

Bupa Care Services NZ Limited - Redwood Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Redwood Home & Hospital

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

Dates of audit: Start date: 5 September 2023 End date: 6 September 2023

Proposed changes to current services (if any): HealthCERT letter dated 23 September 2022 informed of reconfiguration involving converting three psychogeriatric beds to three dementia beds. The overall numbers remain 94.

Total beds occupied across all premises included in the audit on the first day of the audit: 89



Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Redwood Home and Hospital is part of the Bupa group. The service is certified to provide hospital (medical and geriatric), psychogeriatric and dementia level care for up to 94 residents. On the days of the audit, there were 89 residents receiving care.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standard 2021 and the service's contract with Te Whatu Ora Health New Zealand -Lakes. The audit process included a review of policies and procedures, a review of residents and staff records, observations, and interviews with management, residents, family/whānau, staff, and the nurse practitioner.

The service continues to make environmental improvements.

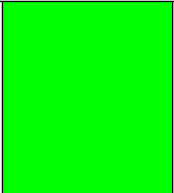
There has been a change in management since the previous audit. The acting care home manager is appropriately qualified and experienced in aged care. They are supported by an experienced clinical manager, business coordinator and a team of registered nurses.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The certification audit identified an improvement is required around restraint monitoring.

The service has been awarded a continuous improvement rating for the positive outcomes related to falls reduction.

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.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	------------------------------------------------------------

Bupa Redwood 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.

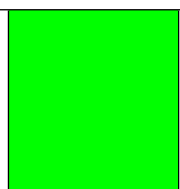
Residents receive services in a manner that considers their dignity, privacy, and independence. Redwood provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates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

Bupa Redwood 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. Redwood provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident

and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service are fully attained.

Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

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

There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The general and nurse practitioner, community mental health team and psychogeriatrician are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

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

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

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.

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents reported a timely staff response to call bells. Entry to the secure dementia unit and psychogeriatric units are by keypad entry. Security is maintained.

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

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

Subsections applicable to this service are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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. Benchmarking occurs.

The service has a robust pandemic and outbreak management plan in place. There is a sufficient supply of protective equipment. The internal audit system monitors for a safe environment. Five outbreaks have been documented and reported since the previous audit. These have been managed well.

There are documented processes for the management of waste and hazardous substances in place. 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.		Some subsections applicable to this service are partially attained and of low risk.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There was one resident using restraints at the time of audit. A comprehensive assessment, approval, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	28	0	1	0	0	0
Criteria	1	174	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori.</p> <p>Bupa has developed a te ao Māori strategy to introduce and implement the te ao Māori related standards with a Māori health consultant. Materials and care programmes that address the HDSS:2021 Standard have been put in place. Bupa care home managers have attended workshops (Mauri Tū, Mauri Ora) in relation to Te Tiriti o Waitangi and scoping of opportunities to improve health equity for Māori. The most recent workshop for managers relating to Māori health, tikanga Māori and equity in Māori health outcomes was held In March of this year.</p> <p>The Māori health plan supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Bupa Redwood. At the time of the audit there were Māori staff members in various roles throughout the facility. Bupa Redwood has links to the local iwi and hapu. The acting care home</p>

		<p>manager described their contacts with their local iwi and hapu. Contacts were noted on the Tikanga flip charts placed throughout the facility.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one acting care home manager, and one clinical manager, business coordinator and kitchen manager) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service has provided several training sessions on cultural safety. Training encompassed Te Tiriti o Waitangi based on the guidelines of cultural safety in nursing education and practice.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs including cultural beliefs. On admission all residents' ethnicities are captured. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Cultural awareness training introduced the staff to components of the Fonofale of Pacific health model of care. There are residents at Bupa Redwood who identify as Pasifika.</p> <p>The Ola Manuia Pacific Health and Action Plan, and Te Mana Ola are the chosen models for the Pacific health plan and Pathways to Pacific Peoples Health Equity Policy.</p> <p>The Pacific health plan sets the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes. Bupa partners with a Pasifika organisation and/or individual to provide guidance. The service links with Pasifika groups in the local community facilitated by current staff members. The service is able to access pamphlets and information on the service in most Pasifika languages, and these are displayed at the entrance to the facility. The acting care home manager described how they encourage and</p>

		<p>support any staff that identify as Pasifika through the employment process. There are currently staff that identify as Pasifika. On interview, Pasifika staff members confirmed they were welcomed and supported by management to attain qualifications, including psychogeriatric unit standards.</p> <p>Interviews with the acting care home manager, clinical manager, and staff members; ten caregivers, four registered nurses (including two unit coordinators), one activities coordinator, three activities officers, one kitchen manager, one laundry assistant, one cleaner and one maintenance officer; nine residents (seven rest home level, two hospital), eight family/whānau (three hospital, one rest home, two psychogeriatric and two dementia), and documentation reviewed identified that the service puts people using the services first, and family/whānau at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Bupa policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. The acting care home manager, clinical manager or unit coordinators discuss aspects of the Code with residents (where appropriate) and their family/whānau on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each wing and in the information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages. Resident and family/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Health and Disability Commissioner's (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</p>

		<p>linked to the complaints process.</p> <p>The residents and family/whānau interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The service recognises Māori mana motuhake as reflected in the care plans. Care plans reflected residents were encouraged to make choices and be as independent as possible. Care staff confirmed this to be the case when interviewed. Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers and registered nurses (RNs) interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in as evidenced in resident care plans. Caregivers received cultural training that includes Te Tiriti o Waitangi training, the Bupa staff contract booklet includes information on Bupa's commitment to reflect the principles of Te Tiriti in day-to-day service delivery.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. The were married couples residing within the facility. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement and is integrated into the</p>

		<p>residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. 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. The 2022 and 2023 resident/family surveys identified a high level of satisfaction around privacy, dignity, and respect (including cultural needs).</p> <p>Residents' files and care plans identified resident's preferred names.</p> <p>Matariki and Māori language week are celebrated at Bupa Redwood. Caregivers interviewed advised they are encouraged to use common te reo Māori phrases when speaking with Māori residents and for everyday greetings.</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 Redwood policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff received Code of Conduct training through Bupa Learn platform. The staff engagement survey of 2023 evidence staff are participating in creating a positive workplace. Towards Māori Health Equity policy address institutional racism. There is a safe anonymous pathway for staff to report issues related to racism and harassment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated</p>

		<p>on how to value the older person showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The service promotes a strengths-based and holistic model ` Person First Care` to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview care staff confirmed an understanding of holistic care for all residents. Cultural awareness training completed in April 2023 includes recognition of explicit and non- explicit bias and supports the recognition and reduction of bias in health care.</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>	FA	<p>Information is provided to residents and whānau on admission. Six weekly resident and whānau meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. Twelve accident/incident forms reviewed identified whānau are kept informed; this was confirmed through the interviews with whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Some residents are not fluent in English. Staff on interview advised they have communication resources available when required and are trained to use hand and</p>

		<p>facial gestures in addition to word and frequently used phrase cards.</p> <p>Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora – Lakes specialist services (eg, geriatric nurse specialist, mental health, wound nurse specialist, dietitian, speech and language therapy). The management team hold weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The registered nurses described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>There are regular meetings and residents and family/whānau are supported through meetings and to raise concerns.</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 documented around informed consent. Ten resident files reviewed included signed general consent forms. The residents and family/whānau 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 family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files and were activated for all residents receiving psychogeriatric and dementia level of care.</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 whānau on entry to the service. The acting care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically. There have been five complaints for 2022/2023 year to date. The complaints included an investigation, follow up, and reply to the complainants. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Two complaints were lodged through National Advocacy services and one recent complaint is still open for further information.</p> <p>The acting care home manager on interview advised complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register. Trends in themes are around communication.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance and in the units of the facility.</p> <p>A suggestions box is in reception, adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held six weekly, chaired by the acting care home manager. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. The acting care home manager described the preference for face-to-face communication with people who identify as Māori. Residents and whānau interviewed confirm the management is open and transparent in their communication.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa Redwood is located in Rotorua. The service is certified to provide care for hospital (medical and geriatric), psychogeriatric and dementia levels of care for up to 94 residents. The facility is divided into four units and include: Hospital unit with 27 beds [Korowai] (including four dual purpose beds and two shared bedrooms); a rest home [Kowhai] with 24 beds; dementia unit [Awhina Mai] with 24 beds and a psychogeriatric unit [Awhina] with 19 beds.</p> <p>A HealthCERT letter dated 23 September 2022 informed of reconfiguration involving converting three psychogeriatric beds to three dementia beds. The overall numbers remain 94.</p> <p>On the day of the audit there were 89 residents: 25 residents at hospital level care including three on long term support- chronic health care (LTS-CHC) contract. There were two residents in one shared room. There were 23 residents at rest home level including one on LTS-CHC: 22 at dementia level of care. All remaining residents were under the age-related residential care contract (ARRC). There was 19 psychogeriatric (PG) residents in the specialised dementia care unit, all PG residents were under the age-related hospital specialised services (ARHSS) contract.</p> <p>The governing body of Bupa consists of directors of clinical; operations; finance; legal; property; customer transformation; people; risk; corporate affairs; and technology. This team is governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team. Bupa has developed a te ao Māori health strategy to introduce and implement te ao Māori related standards with a Māori cultural adviser. Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team.</p> <p>Bupa has a three-year strategic business and operational plan which aligns to Bupa global strategy and the ambition to be the world's most customer-centric healthcare company. The business and operational plan is reviewed annually by the Leadership Team as part of strategy and planning. This consists of three key performance indicators (KPI's), that will measure customer care touchpoints and feedback, and six strategic and enabling pillars of Customers, Growth, Transformation, Sustainability enabled by Data and an Agile Culture.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>The enabling sustainability pillar include plans to: Strengthen policies, governance and transparency to support health and wellbeing of residents, and improved outcomes for all residents. Increase diversity and inclusion of the principles of Te Tiriti o Waitangi and growth of te ao Māori and Pacific world view in the organisation. Each care home sets annual quality goals at the beginning of the year based on improving outcomes from the internal quality programme. Goals are regularly reviewed, discussed at quality meetings and other forums and outcomes are measured to demonstrate progression towards meeting goals.</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>Bupa has a Māori Health Strategy and Health Equity policy. Bupa engaged an external consultant who has worked closely with the Bupa Leadership team and Bupa ANZ Board to understand current state and develop plans for maturity in this area. A process is underway to establish two cultural advisory groups (Māori and Pacific peoples) and engage our employees in this to work alongside the Bupa leadership team. Bupa's Māori health equity policy outlines how Bupa will work towards achieving best outcomes for Māori and people with disabilities. By its very nature, aged care is a service for people with disabilities. Bupa's Pacific people's health equity policy outlines how Bupa will work towards achieving best outcomes for Pacific peoples. Tāngata whaikaha are supported to provide feedback through surveys and resident meetings, as evidenced in meeting minutes. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collectives needs of</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting. The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year. The operations manager for Midlands two region reports to the national operations director.</p> <p>At the time of the audit the care home manager position was vacant for the last eight months. The acting care home manager (comprehensive nurse) has been employed in the role as roving manager for Bupa and is placed with Bupa Redwood for the last eight months. The clinical manager has completed courses on clinical leadership, has demonstrated professional proficiency and cultural competency The care home manager is supported by a clinical manager who has worked in the role for seven years. They are supported by two-unit coordinators (both comprehensive nurse), registered nurses, experienced care staff team, business coordinator, the regional operational manager, and quality partner.</p> <p>The care home manager and the clinical manager have both completed more than eight hours of training related to managing an aged care facility and includes Bupa regional managers forums, Māori health plan, pandemic and infectious disease planning and infection control teleconferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p>	<p>FA</p>	<p>Bupa Redwood 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 and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits,</p>

<p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>meetings, 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. The service has implemented improvement plans and include a project to reduce falls within the dementia communities. The service has been awarded a continuous improvement rating for the positive outcomes related to falls reduction.</p> <p>Resident family satisfaction surveys are managed by head office who rings and surveys whānau. Last year and most recent March and June 2023 resident and whānau satisfaction surveys have been correlated and analysed at head office and indicate that residents have reported high levels of satisfaction with the service provided. Results have been communicated to residents in the six weekly resident and whānau meetings, and monthly newsletter (sighted).</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. 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 service reviews the progress toward the goal at regular intervals. A health and safety team meets bi-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. Bupa partners with</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>Howden Health to support staff with non- work-related injuries.</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 twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. The RiskMan system generates a report that goes to each operational team/governance team and also generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the acting care home manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications submitted since the last audit and include ten for pressure injuries and one for a missing resident. There have been five outbreaks since the previous audit (including two Covid -19 in 2022, one confirmed Norovirus outbreak in August 2022, and two respiratory outbreaks in 2023), all were appropriately notified.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurses, and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Unit coordinators work some days as RNs on the floor covering RN shifts. The majority of the times there are two RNs on each shift. There is at RN on duty at all times. Interviews with staff confirmed that their workload is manageable, and that management is supportive. The number of caregivers allocated to each unit is sufficient to meet the care needs of the residents. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and resident meeting minutes. There are sufficient medication competent caregivers to support the RNs with medication management.</p> <p>The acting care home manager, and clinical manager works Monday</p>

	<p>to Friday. On-call cover for all Bupa facilities in the Midlands two region is covered by a six-week rotation of one care home manager and one clinical manager each week.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural safety training, Māori health and Tikanga which included Te Tiriti O Waitangi and how this applies to everyday practice in April 2023. Training sessions around dementia, and behaviours of concern are held regularly.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-three caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 53 caregivers at Bupa Redwood, 48 have achieved a level 3 NZQA qualification or higher. Twenty-one of the caregivers work across the psychogeriatric (PG) unit and dementia unit at any times; 17 of whom have attained the PG and dementia specific standards according to the ARHSS clause D 17.11 and ARRC clause E4.5.f, and the remaining four are enrolled and in progress and are within the 18-month timeframe for completion.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Six of thirteen registered nurses, including the clinical manager and unit coordinators are all interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). External training opportunities for care staff include training through Te Whatu Ora – Lakes, and hospice. A record of completion is maintained on an electronic register.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities of the ‘take five’ Bupa wellness programme. Staff welfare is promoted through provision of regular cultural themes and shared meals at staff meetings. Signage supporting the Employee</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>Assistance Programme (EAP) were posted in visible staff locations.</p> <p>Facility meetings provide a forum to share quality health information.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The Bupa recruitment office advertise for and screen potential staff including collection of ethnicity data. Bupa has commenced the process of formally collecting ethnicity data on existing staff. Once they pass screening, suitable applicants are interviewed by the Bupa Redwood acting care home manager. Eleven staff files reviewed (four RN including one clinical manager, four caregivers, one household manager, one activities coordinator, and one kitchen manager) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented and all staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers are currently utilised where appropriate, and an orientation programme and policy for volunteers is in place. Information held about staff is kept secure and confidential. Following any staff</p>

		incident/accident, evidence of debriefing and follow-up action taken are documented. 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. Plans are in place to implement the VCare electronic resident management system later in the year. There is a documented Bupa business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The acting care home manager is the privacy officer and there is a policy to provide guidance on the request of health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p>	FA	<p>Residents who are admitted to Bupa Redwood are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for psychogeriatric, dementia, rest home, and hospital level of care residents were sighted. The acting care home manager and clinical manager screen prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA/whānau/family of</p>

<p>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>choice, where appropriate, local communities, and referral agencies. Residents in the psychogeriatric and dementia communities were admitted with appropriate EPOA or welfare guardian documents in place and these were sighted in resident records reviewed.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required time frames and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The clinical manager reported that all potential residents who are declined entry are recorded. When an entry is declined the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	<p>FA</p>	<p>Ten resident files were reviewed: three hospital (including one on long-term support chronic health contract), two rest home, three psychogeriatric and two dementia level care. A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six monthly multi-disciplinary reviews.</p> <p>Bupa Redwood uses a range of risk assessments alongside the</p>

<p>whānau to support wellbeing.</p>	<p>interRAI care plan process. Risk assessments conducted on admission include those relating to falls, pressure injury, skin, pain, continence, cultural and activities. The initial support plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes and all outcome scores were identified on the long-term care plans. All residents have a behaviour assessment and a behaviour plan, with associated risks and supports needed and includes strategies for managing/diversion of behaviours. For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are holistic, resident centred and provided guidance to staff around all medical and non- medical requirements. The care plans include a 24-hour reflection of close to normal routine for the resident with interventions to assist caregivers in management of the resident behaviours in the psychogeriatric and dementia units. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. Evaluations were completed at the time of interRAI re-assessments (six-monthly) for eight residents and when changes occurred earlier as indicated. Two residents had not been in the facility for six months. Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet.</p> <p>The service contracts general practitioners (GP) and nurse practitioners (NP) from a local medical centre for twice weekly visits and is available on call during office hours and thereafter the staff contact Lakes Prime Care until 10pm and then the emergency department at the local hospital overnight for assistance. The GP and NP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The psychogeriatrician and mental health services are readily available as required. The NP (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They</p>
-------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>were happy with the competence of the registered nurses, care provided and timely communication when there are residents with concerns.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist from local provider visits twice weekly. A podiatrist visits regularly and a dietitian, speech language therapist, psychogeriatrician, older person mental health team, hospice, dietitian, wound care nurse specialist and medical specialists are available as required through the local Te Whatu Ora- Lakes service. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Caregivers and RNs interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a registered nurse to another registered nurse and then registered nurse to care staff on each shift, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the caregivers, and the registered nurses document at least daily for all resident records and when there is an incident or changes in health status.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the GP or NP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP or NP visits, medication changes and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of 35 wounds from 24 residents being actively managed across the service. These included four pressure injuries; one stage 1, two stage 2 and one stage 4. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound registers have been fully maintained. A section 31 notification was completed for the stage 4</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>pressure injury. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager and unit coordinators. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</p> <p>Bupa Redwood provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the Māori health care plan.</p> <p>Staff confirmed they understood the process to support residents and</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful 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>Activities are conducted by a team comprising of one activities coordinator, five activities assistants and a volunteer providing a seven-day cover for resident centred activities in all the communities. The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These assessments were completed within two weeks of admission in consultation with the family/whānau and residents. Each resident had a map of life developed detailing the past and present activities, career, and family. A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were noted on notice boards to remind residents and staff. Residents and family/whānau meet monthly to discuss different issues at the facility and provide feedback relating to activities.</p> <p>The activity programme is formulated by the activities team in consultation with the management team, registered nurses, EPOAs, residents, and care staff. The activities were varied and appropriate for residents assessed as requiring psychogeriatric, dementia, rest home and hospital level of care. The care plans reviewed described management strategies that can be used to minimise, distract, or de-escalate behaviours that challenge. Activity progress notes and activity participating register were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the planners included quiz, bingo, floor games, Matariki, table games, sensory, outdoor walks, van outings, music, pet therapy, entertainment, kapa haka, poi making and exercise, visits from kindergarten school, men's group, and relaxing time with pampering. The service promotes access to EPOA and family/whānau and</p>

		<p>friends. There are regular outings and drives for all residents (as appropriate).</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week with varying events lined up.</p> <p>Residents, EPOA, family/whānau and residents reported overall satisfaction with the level and variety of activities provided</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Bupa Redwood has policies available for safe medicine management that meet legislative requirements. The registered nurses and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, a registered nurse and medication competent caregivers were observed to be safely administering medications. The registered nurse and caregivers interviewed could describe their roles regarding medication administration. All medications once delivered are checked by the registered nurses against the medication chart. Medication reconciliation was conducted by the registered nurse when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the four medication rooms. The medication fridges and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops and creams have been dated on opening. Medication incidents were completed in the event of a</p>

		<p>drug error and corrective actions were acted upon.</p> <p>Twenty medication charts were reviewed. There is a three-monthly general/nurse practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no residents self-administering medications. The service does not use standing orders and there are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical manager described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The kitchen manager reported that all food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires 30 September 2023. The menu was reviewed by a registered dietitian. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required. Special utensils and lip plates are used to promote</p>

		<p>independence. A lunch meal was observed in the psychogeriatric unit, and it was noted sufficient number of caregivers were available to assist with the meals.</p> <p>All food is delivered to the respective wings in scan boxes. Dining areas were observed to be quiet, and meals were well presented. Pure-food products were used as part of the modified food menu.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. also, 'boil ups,' hāngi, Māori bread, and pork were included on the menu, and these are offered to residents who identify as Māori when required</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>	<p>FA</p>	<p>There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The clinical manager reported that discharges are normally into other similar facilities. Discharges are overseen by the registered nurses who manage the process until exit. Exits, discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and families/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies, where indicated</p>

		<p>or requested. Transfer documents include but not limited to transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts and last GP or NP review records.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed into the resident's folder for archiving. If a resident's information is required by a subsequent general practitioner, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' files and any instructions integrated into the care plan. The clinical manager advised a comprehensive handover occurs between services</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-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 has a current warrant of fitness that expires on 23 June 2024. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective communities with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available inside and outside in the gardens and courtyards.</p> <p>The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually, with last check completed August 2023. Hot water temperatures are monitored weekly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance manager, officers and certified tradespeople where required. The service employs a maintenance manager who works from Monday to Thursday (and is on call afterhours and on weekends), a maintenance officer who works Friday in the care home (and in the</p>

	<p>village for other days of the week) and a gardener who works three times a week. The environment is maintained at appropriate temperatures with central heating in the dementia and psychogeriatric areas; radiators and heat pumps in the hospital area; heat pumps and ceiling heaters in the rest home; and gas heaters in the rest home main lounge/dining area.</p> <p>The service is divided into four different communities; the hospital (Korowai community) rest home (Kowhai community), and nine studio apartments on the first floor connected by two flights of stairs and a lift ; psychogeriatric (Awhina community)with 19 beds; dementia (Awhina Mai community) with 24 beds with three psychogeriatric beds now reconfigured to dementia beds. The keypad on the door to the three reconfigured dementia beds has been disabled to allow free flow for the dementia residents in Awhina Mai community.</p> <p>All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All toilets, ensuites and bathrooms have free-flowing soap and paper towels in the toilet areas. There are adequate toilets and showers in all of the units. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>Entry and exit into the dementia and psychogeriatric area is by use of a keypad. There are further keypad operated doors that separate the dementia and psychogeriatric areas. The layout provides two secure environments for residents needing dementia and psychogeriatric level of care. Both units have a lounge and dining area each that caters for residents in the areas. The Awhina Mai (dementia) community has rooms with full ensuites, individual toilets and others that use the communal bathrooms/toilets. The Awhina (psychogeriatric) community has a combination of rooms that have individual toilets, full ensuites and two requiring use of the communal bathrooms/toilets. There are two communal bathrooms/toilets, both areas have a further two communal toilet and bathrooms for residents to use.</p> <p>The dementia and psychogeriatric outdoor areas were secure, safely maintained, and appropriate to the resident group and setting. The walking paths are designed to encourage purposeful walking around</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>the gardens with access to the vegetable and flower gardens.</p> <p>All areas are easily accessible to the residents. The furnishings and seating are appropriate for the resident group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in the large lounges of the four communities.</p> <p>Residents' rooms are personalised according to the residents' preferences. All shared rooms have dividing curtains in between to maintain privacy and consent has been given (sighted in the family/whānau communication records). Shared rooms, shower rooms, and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. There is a designated outdoor smoking area for residents which was seen to be used on the audit days.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the care home manager and maintenance manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</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>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 27 November 2019. A trial evacuation drill was performed on 21 June 2023. The drills are conducted every six-months, and these are added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the designated assembly point. All required fire equipment is checked</p>

		<p>within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency including food, water (equivalence of 4 litres per person per day for 3 days), candles, torches, continence products, and a gas BBQ to meet the requirements for up to 94 residents including rostered staff. There is no generator on site, but one can be hired if required. Emergency lighting is available and is regularly tested. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance officer. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Whānau and residents know the process of alerting staff when in need of access to the facility after hours. The dementia and PG units are secure at all times.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</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</p>	<p>FA</p>	<p>The hospital unit coordinator (RN) undertakes the role of infection control coordinator to oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention specialist at Bupa head office who reports to and can escalate any significant issues to Board level. Documentation review evidenced recent</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>outbreaks were escalated to the executive team within 24 hours. Bupa has monthly and sometimes weekly infection control teleconferences for information, education, and discussion and Covid updates should matters arise in between scheduled meeting times. Infection rates are presented and discussed at quality and staff meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora –Lakes in addition to expertise at Bupa head office.</p> <p>Visitors are asked not to visit if unwell. Visitors and contractors and all staff are still required to wear masks. There are hand sanitisers strategically placed around the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control coordinator is the hospital coordinator and supported by the infection control specialist from Te Whatu Ora- Lakes, and the Bupa infection control lead which provide guidance on pandemic management. The service has a Covid-19, outbreak and pandemic response plan.</p> <p>The infection control coordinator has completed courses in the basics of infection control, online study, and other training through Te Whatu Ora - Lakes. There is good external support from the GP and NP, laboratory, clinical support improvement team and the Bupa infection control lead. There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The Bupa infection control lead and the infection control coordinator have input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators. Policies are available to staff. Aseptic techniques are promoted</p>

		<p>through hand hygiene, sterile single use packs for wound care and catheterisation and creating an environment to prevent contamination from pathogens to prevent healthcare-associated infections.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Cleaning and environmental audits are completed four monthly and the cleaning audits reviewed for this audit include evidence that these procedures are carried out. There is information available in te reo Māori. Infection Prevention and Control Programme related to building and construction documents a pathway for communication to ensure early consultation when significant changes are proposed to the building.</p> <p>The service infection control policies acknowledge importance of te reo Māori information around infection control and provides this for Māori residents acknowledging the spirit of Te Tiriti. Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Staff interviewed could describe safe cultural practice guidelines in relation to infection prevention and control.</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 pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through emails.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>The service has an anti-microbial use policy and procedure. The IP and AMS programmes are endorsed through the Clinical Governance Committee, and Bupa's consultant geriatrician has oversight of the</p>

<p>responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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>AMS programme which are reviewed annually. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The infection control coordinator is responsible for collating and analysing the electronic medication management system with pharmacy support and generate a list of short course medication use including antimicrobial and antiviral use. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs monthly.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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 policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic RiskMan register on the electronic data base and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service has commenced incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora Health- Lakes. Significant infection control incidents are monitored and reported through RiskMan system. Significant infection control events are escalated to the Clinical and Operations Directors and where appropriate and</p>

		<p>discussed within the clinical governance committee.</p> <p>There have been five outbreaks since the last audit. All were appropriately managed and Te Whatu Ora -Lakes and Public Health were appropriately notified. There was appropriate expertise sought and communication channels followed. Daily outbreak management meetings and toolbox meetings (sighted) captured ` lessons learned` to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs were completed. Staff confirmed resources including PPE were sufficient. Residents and family/whānau were kept informed throughout the outbreaks.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) in each wing with personal protective equipment available including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Laundry (linen and personals) are done on site. The laundry is operational seven days a week. Linen is distributed to the wings on covered trollies. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. Material safety data sheets are available. There are dedicated laundry assistants seven days per week to sort and distribute linen.</p> <p>When in use, cleaners' trolleys are attended at all times, and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked with good quality linen.</p> <p>Monitoring of the effectiveness of the cleaning and laundry processes</p>

		are part of the internal audit programme and overseen by the infection control coordinator.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint free environment is the aim of the service. Policies and procedures meet the requirements of the HDSS:2021 standard. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and board level.</p> <p>If a Māori resident requires restraint, prior to this decision cultural advice is sought alongside whānau to explore spiritual and cultural values. The restraint coordinator (unit coordinator/RN) stated that the service is committed to a restraint-free environment in all its wings. They have strong strategies in place to eliminate the use of restraint.</p> <p>At the time of the audit, one resident was using hand-hold restraint. When restraint is used, this is a last resort when all alternatives have been explored. The restraint coordinator and has a defined role of providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint coordinator is responsible for the coordination of the approval of the use of restraints and the restraint processes. There are clear lines of accountability, the current restraint in use has been approved. Whānau/EPOA and residents were involved in decision-making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p>	PA Low	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. Whānau confirmed their involvement in the process. Access to advocacy is facilitated as necessary. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record. Staff, management meeting minutes, and quarterly reports to the national</p>

<p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>restraint coordinator documented discussions about restraint.</p> <p>If emergency restraint is required, the registered nurse will consult with the acting care home manager, clinical manager, unit coordinator, resident, and family/whānau and determine, depending on the situation, who will debrief the staff.</p> <p>There is a restraint policy to guide staff in the use of restraint. Handholding is approved restraint. There is an up-to-date restraint register. One resident was assessed as requiring restraint by the use of handholding. Review of the records of the resident approved for hand holding, indicated that the restraint assessment was completed with involvement of family/whānau. The type of restraint is usually used during delivery of cares when resident is physically aggressive posing a risk to self and others. The long-term care plans provide sufficient level of detail to guide staff in the implementation of safe restraint; however, file review indicated the handholding events were not always recorded in the progress notes when the event occurs.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. Benchmarking is completed with other Bupa facilities. The benchmarking, identify trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 6.2.4</p> <p>Each episode of restraint shall be documented on a restraint register and in people’s records in sufficient detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint, and shall include:</p> <p>(a) The type of restraint used;</p> <p>(b) Details of the reasons for initiating the restraint;</p> <p>(c) The decision-making process, including details of de-escalation techniques and alternative interventions that were attempted or considered prior to the use of restraint;</p> <p>(d) If required, details of any</p>	PA Low	<p>There is a restraint policy to guide staff in the use of restraint. Handholding is approved restraint. There is an up-to-date restraint register. One resident was assessed as requiring restraint by the use of handholding. The type of restraint is usually used during delivery of cares when resident is physically aggressive posing a risk to self and others. The long-term care plans provide sufficient level of detail to guide staff in the implementation of safe restraint.</p>	<p>One of one file reviewed indicated the hand holding events were not always recorded in the progress notes when the event occurs.</p>	<p>Ensure records document each event and provide an accurate rationale for use, intervention, duration, and outcome of the restraint.</p> <p>90 days</p>

<p>advocacy and support offered, provided, or facilitated; NOTE – An advocate may be: whānau, friend, Māori services, Pacific services, interpreter, personal or family advisor, or independent advocate.</p> <p>(e) The outcome of the restraint;</p> <p>(f) Any impact, injury, and trauma on the person as a result of the use of restraint;</p> <p>(g) Observations and monitoring of the person during the restraint;</p> <p>(h) Comments resulting from the evaluation of the restraint;</p> <p>(i) If relevant to the service: a record of the person-centred debrief, including a debrief by someone with lived experience (if appropriate and agreed to by the person). This shall document any support offered after the restraint, particularly where trauma has occurred (for example, psychological or cultural trauma).</p>				
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The achievement of a continuous improvement is awarded to the service. Quality initiatives is beyond the expected full attainment of the criteria. There were high incidences of falls with harm in 2021 in the dementia communities. Quality goals were established. The service has conducted a project where a review process has occurred, including analysis and reporting of their findings. There is evidence of action taken based on the analysis of falls within the dementia communities with a focus on the use of anti-psychotic medication. The project includes working with the clinical team, psychogeriatrician, general practitioner (GP).</p>	<p>The project includes falls awareness from pre-admission assessment, involving and include family/whānau input through all steps. Ensuring admissions are planned with correct equipment needs. RNs complete falls assessment risk tools within 12 hours of admission. Residents with high falls or at risk are discussed at weekly clinical review meetings. Strategies include revisiting the individual residents` current health challenges, cognition, environment including footwear. Each resident has an anti-psychotic medication management plan in place, which describes the reasons/indications and the expected outcomes. The GP, psychogeriatrician and mental health services for older people (MHSOP) team review the plans. GPs are expected to reduce the dose by 25% at each review if the symptoms are stable. The analysis of data presented between 2021 -2023 evidence a significant improvement and</p>

			reduction in the number of falls and a significant decrease in the use of anti-psychotic medication (from 51% in 2021 to 26% in 2023).
--	--	--	----------------------------------------------------------------------------------------------------------------------------------------

End of the report.