place and the service has access to personal protective equipment supplies.

Outbreaks have been reported since the previous audit, and these have been well documented and managed.

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.

Bupa Hugh Green strives to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

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	18	0	1	1	0	0
Criteria	0	47	0	2	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The general manager interviewed confirmed that the service supports a Māori workforce, with staff identifying as Māori (or having whānau connections) at the time of the audit. The service is actively recruiting staff and encourage Māori to apply. The service provides comprehensive support for all staff including those that are seeking to pursue a further qualification in health and wellbeing. There are Careerforce assessors on site and a RN that is a qualified preceptor who is available to put the measures in place to enhance the learning environment for Māori staff.</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>	Not Applicable	<p>Bupa plans to partner with a Pacific organisation and/or individual to provide guidance and to ensure the development of a Pacific health plan, which focuses on achieving equity and efficient provision of care for Pasifika. There are several staff that identify as Pasifika. The general manager confirms that the service is working towards utilising their staff knowledge, and their own linkages with their community to</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>provide guidance into the development of guidelines for a Bupa Pacific health plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The Bupa Māori health plan supports and guides the resident's care plan. Interviews with staff, residents and family members confirmed Māori mana motuhake is being upheld. Māori tikanga principles are documented in flip charts and are placed throughout the facility. Four residents (two from the hospital and two rest home) and two families (from the dementia unit) interviewed stated the six-monthly multidisciplinary meetings with whānau and the resident provide opportunity to choose and discuss treatment goals.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Signage in te reo Māori is in place in various locations throughout the facility. Interviews with fourteen staff (four registered nurses [RNs], four caregivers, one maintenance person, one kitchen manager, and four diversional therapists [DTs]) confirmed their understanding of tikanga best practice, with examples provided in relation to their role. Te reo Māori is celebrated during Māori language week. A tikanga Māori flip chart is available for staff to use as a resource. Cultural awareness training is provided annually. The service has also introduced more specific, Māori cultural training for staff which has been scheduled.</p> <p>Staff are supported to attend te reo classes. The management interviewed (general manager, clinical manager, business coordinator and quality partner) confirm staff work in partnership with residents (including those with disabilities) and whānau to ensure residents who choose to, have the opportunity to participate in te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Bupa policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Staff have attended abuse and neglect training. Staff interviewed confirm they feel comfortable to address issues related to racism. The Bupa internet provide an internal function where staff can raise issues directly to an independent person related to ethical conduct in the workplace.</p> <p>The Bupa 'person first' model of care is a holistic model of care that ensures wellbeing outcomes for Māori residents. There were residents identifying as Māori at the time of the audit. Relatives/whānau and residents interviewed stated all their wellbeing needs are met.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines, as sighted in documentation. The service welcomes the involvement of family/whānau in decision making or where the resident receiving services wants them to be involved.</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</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. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability</p>

<p>disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>Commissioner (HDC).</p> <p>There were five complaints in 2021 and two in 2022 (year-to-date) documented in the complaint register. Complaints logged include an investigation, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Interviews with residents and relatives/whānau 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 at the main reception door, where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Annual surveys provide an opportunity for relatives and residents to have input into the efficiency of all key aspects of service delivery. The contact details for a resident advocate from advocacy services is posted in large print on noticeboards. Residents and relatives/whānau making a complaint can involve an independent support person in the process if they choose.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <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>	FA	<p>Bupa Hugh Green is located in Albany. The facility is a purpose-built facility across three levels. The service is certified to provide care for rest home, hospital (geriatric and medical) and dementia levels of care for up to 100 residents.</p> <p>There are 76 dual purpose beds and a 24-bed secure dementia unit. On the day of the audit, there were 84 residents: 18 residents at rest home level care; 46 residents at hospital level of care and 20 residents requiring dementia level of care. All residents were under the age-related residential care contract (ARRC).</p> <p>Plans are in place for the Board and senior managers to attend cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>Bupa is developing a te ao Māori strategy alongside a Māori health consultant. The goals will be embedded in the strategy and outcomes from the strategy will be managed. The quality partner and general manager confirm there have been progress made with the strategy and</p>

		<p>they attended recent meetings where they were introduced to the framework. Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori. Barriers to health equity will also be addressed.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed in quality meetings, and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>Tāngata whaikaha are involved through annual surveys and regular resident meetings. Regular feedback is provided to residents and relatives/whānau through newsletters.</p> <p>The general manager is a registered nurse (RN) with a current practising certificate and has been in the role for six years. The general manager is supported by an experienced clinical manager (RN), who has been in the role for two and a half years. They are supported by a business coordinator and support services manager on site.</p> <p>The business coordinator assists with the budget, procurement of items and human resources functions. The support services manager oversees the allied health services. They have support from a regional operations manager and regional quality partner. The management team report high turnover of staff, more so during Covid. Bupa implemented numerous strategies to mitigate the risk and to ensure efficient processes are implemented to manage the roster.</p> <p>The general manager and the clinical manager have both completed more than eight hours of training related to managing an aged care facility and includes an external leadership programme that is endorsed by Bupa. Both attended managers forums, zoom meetings and training related to pandemic and infectious disease planning.</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>	PA Low	<p>Bupa Hugh Green continue to implement the organisational 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>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>Meetings include infection control, health and safety, restraint, and quality meetings. Caregivers from each unit are allocated to attend different meetings. Meeting schedules were upheld during outbreaks and occurred internally via zoom to ensure ongoing communication between team members.</p> <p>Monthly staff meetings provide an avenue for discussions in relation to (but not limited to): quality data (including falls, infections, wounds, challenging behaviours, MDRO, pressure injuries, restraint, and medication errors); health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off when achieved.</p> <p>Quality goals and progress towards attainment are discussed at meetings. Quality data and trends in data are also posted in the staffroom.</p> <p>The September 2022 resident satisfaction and November 2022 relative surveys indicate that residents have reported high levels of satisfaction with the service provided. Overall satisfaction is above 92%. Results have been communicated to residents and whānau through memos and newsletters (sighted).</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for two hours per week and when required. Strategies are implemented to reduce the frequency of falls.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) and investigation required. Fifteen accident/incident forms were reviewed (witnessed and unwitnessed falls, challenging behaviours, skin tears, pressure injury). Incident and accident data is collated monthly and analysed. Benchmarking occurs on a national level against other Bupa facilities. The electronic 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. Opportunities to minimise future risks are identified by the</p>
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		<p>clinical manager and unit coordinator.</p> <p>Discussions with the care home manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been 15 Section 31 notifications completed since the last audit to notify HealthCERT around issues relating to staffing and pressure injuries. Three notifications related to notification of RN shortages in March 2022, and RN unavailability on two occasions since November 2022, where the emergency virtual consult service was used. Outbreaks had been notified to Public Health as required and included one gastro outbreak in December 2020, two Covid- exposure events and two Covid outbreaks in 2022.</p> <p>Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori. Critical analysis of organisational practices is completed through benchmarking analysis and reports at a national level, annual reviews of the quality programme and six-monthly facility health checks.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements. The general manager stated that it is difficult to provide full coverage for the roster. The general manager stated that five caregivers and two registered nurses have recently been recruited for positions but have not yet commenced employment. The general manager stated a recent meeting with the recruitment team confirmed a further five RNs and five caregivers are needed to fill the roster.</p> <p>The service had an agreement with the Waitemata programme manager to use the emergency virtual consult service on two occasions when a RN was not available.</p> <p>Bupa have implemented further initiatives to further upskill level 3 and 4 caregivers to complete certain tasks, including wound dressings. Hybrid work arrangements were introduced where staff can work across different roles, for example, the DT can work as a caregiver.</p> <p>The emergency consult support folder documented, and outlines responsibilities and guidance related to clinical tasks, monitoring</p>

		<p>required, documentation, transfers, death and dying. Further guidelines include care home shift support for who is responsible for certain tasks and when to escalate. Staff interviewed confirmed there is always a registered nurse on site except for two previous occasions, as sighted in the Section 31 documentation. Registered nurses work twelve hour shifts to cover the roster. A bureau agency provides regular cover for 5 full time equivalent caregivers on an ongoing agreement. Interviews with staff confirmed that their workload is currently manageable, and that management are very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>Due to numerous Covid restrictions and workforce shortages, the clinical manager has been working as a registered nurse on the floor. As a result, medication competencies and first aid competencies have fallen behind. One full-time RN is on a contractual arrangement to conduct multidisciplinary meetings (MDT), care planning reviews and interRAI assessments.</p> <p>The general manager (non-clinical) and clinical manager are available Monday to Friday. Both are available to cover on call.</p> <p>The roster for the 24-bed dementia unit (Shannon). There were 20 residents on the day of the audit.</p> <p>The unit coordinator position is vacant.</p> <p>Morning shift: senior medication competent caregiver from 7 am-3.15 pm, supported by two caregivers (7 am-3 pm; 7 am-1 pm). The activities assistant works from 8 am-9 am helping with cares and then 9 am-5.30 pm facilitating activities.</p> <p>Afternoon shift: senior medication competent caregiver from 3 pm - 11.15 pm, supported by two caregivers (3 pm-11 pm; 4 pm-8 pm).</p> <p>Night shift: one caregiver 11 pm-7 pm; the second flexi shift is vacant.</p> <p>The roster for dual purpose unit is allocated as follows:</p> <p>Fergus and Foyle is a 45 dual purpose unit. On the day of the audit there were 13 rest home and 27 hospital residents.</p> <p>Morning shift: There is one RN rostered from 6.45 am to 3 pm and is supported by five caregivers (2x 7 am-3 pm; 2x 7 am-1 pm and 7 am-</p>
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		<p>11 am [flexi-shift]); a breakfast assistant from 8.15 am-9 am and activities assistant from 9 am-5.30 pm.</p> <p>The senior caregiver/RN support role is vacant, and the second RN role is vacant.</p> <p>Afternoon shift has one RN from 2.45 pm to 11 pm, supported by four caregivers (two from 3 pm-11 pm; 3 pm-8 pm and 4 pm-8 pm) and another from 4.45 pm-8.45 pm to assist with medication administration.</p> <p>The senior caregiver/RN support role and flexi-shift (4.45pm-8.45pm) is vacant.</p> <p>Night shift: RN 10.45 pm-7 pm, supported by two caregivers working 11 pm-7 pm; the third caregiver (RN support role) is vacant.</p> <p>Liffey is a 31 dual purpose unit. On the day of the audit there were 7 Rest Home and 19 Hospital resident.</p> <p>Unit coordinator role is vacant.</p> <p>Morning shift: There is one RN rostered from 6.45 am to 3 pm and is supported by three caregivers (two from 7 am-3 pm; 7 am-1 pm) and another 7 am-1 pm[flexi-shift] from Thursday to Sunday); a breakfast assistant from 8.15 am-9 am and flexi shift 8.15 am-9 am and activities assistant from 9 am-4.30 pm.</p> <p>The senior caregiver/RN support role is vacant.</p> <p>Afternoon shift has one RN from 2.45 pm to 11 pm, supported by three caregivers (two from 3 pm-11 pm and 4 pm-9 pm) and another from 4 pm-9 pm flexi-shift. A 4.45 pm-8.45 pm shift is vacant.</p> <p>Night shift: RN 10.45 pm-7 pm, supported by one caregiver working 11 pm-7 pm; the third caregiver (RN support role) is vacant.</p> <p>Online learning is provided through the Bupa learn platform and face to face learning. A record of completion for education and training is maintained on an electronic register.</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; abuse and neglect; Code of Rights; restraint-free environment;</p>
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		<p>intimacy and sexuality; and pressure injury management. Medication education has fallen behind. Staff last attended cultural awareness training in January 2022. The Bupa work instructions library provide access to staff and share information about high-quality Māori health information. Additional cultural training more specific to Māori and the Treaty of Waitangi is scheduled. Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise.</p> <p>There are two RNs that have commenced the professional development recognition programme (PDRP). All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible. External training opportunities for caregivers and RNs include training through the local hospital, and hospice and are attended via zoom.</p> <p>Training is provided to staff to ensure health and safety in the workplace, including: manual handling; hoist training; chemical safety; emergency management, including (six-monthly) fire drills; and personal protective equipment (PPE) training. Competencies are completed.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The Bupa orientation programme qualifies new caregivers at a level 2 New Zealand Qualification Authority (NZQA).</p> <p>There are 42 caregivers and 21 had achieved level 4 Certificate in Health and Wellbeing and 7 achieved level 3 Certificates in Health and Wellbeing. The quality partner and two RNs are assessors and support staff to gain qualifications</p> <p>Not all staff allocated to the dementia unit have completed their dementia standards within the timeframe stated in ARRC E4.5.f</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Level four caregivers complete many of the same competencies as the RN staff (eg, restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, wound management, nebuliser); however, not all medication competencies are current. Additional RN</p>
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		<p>specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency.</p> <p>There are ten RNs at the service; six RNs, including the clinical manager, are interRAI trained. There is a full-time registered nurse on a fixed term contractual agreement that solely is allocated to perform interRAI assessments, multidisciplinary meetings, and care planning.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. The November 2022 staff survey evidence an overall staff satisfaction with the work environment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The Bupa recruitment office advertise for and screen potential staff, including collection of ethnicity data. Once shortlisted, suitable applicants are interviewed by the Bupa Hugh Green general manager.</p> <p>Staff paper files are held in the administration office in a locked filing cabinet and on a secure online electronic programme. Six staff files reviewed (four caregivers, two RNs) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement which includes the Bupa code of conduct. 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>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian).</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 programme supports RNs and caregivers to provide a culturally safe</p>

		<p>environment to Māori.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is gathered, with plans in place to maintain an employee ethnicity database.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	Not Applicable	<p>There is a Bupa information booklet available for all prospective residents/whānau.</p> <p>The admission policy/decline to entry policy and procedure guides staff around admission and declining processes, including required documentation. The facility general manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals. The report does not currently include ethnicity; however, will include ethnicity specific to Māori moving forward. The new electronic system will record ethnicity/race/indigenous status and iwi details.</p> <p>The service continues to develop meaningful partnerships with local Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Six resident clinical files were reviewed: two rest home, two hospital and two dementia level of care.</p> <p>The care planning/interRAI guidelines and nursing assessment care plan/social and activities plan policy guides staff around admission processes, required documentation, including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. There is a Māori healthcare plan that supports Māori and whānau to identify their own pae ora outcomes. Registered nurses interviewed had some knowledge of care being delivered based on the four cornerstones of Māori health 'Te Whare Tapa Whā' and were working towards increased knowledge and better understanding. Cultural training is completed annually.</p> <p>There are a suite of policies around clinical aspects of care supporting tāngata whaikaha, including (but not limited to): continence; challenging behaviour; pain; personal hygiene; intimacy and sexuality; skin/wounds; fall prevention; spirituality/cultural; grief; and social/leisure.</p>

		<p>There is a chart with tikanga guidelines on the noticeboard of every nurse' station. There are Arabic communication charts for the Arabic speaking residents.</p> <p>A registered nurse completes an initial assessment and care plan on admission, including relevant risk assessment tools, including (but not limited to): falls risk; pain; pressure injury; skin; continence; cognition; sensory; and nutritional assessments. Initial care plans for long-term residents reviewed were evaluated by the registered nurses within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident care plans. The interRAI assessment links effectively to the long-term care plan.</p> <p>Interventions recorded in the long-term care plan to address medical and non-medical needs were comprehensive to a level of detail that sufficiently guide staff in the care of the resident. The care plans reviewed were resident focused and individualised. Care plans include allied health and external service provider involvement. Short-term needs such as current infections, wounds, weight loss, or recent falls are documented on short-term care plans and signed off when resolved.</p> <p>Care plans had been evaluated at least six-monthly for long-term residents who had been in the service six months. Residents interviewed confirmed that they participate in the care planning process and review. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans.</p> <p>The service contracts with a local medical centre whose general practitioner (GP) provides medical services to residents. The GP visits twice weekly or more often if required, completes three-monthly reviews, admissions, sees all residents of concern and provides an out of hours on-call service. The service also has access to the 24 hour on-call GP service. The GP (interviewed) stated he is notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility.</p>
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		<p>Allied health care professionals involved in the care of the resident included (but were not limited to): physiotherapist; palliative aged residential care nurse; speech language therapist; older persons health clinicians; wound specialist; continence specialist; and dietitian. There is an on-site physiotherapist employed by the service who works twelve hours a week, three days per week. The physiotherapist completes residents' mobility assessments and provides staff education, including manual handling. She is assisted by a physiotherapist assistant who works 30 hours a week.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in residents' progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultants occurs.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There are currently three pressure injuries, all stage two. The wound care plan documents assessments, wound management, and wound evaluations. It was noted that dressings are not always completed within the documented timeframes. There are supporting photographs. The specialist wound care nurse, dietitian and GP have input into chronic wound management.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to) weights, neurological observations, vital signs, turning schedules and fluid balance recordings, and charts were implemented according to the care plan interventions.</p> <p>Relatives are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes. The management and registered nurses reported they routinely invite whānau to the six-monthly review meetings along with the resident. Communication with relatives was evidenced in residents' files.</p>
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		Caregivers interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained by the caregivers and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There are four diversional therapists (DT) in the activities team. The activities programme runs seven days a week. The weekly activities programme is displayed on the noticeboards around the facility. Residents may have a copy in their rooms if requested. There is a separate activities programme for the dementia unit and one DT works only in that unit.</p> <p>The DT completes a social/leisure assessment on admission for all residents which informs the activity plan for each resident. The activity plan is reviewed at least six-monthly or earlier as required. Activity attendance records are maintained. Residents' life story is documented in the nursing care plan. There are monthly themes (eg, Māori language week, Matariki, Anzac, Easter, Diwali, and Christmas). The planner has one-on-one activities such as walks, hand and nail therapy, reading, and sensory activities.</p> <p>Bupa Hugh Green have three cats (one in the dementia unit) and budgies on level three. Pet therapy occurs monthly. Each level has a weekly van outing. Church services are weekly. Each level has happy hour weekly. On the day of audit, this was in the dementia unit and residents were observed singing and dancing with an entertainer. There are visiting groups, but this is still curtailed slightly by the third Covid wave. One resident from the dementia unit goes out to an Alzheimer's group with their spouse.</p> <p>Staff to support community initiatives that meet the health needs and aspirations of Māori, including ensuring that te reo Māori and tikanga Māori are actively promoted and included in the activities programme. The service currently has Māori residents. The activities team ensure there is access to the local marae when requested. Matariki and Māori language week were observed. There were Māori stories and songs and the use of Māori greetings. The activities team is looking to</p>

		introduce Māori arts and crafts.
<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>	FA	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in the three medication rooms.</p> <p>Registered nurses and medication competent caregivers administer medications. Some medication competencies and medication training have not been completed annually (link 2.3.4). Registered nurses have completed syringe driver training. All robotic packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent, and safe storage of the medications. There was one resident self-administering medications on the day of the audit. Registered nurses advised that over-the-counter medications are prescribed by the GP. All medication errors are reported and collated with quality data. Medication internal audits had not been completed since 2021 as per the Bupa schedule (link 2.2.2).</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy. There were no expired drugs on site on the day of the audit. Standing orders are not in use.</p> <p>Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. One registered nurse and one medication competent caregiver were observed administering medications correctly on the day of audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects.</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>	FA	<p>The kitchen manager consults directly with residents to gain feedback of the food services and adjusts the menu if any special requests. When interviewed, the kitchen manager stated that he could cater for different cultures when required. The facility has an Asian resident for whom they serve fried rice and stir fry on a regular basis. During Diwali they served curries. The kitchen manager stated that they could incorporate some Māori foods during Matariki.</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>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. The service has a list that identifies documentation required during transfer. A copy of the advance directives, medication chart and a transfer report are included in the yellow envelope. A verbal handover is provided. The registered nurses update caregivers on new admissions regarding care and support requirements during handover. Referral to other health and disability services is evident in the resident files reviewed.</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>	FA	<p>The facility is built over three levels. The rest home and hospital dual purpose beds are on levels two and three and the dementia unit is on level one. There is a resident lift between floors which can accommodate beds/stretchers.</p> <p>The environment is inclusive of peoples' cultures and supports cultural</p>

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>practices.</p> <p>The building has a current warrant of fitness which expires on 22 May 2023. The service has a full-time maintenance person and full-time gardener. There are essential contractors who can be contacted as required. Maintenance requests are completed on the electronic tool and checked off once completed by the maintenance person.</p> <p>There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Weekly hot water tests are completed for resident areas and are below 45 degrees Celsius. There are electric ceiling heaters. Residents can control their own room temperatures.</p> <p>Although there are no current plans to expand the building, the organisation is aware of their obligation to ensure designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction that may arise in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are held six-monthly (last completed 6 December 2022). There are emergency management plans in place to ensure health, civil defence and other emergencies are included.</p> <p>The building is secure after hours and staff complete security checks at night. There is security lighting in the basement and the facility is looking to install more. An external company patrols twice a night.</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>	FA	<p>There are several resources available and includes the Bupa infection control manual that describes Bupa's antimicrobial stewardship (AMS) programme, and infection control resources on the intranet that is available to staff. There is a pandemic plan in place which includes management of Covid-19. Adequate supplies of personal protective</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>equipment were sighted. Staff have been training in donning and doffing of personal protective equipment. Isolation kits are readily available for staff.</p> <p>Resources reviewed evidence the organisation is still working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. Caregivers interviewed explain how they obtained information from whānau related to the care for a Māori resident.</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 manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The infection prevention and control programme links with the quality programme. There is close liaison with the GP that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>Infection control surveillance is discussed at quality, infection control and staff meetings and sent to Bupa head office. Meeting minutes and graphs are displayed for staff. The service receives email notifications and alerts from Bupa head office and Te Whatu Ora Waitemata for any community concerns.</p> <p>There had been a gastro outbreak in December 2020, two exposure events and two Covid outbreaks in 2022, since the previous audit. There was a clear communication pathway to notify relevant senior team members, including Te Whatu Ora programme manager. The facility followed their pandemic plan. All areas were kept separate, and staff were kept to one wing if possible. Staff wore personal protective</p>

		<p>equipment. Residents were tested when symptomatic. The facility was in lockdown until the last known infectious case was asymptomatic. Families were kept informed by phone or email. Visiting was restricted. Outbreaks were documented and reported to Public Health. Staff were debriefed, and daily outbreak meetings occurred. Due to severe staff shortages during this time, the service requested to operate under section 70 where positive staff members can care for residents that tested positive.</p> <p>Outbreaks were documented on the respiratory outbreak form, Bupa communicable disease outbreak case log or Covid outbreak case log. No ethnicities were recorded; however, the service is working towards a method of incorporating ethnicity data into their surveillance of infections.</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>	FA	<p>The restraint policy confirms that the organisation is working to actively minimise the use of restraint.</p> <p>No residents were using restraints at the time of the audit and there have been no restraints in use since the facility opened five years ago. The restraint coordinator (registered nurse) interviewed confirmed care staff receive regular training on restraint minimisation, which begins during their period of orientation. Staff training records evidenced that guidance is given on restraint minimisation. Restraint is included as an agenda topic in meeting minutes and included in the benchmarking data of the Bupa organisation.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>The quality programme was reviewed for 2021. The quality programme includes the collation of clinical indicator data, including medication errors, resident and relative feedback surveys, completion of internal audits and management of complaints. Annual quality goals are documented. Meetings are scheduled and have occurred as planned.</p> <p>There is an annual Bupa internal audit schedule. Non-clinical audits were completed as planned. Clinical related audits have been completed and corrective actions implemented where required; however, the six-monthly medication audit has not been completed as scheduled.</p> <p>The clinical data reviewed evidence no significant medication administration errors.</p>	(i)The six-monthly medication audits were not completed as planned.	<p>(i) Ensure internal audits are completed as scheduled.</p> <p>90 days</p>

<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Recruitment is ongoing for five RN vacancies and several caregiver roles. Registered nurses work 12 hour shifts to cover the roster. There are times where leadership roles step in to cover the shifts. Bureau staff fill roles on an ongoing agreement with the same staff to ensure consistency in staff. Staff interviewed stated it is challenging to manage the workload when there are shifts that cannot be filled by current staff; but stated management are supportive and the work allocation lists are amended accordingly. There were two shifts in November and December where a virtual registered nurse service had to be used.</p> <p>This audit was conducted in a time of national workforce shortage and the shortfall should be read within this context.</p>	<p>There were two shifts in November and December where a virtual registered nurse service had to be used.</p>	<p>Ensure enough staff are recruited to cover the roster and to replace shifts.</p> <p>180 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Moderate	<p>There is an annual education schedule. Staff completed education on the Bupa Learn platform and face to face education. Medication management is a learning essential component on the annual planner and had been completed for 2022 as scheduled.</p> <p>There is a competency schedule. Manual handling, restraint, PPE, and handwashing competencies are current; however, medication competencies that were due after August 2022 were not updated. Due to Covid outbreaks and workforce shortages, the clinical manager worked on the floor and the medication competencies had fallen behind.</p> <p>Two registered nurses and three senior caregivers in the dementia unit that are allocated to the roster as senior medication competent</p>	<p>(i)Medication management education was scheduled but not completed.</p> <p>(ii)Not all medication competencies are current.</p> <p>(iii)Not all shifts have a person on duty with a current first aid certificate.</p> <p>(iv) Not all caregivers allocated to the dementia unit had completed their LCP within the timeframe stated in the ARRC E4.5.</p>	<p>(i)Ensure staff complete medication management education.</p> <p>(ii)Ensure medication competencies are current.</p> <p>(iii)Ensure there is at least one member of staff on duty at any one time with a current first aid certificate.</p> <p>(iv) Ensure caregivers allocated to the dementia unit complete the LCP no later than 18 months after their</p>

		<p>caregivers, do not have a current medication competency. There were only six care staff (four caregivers, one RN and one activities person) with a valid current first aid certificate. Eleven staff first aid certificates had expired in July 2022.</p> <p>Fourteen staff are allocated to the dementia unit. Four completed the dementia level limited credited programme (LCP) and four are enrolled to complete the LCP. Four caregivers are recently employed and not yet enrolled. Two caregivers had been working for more than 18 months in the unit and have not yet enrolled or completed LCP.</p>	f	<p>appointment.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.