

# Bupa Care Services NZ Limited - Bethesda Rest Home & Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Bethesda Rest Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 30 March 2023 End date: 31 March 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	80

# Executive summary of the audit

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## Introduction

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

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

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

Bethesda Rest Home & Hospital is a Bupa facility and provides hospital (geriatric and medical) rest home, and dementia level of care for up to 90 residents. There were 80 residents on the days of audit.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards 2021 and the contracts with Te Whatu Ora Health New Zealand - Waitaha Canterbury. 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 care home manager is appropriately qualified and experienced and is supported by a clinical manager (RN). There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified shortfalls around timeframes, care plan interventions and monitoring.

## 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.

Bethesda Rest Home & Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Bethesda Rest Home & Hospital provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. There is evidence that residents and family are kept informed. The rights of the resident and their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service are fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation, and staff training and development. The service had an induction programme in place that

provides new staff with relevant information for safe work practice. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

There are separate activities calendars for the rest home, hospital, and dementia units. The programme includes community visitors and outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. The organisational dietitian reviews the Bupa menu plans. There are nutritious snacks available 24 hours per day.

Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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Appropriate equipment for responding to emergencies is provided. There is an emergency management plan in place, and an approved evacuation scheme.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. The dementia unit is secured with enclosed spaces for residents to wander freely. Appropriate equipment for responding to emergencies is provided. There is an emergency management plan in place, and an approved evacuation scheme.

## **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.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been seven outbreaks since the previous audit, and these have been well documented.

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

## Here taratahi | Restraint and seclusion

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 restraint coordinator is a registered nurse. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. At the time of the audit there were no residents requiring restraint.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	0	1	0	0
Criteria	0	162	0	1	2	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. Bupa in partnership with a Māori cultural adviser has developed a te ao Māori health strategy. The cultural adviser provides support to the Bupa Leadership team. The service currently has residents who identify as Māori.</p> <p>Bupa care home managers have attended a workshop (Mauri Tu, Mauri Ora) designed to identify problems in relation to Te Tiriti o Waitangi and scoping of opportunities to improve health equity for Māori. The service engages with a local kaumātua and has links to the local Rehua Marae for community guidance and support.</p> <p>The care home manager stated that they support to increase Māori capacity by employing Māori staff members when they do apply for employment opportunities at Bupa Bethesda. At the time of the audit there were no staff members who identified as Māori. The Māori health plan documents a commitment to a diverse workforce.</p>

		<p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (care home manager and clinical manager) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service provided training on cultural awareness and Te Tiriti o Waitangi in February 2023.</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>	FA	<p>During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs, including cultural beliefs. On admission all residents state their ethnicity. Individual cultural beliefs are documented for all residents in their care plan and activities plan. There are residents at Bupa Bethesda who identify as Pasifika. The Bupa organisation is working towards the development of a comprehensive Pacific health plan.</p> <p>At the time of the audit there were staff that identify as Pasifika. The service is able to link with Pasifika groups in the local community facilitated by current staff members. Bupa as an organisation, also plans to partner with a Pacific organisation and/or individual to provide guidance. If required, the service can access pamphlets and information on the service in most Pasifika languages. The service is actively recruiting new staff. The care home manager described how they would encourage and support any applicants that identified as Pasifika through the employment process. Staff confirmed they were welcomed and supported by management to attain qualifications.</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-</p>	FA	<p>Bupa policies and procedures align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau.</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>The Code of Health and Disability Services Consumers' Rights is displayed in various locations around the facility in English and te reo Māori. The care home manager, clinical manager, or registered nurse (RN) discusses aspects of the Code with residents and their families/whānau on admission. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available, such as information in te reo Māori. Resident and families/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>Staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interviews with the management team, eighteen staff members (six caregivers, five registered nurses [RN], one diversional therapist, two activities coordinator, one cook, one laundry, one housekeeper and one maintenance personnel) and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p> <p>Three residents (all rest home) and seven relatives (four dementia and three rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The Māori health plan recognises the importance of Māori mana motuhake. Staff interviewed confirmed an understanding. Interactions observed between staff and residents were respectful. The Māori health plan and care plans reviewed reflect residents are encouraged to make choices and be as independent as possible.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect.</p>	<p>FA</p>	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do, which then shapes the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of</p>

<p>Te Tiriti: Service providers commit to Māori mana motuhake. 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>choices around their daily life. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and this includes enabling their participation in te ao Māori if they wish.</p> <p>Residents have control and choice over activities they participate in, as evidenced in resident care plans and interviews with residents. The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. Staff interviewed stated they respect each residents right to have space for intimate relationships. The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. Residents' files and care plans identified resident's preferred names. Matariki and Māori language week are celebrated at Bupa Bethesda.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Bupa policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible</p>

		<p>for creating a positive, inclusive and a safe working environment. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The organisation (Bupa) promotes a strengths-based and holistic model through the Māori health plan to ensure wellbeing outcomes for their Māori residents. On interview, care staff confirmed an understanding of holistic care for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and relatives on admission. A site-specific introduction document to the dementia unit provides information for family, friends, and visitors to the facility.</p> <p>Monthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. The accident/incident forms reviewed identified relatives are kept informed; this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The</p>

		<p>residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora – Waitaha Canterbury specialist services (eg, geriatric nurse specialist, mental health, wound nurse specialist).</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Nine resident files reviewed (three at hospital level, four at rest home level and two at dementia level of care) included signed general consent forms. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines and welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of residents' care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where available. The dementia level files reviewed had activated EPOAs and supporting letters of mental incapacity on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. Complaint forms are easily accessible at the entrance to the facility. A suggestions box is adjacent to where the complaints forms are held. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically. There has been one complaint for 2023 year to date, three in 2022 and two in 2021 since the previous audit. The complaints included an investigation, follow-up, and reply to the complainants. Staff are informed of complaints (and any subsequent correlating corrective</p>

		<p>actions) in the quality and staff meetings (meeting minutes sighted). The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC). The welcome pack included comprehensive information on the process for making a complaint. Interviews with residents and relatives confirmed they were provided with information on the complaints process. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, chaired by the care home manager. The contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents and relatives making a complaint can involve an independent support person in the process if they choose. The complaint procedure can be made available in te reo Māori.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bethesda Rest Home &amp; Hospital is part of the Bupa group of care homes. The service provides care for up to 90 residents at hospital, rest home and dementia level of care. There is a 45-hospital bed unit (Harewood community) including 20 dual-purpose beds, 25 rest home bed unit (Highsted community) and a 20-bed dementia care unit (Camellia community).</p> <p>At the time of the audit there were 80 residents in total. There were 30 hospital residents including two residents on younger person with disabilities (YPD) contract and one resident on a long-term support chronic health contract (LTS-CHC) contract, 31 rest home residents (10 rest home residents were in the hospital unit) including one rest home resident on a YPD contract. There were 19 dementia residents in the dementia unit. All other residents were under the age-related residential care (ARRC) contract.</p> <p>Bupa has an overarching three-year strategic business and operational plan which aligns to Bupa global 3x6 strategy. Six strategic and enabling pillars of Customers, Growth, Transformation, Sustainability enabled by Data and an Agile Culture. This consists of</p>

	<p>three ambition KPIs, that will measure customer care touchpoints. The Leadership team of Bupa is the governing body of Bupa and consists of directors of clinical; operations; finance; legal; property; customer transformation; people; risk; corporate affairs; and technology. This team is governed by Bupa strategy, purpose, and values.</p> <p>The operations manager for Southern region reports to the national operations director. A cultural adviser has supported Bupa to develop a te ao Māori health strategy. The Māori cultural advisor is engaged to work alongside the Bupa Leadership team. Bupa leadership team has undertaken the Te Kaa Māori immersion training programme. Additional training has been undertaken by the leadership team to ensure competence with Te Tiriti, health equity, and cultural safety through shared learning, presentations at leadership team meetings and completion of online modules.</p> <p>Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings, which includes review of quality and risk management systems. There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. The customer service improvement team (CSI) includes clinical specialists in restraint, infection control and adverse event investigations and a customer engagement advisor. The organisation benchmarks quality data across Bupa and with other NZ aged care providers. Each region has a clinical quality partner who supports the on-site clinical team with education, trend review and management.</p> <p>Tāngata whaikaha are supported to provide feedback through surveys and resident meetings as evidenced in meeting minutes.</p> <p>Bethesda has a business plan that includes a mission statement and operational objectives with site-specific goals. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting. The quality programme includes a quality programme policy, quality goals (including site-specific business goals) that are reviewed monthly in meetings, quality meetings, and quality action forms that are completed for any quality improvements/initiatives during the</p>
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		<p>year.</p> <p>Bethesda is managed by a care home manager who has been in the role for two and a half years and has been at Bupa since 2011. She is supported by a clinical manager who has been in the role for two years and six years at Bethesda. The care home manager and clinical manager are supported by two unit coordinators and a regional operations manager (who was present at the time of the audit). Staff spoke positively about the support/direction of the current management team.</p> <p>The care home manager and clinical manager have both completed more than eight hours of training related to managing an aged care facility and includes Bupa regional managers forums, care home and clinical manager conference, leadership and action training and infection control teleconferences. The service recently was the runner up for the most improved Bupa care home facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality 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>FA</p>	<p>Bethesda Rest Home and Hospital is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident and family satisfaction surveys are completed annually. An independent contractor is sent to survey residents using direct questioning and a tablet. The 2022 resident and relative satisfaction</p>

	<p>surveys have been correlated and analysed at head office and indicate that residents have reported high levels of satisfaction with the service provided. Results have been communicated to residents in the monthly resident meetings. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies have been updated to meet the Ngā Paerewa 2021 standard. New policies or changes to policy are communicated and staff sign as acknowledgement.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The goal for 2022 was to reduce and eliminate where possible the risk of musculoskeletal harm to staff. The goals for 2023 are due to be set for 2023. The health and safety team meets monthly. All have attended external health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious work-related staff injuries in the last 18 months.</p> <p>Electronic reports using RiskMan are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in the fifteen accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. The RiskMan system generates a report that goes to each operational team/governance team and generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Relatives are notified following incidents. Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p> <p>Discussions with the care home manager and the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three</p>
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		<p>Section 31 notifications completed appropriately for two unstageable pressure injuries. There have been six Covid-19 outbreaks and one gastrointestinal outbreak since the previous audit which were appropriately notified.</p> <p>A quarterly and annual review of the quality programme at a facility and organisational level provides a critical analysis of practice to improve health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The staffing levels meet contractual requirements. The care home manager and the clinical manager are on duty Monday to Friday. On-call cover for other Bupa facilities in the region is covered by a six-week rotation of one care home and one clinical manager each week. Sufficient numbers of caregivers support the RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory and increased to manage resident acuity and occupancy.</p> <p>There is 24/7 Registered nurse cover in the hospital plus a unit coordinator (RN) during the morning shift. There is a registered nurse rostered across five days a week in the rest home and a unit coordinator (RN) five days a week in the dementia unit. A review of the roster confirmed there is always two registered nurses (at a minimum across all shifts)</p> <p>There is an annual education and training schedule for 2023, that is being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural awareness training in March 2023, which included Te Tiriti o Waitangi and how this applies to everyday practice. 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 two NZQA. There are 39 caregivers in total. Completed Careerforce training is as follows; nine have completed level four, 12 have completed level three and 12 have completed level two training. There are 14 caregivers who work routinely in the dementia unit. Eleven of the 14 have completed their dementia unit standards, one caregiver is in progress of completing</p>

		<p>and two new staff members have not yet completed (who have started employment in the last six months).</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to); restraint, hand hygiene, moving and handling and correct use of personal protective equipment. Registered nursing staff complete competencies for (but not limited to) medication administration, controlled drug administration, insulin administration, oxygen administration and wound management. Nine out of thirteen RNs and the clinical manager are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to complete a professional development recognition programme. Facility meetings provide a forum to share quality health information. External training opportunities for care staff include training through Te Whatu Ora - Waitaha Canterbury and the hospice. A record of completion is maintained on an electronic register. There are staff morning teas to celebrate successes such as completion of Careerforce, wellbeing levels and long service awards. Signage supporting the Employee Assistance Programme (EAP) are posted in visible staff locations.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The Bupa recruitment officer advertises for and screens potential staff. Ethnicity data is also collected. Once they pass screening, suitable applicants are interviewed by the Bethesda care home manager. Nine staff files reviewed (one clinical manager, one unit coordinator, one RN, four caregivers, one activities coordinator and one cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code of conduct. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed. The service has a role-specific orientation programme in place that</p>

		provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database. Wellbeing support is provided to staff.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. The service implemented the VCare electronic resident management system six months ago. There is a documented Bupa business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, and timely.</p> <p>Signatures that are documented include the name and designation of the service provider. Residents archived paper-copy files are securely stored in a locked room and easily retrievable when required. Electronic systems are password protected and backed up. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality</p>	FA	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The care home manager and the clinical manager screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the resident back to</p>

<p>care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>the referrer and maintains data around the reason for declining. The clinical manager described reasons for declining entry would only occur if the service could not provide the appropriate service the resident requires, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The care home manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the regional operations manager. However, these records do not currently capture ethnicity.</p> <p>The service receives referrals from the NASC service, Te Whatu Ora-Waitaha Canterbury, and directly from residents or whānau. The service has a general information pack relating to the services provided at Bethesda and a separate pack containing detailed dementia-specific information which is available for families/whānau and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Bethesda has a person and whānau-centred approach to services provided. Interviews with residents and relatives all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents identifying as Māori. Bethesda has links to the local Rehua Marae who are available to provide support for residents and whānau where required. The service is actively working towards gathering specific entry and decline rate data pertaining to Māori.</p>
Subsection 3.2: My pathway to wellbeing	PA	Nine resident files were reviewed: three hospital, four rest home

<p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>Moderate</p>	<p>(including one on a LTS-CHC contract and one on a YPD contract) and two dementia level care. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms.</p> <p>The service implemented an electronic resident management system six months ago. Initial assessments and an initial support plan are completed within 24 hours of admission. Additional risk assessment tools include behaviour and wound assessments as applicable. InterRAI assessments had been completed within 21 days where required. The outcomes of risk assessments are not always fully reflected in the care plan. Initial long-term care plans were documented; however, not all files reviewed were documented within required timeframes. Evaluations were completed six-monthly and following a change in health condition. Written evaluations reviewed, identified if the resident goals had been met or unmet. Ongoing nursing evaluations are documented as indicated within the progress notes.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and routinely on a three-monthly basis. The service contracts with a local GP who visits weekly. The GP records their medical notes in the integrated resident file. The GP service also provides out of hours cover by phone with additional support from the local 24-hour after-hours surgery. The GP (interviewed) commented positively on the standard of communication, and the quality of care provided by the facility. Specialist referrals are initiated as needed. Allied health interventions are documented and were integrated into care plans. The service has contracted a physiotherapist for four hours per week. A podiatrist visits regularly and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora- Waitaha Canterbury.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as</p>
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		<p>necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager, unit coordinator or an RN initiates a review with a GP. Family interviewed confirmed they are notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. A family/whānau contact sheet records family notifications and discussions.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for eight residents with wounds (skin tears, skin conditions and chronic wounds). Wound dressings were being changed appropriately as per the detailed frequency of dressing change. There was one resident with pressure injury on the day of audit (unstageable). A wound register is maintained. There is access to the wound nurse specialist via Te Whatu Ora- Waitaha Canterbury. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and adequate supplies were sighted.</p> <p>Caregivers and RNs complete monitoring charts including repositioning, bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. However, these are not always fully completed. Neurological observations are completed for unwitnessed falls, or where there is a head injury; however, do not always reflect frequency according to the timeframes detailed in policy.</p> <p>Specialist referrals are initiated as needed. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The service implements processes which facilitate Māori and whānau to identify their own pae ora outcomes. These are then documented in the resident's care plan.</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.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs a team of two activity coordinators and one diversional therapist (DT) who coordinate and implement activities in each of the communities. There is a five-day week programme in the rest home unit and a seven-day week programme in the hospital unit. The activity coordinator for the dementia unit works Monday to Friday, with caregivers incorporating activities as part of their role within the dementia unit. There are plenty of resources available for staff and resident use. There is a regular volunteer who assists with weekly art sessions. School volunteers also assist; involved in the rest home and dementia unit programmes.</p> <p>Each unit has their own programme with activities that meet the physical, intellectual, emotional abilities of the resident group. Activities offered within the units include a variety of exercises, quizzes, word games, arts and crafts, reminiscing, movies and sing-a-longs, walks, and gardening. One-on-one time is spent with residents who are unable to participate in the programme or choose to stay in their rooms. Each unit has weekly van outings. The van has a wheelchair hoist. Hospital level residents enjoy local scenic drives and picnics. Rest home residents have outings into the community such as 10 pin bowling, beach visits, library, wheelchair walks to a local restaurant visiting garden centres and arts and crafts events. Outings for dementia care residents include scenic drives, lunch outings, visiting parks and beaches. Festive occasions and themes are celebrated. The ladies have high teas.</p> <p>There are regular entertainers, weekly church services visit, and frequent pet therapy.</p> <p>Residents in the secure dementia unit have 24-hour activity plans which include strategies for distraction and de-escalation. A Tovertofel console has been placed in the Camellia community enabling interactive electronic activities for residents. The activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>Each resident has a map of life (profile) and an activity assessment</p>
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		<p>completed on admission. Individual activity plans are incorporated in the long-term care plan which is evaluated six-monthly at the MDT review.</p> <p>Themed days such as Matariki, Waitangi and Anzac Day are celebrated with appropriate resources available. The service has links with local Rehua Marae and local kaumātua have visited the facility. Te reo Māori language week was celebrated with the residents. The Bupa NZ Māori strategy acknowledge the interconnectedness and interrelationships of all living and non-living things, and this is incorporated into the activities programme.</p> <p>The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The latest resident satisfaction survey evidenced 100% of respondents were happy with the activities programme. The residents and relatives interviewed were happy with the variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the three facility medication rooms. The medication fridge and medication room temperatures were evidenced as being monitored according to policy. All medications are checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the GP. There were no residents self-medicating on the</p>

		<p>day of audit. The medication policy clearly describes a safe process for self-administration should residents choose to do so.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals and baking are prepared and cooked in a well-equipped kitchen situated in a central area with a servery opening to the rest home dining room. The kitchen lead (cook) is supported by a weekend cook and morning and afternoon kitchenhands who have all completed food safety and hygiene training. The four-weekly winter and summer Bupa menu has been reviewed by a dietitian. The menu offers an alternative option to accommodate dislikes/preferences. Dietary requirements including pureed, vegetarian, and diabetic desserts are provided. The kitchen lead receives a nutritional profile for each resident and is notified of any changes to dietary requirements. The meals are served by cooks for residents in the rest home dining room. Meals are delivered to the dementia and hospital communities in a bain marie and served by caregivers. A kitchen assistant is based in the hospital unit and serves all meals, fluids and manages the satellite kitchen. Lip plates are provided to encourage resident independence with eating. Staff were observed to be sitting with residents and assisting them with meals and fluids. There were nutritious snacks available 24 hours in the dementia care unit.</p> <p>The food control plan has been verified. The temperatures of refrigerators, freezers, chiller, incoming chilled goods and end cooked</p>

		<p>food temperatures are taken and recorded. All food is stored appropriately, and date labelled. The dishwasher wash and rinse temperatures are taken and recorded, and the dishwashers monitored monthly by the chemical provider. Cleaning schedules are maintained. Chemicals are stored safely.</p> <p>Residents provide verbal feedback on the meals through the regular resident meetings. The kitchen lead meets residents with special diets and discusses preferences. A group of residents have recently convened to provide personalised feedback to the kitchen. Resident preferences are considered with menu reviews. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service. Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are referred to the dietitian; however, this has not always occurred as required (link 3.2.3). The dietitian informs the care staff and kitchen of any extra requirements.</p> <p>Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Residents requests are accommodated if they ask for a meal in line with their culture.</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>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or Kaupapa Māori agencies, where indicated or requested.</p> <p>Discussion regarding potential transfers and or reassessment are discussed with the resident and family/whānau. Transfer plans are documented in progress notes. The clinical manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 1 January 2024. The maintenance person works 40 hours a week (Monday to Friday). There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is a 52-week preventative and annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Bupa head office. Essential contractors such as plumbers and electricians are available as required. Testing and tagging of electrical equipment was last completed in October 2022. Checking and calibration of medical equipment, hoists and scales was last completed in September 2022 and January 2023. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, dementia, and hospital residents.</p> <p>Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens are well maintained and have seating and shade. Communal areas in the Harewood and Highsted communities have been refurbished. There is safe access to all communal areas.</p> <p>All bedrooms have hand basins. There is a mix of ensuite rooms and rooms with shared ensuites in the rest home/dual purpose unit and the hospital unit. There are communal toilets and showers in the dementia care unit. Toilets are also located near the communal areas. There is appropriate signage, easy clean flooring and fixtures, and handrails appropriately placed. Residents interviewed reported their privacy is always maintained.</p> <p>All bedrooms are single. The dual-purpose beds in the hospital are spacious enough to easily manoeuvre transferring and mobility equipment to safely deliver care. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>The dementia unit has a communal lounge with safe outdoor access to the courtyard and walking pathway. The space and seating</p>
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		<p>arrangements provide for individual and group activities. The bedrooms in the dementia care unit are spacious. There is adequate space in the dementia unit to allow maximum freedom of movement while promoting safety for those that wander.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment referred to in care plans necessary to provide care.</p> <p>All communal areas and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment was warm and comfortable.</p> <p>The service has completed extensive refurbishments in the Harewood and Highsted communities over the last year. Environmental improvements over the previous year include internal and external painting, recarpeting, new curtains, new furniture, and individual room renovations.</p> <p>The organisation is aware of their obligation to ensure any new buildings or major renovations reflect the aspirations and identity of Māori; this would be coordinated by head office.</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.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A business continuity plan (reviewed 31 March 2023) outlines the specific emergency response and evacuation requirements, as well as the responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly, last completed 29 November 2022. Emergency lighting is available throughout the facility. Back-up power, alternative cooking (gas BBQ), sufficient water storage (bottled water and a water tank stores approximately 3000 litres) and adequate food stores are available in the event of a civil emergency. There is an emergency storage area containing critical outbreak supplies of personal protective equipment (PPE).</p> <p>There are first aid kits located in the facility van, nurses' stations, at</p>

		<p>reception and in each of the units. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas display panels, and the caregivers carry a pager. Call bells are included in the preventative maintenance programme. Residents were observed to have their call bells within reach. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours and staff complete security checks at night. A security company also does regular night checks.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>A registered nurse (unit coordinator) is the infection control coordinator. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by Bupa head office and infection control audits are conducted. The regional quality partner is part of the quality team where infection matters are raised. Infection rates are presented and discussed at quality and infection control meetings. Infection control data is accessed by staff at head office where it is reviewed by the clinical services and improvement team and benchmarked with other Bupa facilities. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Bupa head office.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against Covid-19. Visitors are required to wear masks. Visitors and staff who feel unwell are asked to perform rapid antigen tests (RAT). There were no</p>

		residents with Covid-19 infection on the days of audit.
<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>There are a suite of infection control policies and procedures available to staff including (but not limited to): outbreak management; hand hygiene; standard precautions; aseptic technique; communicable diseases; and transmission-based precautions. Policies and the infection control plan have been approved by the leadership team, who receive monthly reports around infection control matters.</p> <p>The infection prevention coordinator (clinical manager) provides an infection control report to the joint infection control and health and safety team meeting, monthly registered nurse meetings, quality, and staff meetings. The infection control coordinator interviewed described support from expertise within the clinical team at head office, Public Health, microbiologists, and GPs. There is also support from other clinical managers within Bupa. The organisation has had advice from Ministry of Health and the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters including infection control and Covid-19. The infection coordinator described utilising the Ministry of Health (MOH) website for information as needed, and utilising health learn online training and Ministry of Health sites. External education related to Covid management has been provided via zoom meetings and webinars.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed annual handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families have been kept informed and updated on Covid-19 policies and procedures through resident meetings, notices, and emails.</p> <p>Staff follow the organisation pandemic policy which is available for all staff. Personal protective equipment (PPE) is ordered through the</p>



		<p>MOH, and stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted, and outbreak kits are readily available. Bupa head office supplies extra PPE equipment as required.</p> <p>During Covid-19 lockdown there were regular zoom meetings with Bupa head office which provided a forum for discussion and support. The service has a Covid-19 response plan which was developed by the leadership groups and includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>Clinical expertise from the leadership team has input into procurement processes for equipment, devices, and consumables used in the delivery of health care. The infection control coordinator and the management team monitor resident and staff infections. Hospital acquired infections are collated along with infection control data. The organisation policies and procedures include clear instructions for disinfection, sterilisation, and single use items. Items required to be sterilised are pre-purchased, stored in a clean dry environment, and used within the use by date. This includes urinary catheters and catheter packs, and wound dressing packs. All equipment used for wound care are single use only. Reusable equipment such as blood pressure equipment, and hoists are cleaned between use. The care home manager confirmed there is a process for clinical and infection control expertise when considering renovations or new builds.</p> <p>Infection control is included in the internal audit schedule and a recent audit demonstrated full compliance.</p> <p>The service is working towards incorporating te reo information around infection control for Māori. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The service has an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts,

<p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and infection control meetings as well as Bupa head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The infection prevention and control programme includes a commitment to reducing the emergence of antimicrobial resistance by guiding GP prescribing practice and monitoring compliance with NZ antimicrobial stewardship guidelines.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the 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 service has commenced incorporating ethnicity data into surveillance methods and data captured around infections. The infection prevention and control programme links with the quality programme. Infection control surveillance is discussed at clinical meetings, management meetings, quality meetings and staff meetings. The infection control coordinator uses the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. 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 data is accessible by Bupa head office. Meeting minutes and graphs are available on noticeboards in the staffroom. The service receives email notifications and alerts from Bupa head office and Te Whatu Ora- Waitaha Canterbury for any community concerns.</p> <p>There have been six Covid-19 outbreaks since the previous audit</p>

		<p>(March, May, August November and December 2022 and March 2023) and one gastrointestinal outbreak in November 2022. The facility followed their pandemic plan. All areas were kept separate, and staff were kept to one wing where possible. Families were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and each sluice room has a sanitiser and a sink. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed off site. The caregivers or laundry assistant transport used linen and washing to the laundry. The laundry assistant sorts into personals, sheets and towels, kitchen and infectious. The dirty linen is collected daily, and clean linen returned daily. The laundry has an internal door and two external doors which are used for collection and deliveries. There is tape on the floor clearly identifying clean and dirty flow. The laundry person attends the infection control meetings and is updated on matters related to infection. The laundry person is responsible for transporting the clean laundry to each area and putting linen into linen cupboards. Personal laundry is placed into baskets and returned to residents’ rooms.</p> <p>There are three cleaning staff (one for each community) on each day for cleaning duties. The linen cupboards on each level were well stocked. Cleaning and laundry services are monitored through the internal auditing schedule and are reviewed by the infection control coordinator.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The Bupa organisation is committed to remaining restraint free. Any restraint use is benchmarked cross the organisation and reported to Bupa leadership and governance groups. The facility is committed to providing services to residents without the use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The designated restraint coordinator is a unit coordinator. At the time of the audit, there were no residents using restraints.</p> <p>The use of restraint is reported to the Bupa head office. It is discussed in the monthly RN, staff, and quality meetings, evidenced in the meeting minutes. The unit coordinator described the facility's focus on only using restraint as a last resort. Education on restraint minimisation is included in the annual training plan and orientation programme. It is accompanied by a competency questionnaire.</p>
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## 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 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	Initial interRAI assessments have been completed within the required timeframes for those residents who required one. Initial assessments have been developed within the required timeframes for all files reviewed. Five of nine resident long-term care plans reviewed had been documented within 21 days of admission. Evaluations have occurred as scheduled six monthly.	Four of nine resident files reviewed did not have the long-term care plans documented within 21 days of admission.	<p>Ensure long-term care plans are completed within 21 days of admission.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and</p>	PA Moderate	The electronic resident management system includes assessments that addresses needs, values, individual preferences, and beliefs of residents; however, not all assessments were fully reflected in the resident’s care plans.	<p>There were identified intervention shortfalls in eight of nine care plans reviewed.</p> <p>i) Four resident care plans (one hospital and three rest home) did not include interventions to support</p>	i) to vi) Ensure all care plan interventions are current, individualised and reflect the assessed

<p>experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>The service has recently moved to an electronic care system and shortfalls are related to implementation of the new system.</p>	<p>diabetes management.</p> <p>ii) Two residents (one hospital and one rest home) did not include interventions to support the risks associated with anticoagulation therapy.</p> <p>iii) Nutritional requirements were not fully documented for the following: (a) One hospital level care resident with diabetic and vegetarian requirements; (b).Two residents (one hospital and one dementia) on minced and moist diets; (c) One hospital resident who required assistance with feeds.</p> <p>iv) Repositioning interventions were not documented for one hospital resident who was bed and chair bound.</p> <p>v) Interventions were not documented to manage significant weight loss for one hospital resident.</p> <p>vi) One dementia resident assessed as a high falls risk did not have interventions fully documented to mitigate the risk.</p>	<p>needs of residents.</p> <p>60 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the</p>	<p>PA Moderate</p>	<p>Monitoring charts were in place for repositioning, food and fluid intake, neurological observations, and weight monitoring; however, not all charts were completed as required.</p>	<p>(i) Six of ten resident charts reviewed identified neurological observations were not completed as per policy.</p> <p>(ii) Two hospital residents requiring</p>	<p>(i) Ensure that neurological observations are conducted and recorded as per</p>

<p>person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>			<p>regular repositioning did not have charts completed as per required timeframes.</p>	<p>policy and best practice guidelines.</p> <p>(ii) Ensure monitoring charts for repositioning are documented as required.</p> <p>60 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.