

Bupa Care Services NZ Limited - St Andrews 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:	St Andrews Care Home		
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)		
Dates of audit:	Start date: 1 December 2022	End date: 2 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: 40			

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Bupa St Andrews rest home and hospital is part of the Bupa aged care residential group. The service provides rest home and hospital level of care for up to 40 residents. On the day of the audit there were 40 residents. The general manager (GM) manages the facility, including the village, and is assisted by the clinical manager (CM). The GM is a registered nurse who is experienced in the health care sector.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Te Whatu Ora - Waikato. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a general practitioner. The residents and relatives spoke positively about the staff and the care provided.

This surveillance audit identified the service meets the intent of the standard.

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 are fully attained.

The facility provides an environment that supports resident's rights, and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff.

A Pacific Health and Wellbeing Action Plan (Ola Manuia) 2020-2025 is in place.

Residents, who identify as Māori are treated equitably and their self-sovereignty/mana motuhake will be supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated into daily practices.

Residents and relatives interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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 are fully attained.

The organisation's governing body is responsible for the service provided at this facility. The strategic plan includes a mission statement and outlines current objectives. The business plan is supported by quality and risk management processes that take a

risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the Board. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff performance is reviewed.

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 are fully attained.
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Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) team to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner (GP) is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day.

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

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 are fully attained.

There is an exemption in place on the building warrant of fitness issued due to previous national lockdowns. Fire drills occur six-monthly and was last completed on 8 September 2022. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of an external disaster or fire. Visitors and staff are clearly identifiable.

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 are fully attained.

The service ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The registered nurse (RN) implements the programme.

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

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

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 are fully attained.
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The service has been restraint free since before the last audit and aims to maintain a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of 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	21	0	0	0	0	0
Criteria	0	51	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>	FA	<p>In interview, the general manager (GM) and clinical manager stated that the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities. At the time of the audit, there were staff members who identified as Māori. The GM reported that the service has a strong commitment to improve labour market outcomes for Māori.</p> <p>A Māori health plan is updated and meets the requirements of the NZS 8134:2021: Ngā Paerewa Health and Disability Services Standard. There were no residents who identify as Māori. The management confirmed that services are provided in a culturally safe manner. The service works with Māori communities to support Māori individuals and their families.</p> <p>The GM and the governing body are aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation and this is identified in policy and procedure.</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>Not Applicable</p>	<p>The Pacific Health and Wellbeing Plan (Ola Manuia) 2020-2025 is the basis of Bupa St Andrews Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. Bupa plans to partner with a Pacific organisation and/or individual to provide guidance and to ensure the development of a Pacific health plan focuses on achieving equity and efficient provision of care for Pasifika.</p> <p>There were no residents that identify as Pasifika residing in the facility. There are currently staff employed that identify as Pasifika. The GM described how the service is increasing the capacity and capability of the Pacific workforce.</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>Residents interviewed reported that all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. The Bupa organisation ensures that Māori mana motuhake is recognised through goal setting in the care planning process. Each resident is encouraged to determine their own routine and habits. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. A Māori health plan in place identified how the service support Māori mana motuhake. Staff have completed cultural training, which includes Māori current issues and rights in relation to health equity.</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>Staff at the service had completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. The GM and CM reported that te reo Māori and tikanga practices are incorporated in all activities undertaken. Residents and family interviewed reported that their values, beliefs, and language are respected in the care planning process.</p> <p>The management and staff work in partnership with residents (including those with disabilities) and whānau to ensure residents who choose, have the opportunity to participate in te ao Māori. Opportunities for participating in te ao Māori, including blessings of rooms and karakia, are</p>

		included in daily service delivery.
<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. The service also aligns with the Code of Residents Rights and follows the Code of Health & Disability Services which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect; opportunity to explore cultural bias; and institutional racism.</p> <p>Eight residents and six family members were interviewed and expressed satisfaction with the service.</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. Residents interviewed stated their wellbeing needs are met. Care plans reviewed were holistic and promoted independence.</p> <p>There are monitoring systems in place, such as resident and family satisfaction survey, to monitor the effectiveness of the processes in place to safeguard residents.</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</p>	FA	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family in interviews conducted. The GM and CM stated that additional advice can be accessed from the local cultural advisors or through Te Whatu Ora-Waikato if required. Staff reported that they are encouraged to refer to the Māori Health policy on tikanga best practice. Cultural training includes best practice tikanga guidelines.</p> <p>All residents' files reviewed contained signed consent forms.</p>

make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		
<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 service has a complaints management policy and procedure in place that aligns with Right 10 of the Code. The service's complaint register is detailed regarding dates, timeframes, complaints, and actions taken. All complaints in the register had been resolved. There were three complaints in 2021 and four complaints in the 2022 year to date. Documentation showed the sampled complaints/concerns have been acknowledged, investigated, and followed up. Complaint's information is used to improve services as appropriate. Quality improvements or trends identified are reported to staff. Residents and families are advised of the complaints process on entry to the service. This includes written information about making complaints. Residents and EPOA/whānau /family interviewed describe a process of making a complaint that includes being able to raise these when needed or directly approaching staff or the GM.</p> <p>It was reported that there have been no complaints made to external authorities since the last audit.</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>The service holds agreements and contracts with Te Whatu Ora Waikato to deliver care for older people assessed as requiring rest home and hospital level of care. On the day of the audit there were 40 residents (24 rest home level and 16 hospital level). All rest home and hospital beds are certified for dual purpose. All residents were on the aged residential care contract (ARCC).</p> <p>There is a strategic Bupa business plan and risk management plan in place. Services are planned to meet the needs of the residents.</p> <p>There is a documented business plan that address key areas of service delivery related to hospital, and rest home level of care. Goals are assessed at regular intervals. 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. Work is underway at an organisational level to collaborate with mana whenua</p>

		<p>in business planning and service development to ensure equity for Māori. The service has existing engagements with Māori organisations and local Māori leaders to ensure high quality service is provided to residents who identify as Māori.</p> <p>Tāngata whaikaha provide input to the service and organisation through surveys and regular resident meetings.</p> <p>Bupa is developing a te ao Māori strategy to introduce and implement 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. Barriers to health equity will also be addressed.</p> <p>Day-to-day operations are managed by the GM who is supported by the CM. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector. The GM had completed eight hours annually of professional development activities related to management. Responsibilities and accountabilities are defined in the job description and individual employment agreement. The GM and CM have both attended education in cultural safety, Te Tiriti o Waitangi and understand the principles of equity.</p> <p>The following meetings are conducted monthly at the service, staff meetings, management and health safety meetings, and resident meetings. Communications to the governing body confirmed adequate information to monitor organisational performance, including potential risks, contracts, human resources and staffing, growth and development, maintenance, quality management, and financial performance.</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</p>	FA	<p>Bupa St Andrews has a documented quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident and staff satisfaction survey, policies and procedures, and clinical incidents including (but not limited to) falls, infections, wounds, and restraint. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data is</p>

<p>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>conducted by comparing data with previous months results and other sister facilities.</p> <p>The GM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Residents and staff contribute to quality improvement through feedback given and received on quality data, complaints, and internal audit activities. Outcomes from the resident/family/whānau satisfaction survey in September (2022), were favourable with minimal corrective actions identified and these have been implemented.</p> <p>A sample of 10 incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner. The FM and CM understand and have complied with essential notification reporting requirements. There have been five Section 31 notifications completed since the last audit that related to shortage of registered nurses, previous pressure injuries, and notification to Public Health about the Covid-19 outbreaks.</p> <p>The GM advised that there is a robust quality and risk process in place, with an array of quality and risk related data reviewed. The service works with Māori leaders and Māori local organisations to critically analyse organisational practices at the service/operations level aimed to improve health equity within the service. Staff were trained in the Treaty of Waitangi, te reo and tikanga and other cultural practices. Cultural assessments are completed by staff who have received cultural safety training.</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</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported that</p>

<p>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>there has been a shortage of RNs at the service. Residents and family interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced healthcare assistants with support from registered nurses.</p> <p>There has been a non-compliance with the service providers ARCC agreement in relation to RN shortage. Notifications about RN shortages on night shifts were being submitted monthly. There is a temporary waiver (endorsed by Te Whatu Ora) of overnight RN for three months and this has been reviewed as required. There were seldom any bureau staff available to cover the shifts. The GM reported that recruitment is ongoing in efforts to employ RNs. The GM and CM works Monday to Fridays and are available to cover other certain shifts where applicable. The service has been using the virtual RN service overnight. Care staff have received extra training in managing emergencies. The rosters showed that a sufficient number of medication competent senior care staff were on site between the hours of 11.00pm to 7.00am. Morning shifts are additionally staffed by activities, laundry, cleaning, chef, and kitchen assistant. The evening shift has a RN and three healthcare assistants. There are three healthcare assistants allocated for the night shifts. The manager reported that portfolio manager was supporting them in this process. All other shifts had a RN on cover, except night shift. The general manager is a RN with a current practising certificate. The service has advertised and they needed at least two RNs. The staff work as a cooperative team carrying out tasks and duties that are documented according to each shift. All staff maintain current first aid certificates so there is always a first aider on site.</p> <p>New Zealand is currently experiencing a country wide shortage of RNs and care staff in all regions.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. Training topics included: Covid-19 (donning and doffing of PPE, and standard infection control precautions); resident rights; continence management; culture and support; advance directives; pain management; chemical training; advocacy; abuse and neglect; code of conduct; cultural awareness; end of life care; behaviours of concern; manual handling; safe medicines management; restraint minimisation; first aid; fire evacuation; managing</p>
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		<p>feedback and complaints; and enduring power of attorney. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement.</p> <p>Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff members interviewed reported feeling well supported and safe in the workplace. The ethnic origin for each staff member is documented on their personnel records and used in line with health information standards. The GM reported the model of care ensured that all residents are treated equitably.</p> <p>The provider has an environment which encourages collecting and sharing quality Māori health information. Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise.</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>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of seven staff files were reviewed and these included the clinical manager, registered nurse, activities coordinator, healthcare assistant, laundry, cleaning staff and the chef. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care professionals. Current certificates were evidenced in reviewed records for all staff and contractors that required them. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies. Staff performance is reviewed and discussed at regular intervals. Copies of</p>

		<p>current appraisals for staff were sighted.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is gathered, with plans in place to further develop 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>	FA	<p>Bupa St Andrews has an admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry were recorded on the pre-enquiry form.</p> <p>There were no Māori residents at the time of the audit. Ethnicity, including Māori, is being collected and the service is actively working to ensure routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is working in partnership with local Māori communities and organisations. The CM stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Five residents sampled (three hospital, two rest home) identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents and family/whānau/EPOA. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflect the resident's daily care needs. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care.</p> <p>The GP completes the residents' medical admission within the required</p>

		<p>timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the GP.</p> <p>The CM and registered nurse reported that sufficient and appropriate information is shared between the staff at each handover, which was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There were nine active wounds at the time of the audit. Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. There were two residents with pressure injuries on the day of the audit, both assessed as stage II. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. The wound care plan documents assessments, wound management plan, and evaluations are documented with supporting photographs and documented wound assessments.</p> <p>Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans have been developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans have been reviewed weekly, or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the CM and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p>
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<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>The activities programme is conducted by an activity coordinator. The activity coordinator reported that the service supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents and whānau interviewed felt supported in accessing community activities, such as celebrating national events, Matariki, Anzac holidays, Māori language week, local visits from schools, kapa haka groups and use of basic Māori words. The planned activities and community connections are suitable for the residents. The activity coordinator reported that opportunities for Māori and whānau to participate in te ao Māori will be facilitated. Van trips are conducted once a week, except under Covid-19 national restrictions.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to 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>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>A total of 10 medicine charts were reviewed which comprised of five hospital, and five rest home resident charts. The GP has completed three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over the counter medications and</p>

		<p>supplements. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications has been consistently documented.</p> <p>Medication competencies are current, and these have been completed in the last 12 months for all staff administering medicines. Medication incidents have been completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines have been returned to the pharmacy promptly. Monitoring of the medication fridge and medication room temperatures is being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The CM was observed administering medications safely and correctly. Medications are stored safely and securely in the trolley, locked treatment room and cupboards.</p> <p>There were no residents self-administering medications. There is a self-medication policy in place when required. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their family/whānau, are supported to understand their medications. This was reiterated in interviews with the CM and the registered nurse.</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</p>	FA	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The chef stated that culturally specific menu options are available and will be offered to Māori and Pacific residents when required. These included 'boil ups' and 'Island' food. EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with food portions and the options available.</p>

and wellbeing.		
<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>A standard transfer notification form from Te Whatu Ora -Waikato, is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau/family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The service was exempt by the council for the building warrant of fitness due to Covid-19 restrictions and evidence of this was sighted. In an interview conducted, the maintenance person reported that arrangements to have the building inspected were at an advanced stage and all documentation has been kept up to date in regard to the building warrant of fitness. Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Water temperatures are monitored and recorded.</p> <p>There are currently no plans for further building projects requiring consultation. The GM interviewed is aware of the requirement to consult with Māori if this is envisaged 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</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Disaster and civil defence plans and policies direct the service in their preparation for disasters and described the</p>

<p>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>procedures to be followed. Trial evacuation drills have been completed six-monthly and have been added to the training programme. The most recent fire drill occurred on 8 September 2022. The staff orientation includes fire and security training. Staff have been trained and knew what to do in an emergency. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>Residents were familiar with emergency and security arrangements. Appropriate security arrangements are in place and access to Bupa St Andrews is currently controlled as a precaution to prevent the spread of Covid-19. External doors and windows are locked at a predetermined time each evening.</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>	FA	<p>A pandemic plan is in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources are readily accessible to support the pandemic plan if required.</p> <p>The service is actively working towards including infection prevention information in te reo Māori.</p> <p>The service's infection prevention personnel and health and safety committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</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,</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. 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. Action plans are required for any infection rates of concern. The service is working towards including ethnicity data in surveillance information.</p>

and methods specified in the infection prevention programme, and with an equity focus.		Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. The CM reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced. There were three infection outbreaks reported since the previous audit. These were managed appropriately with appropriate notification completed.
<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>Maintaining a restraint-free environment is the aim of the service. This is supported by the governing body and policies and procedures. There were no restraints in use at the time of the audit. The general manager reported this had been the case since the last audit. Staff confirmed restraint was not used. The CM is the restraint coordinator. A comprehensive assessment, approval, monitoring, and quality review process is in place should there be any restraint.</p> <p>Staff attend training in behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge and residents who are a high falls risk are discussed at the monthly health and safety meetings. Any use of restraint and how it is being monitored and analysed would be reported at these meetings.</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, 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.