

# CHT Healthcare Trust - Parkhaven Care Home

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## Introduction

This report records the results of a Provisional 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	CHT Healthcare Trust
<b>Premises audited:</b>	Parkhaven Care Home
<b>Services audited:</b>	Residential disability services - Intellectual; Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Residential disability services - Physical; Residential disability services – Sensory
<b>Dates of audit:</b>	Start date: 18 October 2023      End date: 19 October 2023
<b>Proposed changes to current services (if any):</b>	None.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	75



# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

## General overview of the audit

Bupa Parkhaven is located in Māngere East, Auckland, and is a single storey building. The service is certified to provide care for hospital (medical and geriatric), residential disability (physical, intellectual, and sensory) and psychogeriatric levels of care for up to 84 residents.

The provisional audit was undertaken to establish the prospective provider preparedness to provide health and disability services and the level of conformity of the existing providers' service that is under offer. This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand – Counties Manukau and Whaikaha-Ministry of Disabled People.

The prospective provider is in the process of completing the requirements to purchase the service and has experience in the health sector. There are no intentions to change existing service delivery, or the environment should the sale of the service be confirmed. A change of ownership is anticipated to occur on 1st February 2024.

The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, staff, general practitioner, management, and the prospective provider.

There had been no change in key personnel since the previous audit. The care home manager is appropriately qualified and experienced in aged care. They are supported by a clinical manager, two unit-coordinators, an experienced team of registered nurses, enrolled nurses, and caregivers.

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 provisional audit identified no improvements required.

## **Ō tātou motika | Our rights**

Bupa Parkhaven 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 and a Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Bupa Parkhaven 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/whānau are kept informed. The rights of the resident and/or their family/whānau 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**

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 orange | Pathways to wellbeing**

Residents are assessed before entry to the service to confirm their level of care. The nursing team is 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 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**

The facility meets the needs of residents and was clean and well-maintained. The psychogeriatric community is secure. 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 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. Security is maintained.

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

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. One outbreak has been documented and reported since the previous audit. This has 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**

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were 14 residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, 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. Regular quality review occurs including benchmarking. There are processes to manage emergency restraint.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	180	0	0	0	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

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

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 te ao Māori related standards with a Māori health consultant. Materials and care programmes that address the 2021 Health and Disability Services Standard have been put in place. Bupa care home managers have attended workshops (Mauri Tū, Mauri Ora) designed to identify problems 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 care home manager confirmed that they support increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Bupa Parkhaven. At the time of the audit, there were Māori staff members in various roles throughout the facility. Bupa Parkhaven has links to the local Manurewa Marae, kaumātua and Māori wardens for community support. The care home has contacts noted on the tikanga flip charts.</p>

		<p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs, and enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one care home manager, and one clinical manager) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service 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>The prospective purchaser knows and understands the consumer rights and has a good understanding of Te Tiriti o Waitangi, recognising barriers for Māori and supporting Māori. The area managers that will provide oversight have completed cultural training.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs, including cultural beliefs. On admission all residents' 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. There are residents at Bupa Parkhaven who identify as Pasifika.</p> <p>The Bupa organisation developed a comprehensive Te Mana Ola: Pathways to Pacific Peoples Health Equity plan that sets the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes. Bupa partners with a Pacific organisation and/or individual to provide guidance. The service links with Pacific groups in the local community facilitated by current staff members. The service is able to access pamphlets and information on the service in most Pacific languages, and these are displayed at the entrance to the facility. The care home manager described how they</p>

		<p>encourage and support any staff that identify as Pasifika through the employment process. There are currently staff that identify as Pasifika. On interview, Pacific staff members confirmed they were welcomed and supported by management to attain qualifications, including psychogeriatric unit standards.</p> <p>Interviews with the care home manager; clinical manager; sixteen staff members (six caregivers, five registered nurses (including two unit coordinators), one activities coordinator, one cook, one household manager, one laundry manager and one maintenance person); eight residents (five hospital level including two younger persons with disabilities [YPD]); eight family/whānau (three hospital, two whānau of YPD residents, three psychogeriatric); and documentation reviewed identified that the service puts people using the services first, and 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 family/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. The care home manager, clinical manager or unit coordinators discuss aspects of the Code with residents (where appropriate) and their 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. Quarterly family/whānau participation meetings and monthly resident committee meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to)</p>

		<p>understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The residents and 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>The prospective purchaser knows and understand the Code and their responsibilities as a provider of health and disability services, evidenced through interview.</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 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.</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. Young people with disabilities are able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity, as evidenced in the care plans. 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</p>

		<p>described how values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and 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 2023 Quarterly (March, June, September) resident and whānau surveys identified a high level of satisfaction around privacy, dignity, and respect (including cultural needs).</p> <p>Residents in shared rooms are assessed for suitability prior to offering the room. Family/whānau of residents sharing a room stated their family/whānau privacy is respected; this was also observed on the days of the audit.</p> <p>Residents' files and care plans identified resident's preferred names.</p> <p>Matariki and Māori language week are celebrated at Bupa Parkhaven. 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 Parkhaven policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness 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</p>

		<p>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 on how to value the older person showing them respect and dignity. All residents and 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, including Māori health, was completed in May 2023 and includes recognition of explicit and non-explicit bias and supports the recognition and reduction of bias in health care. Staff reported that Bupa Parkhaven provides a positive workplace.</p> <p>Code of conduct training and Code of Rights training were completed in July 2023.</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>FA</p>	<p>Information is provided to residents and family/whānau on admission. Quarterly family/whānau participation meetings and monthly resident committee 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</p>

<p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>family/next of kin of any adverse event that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented on the family/whānau communication sheet that is held in the front of the resident's file. Fifteen 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 facial gestures in addition to word and frequently used phrase cards. Younger persons with disabilities are supported with their communication needs.</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 – Counties Manukau specialist services (eg, geriatric nurse specialist, mental health, wound nurse specialist, dietitian, and speech and language therapy). The management team hold weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. Registered nurses using ISBAR framework (Identify, Situation, Background, Assessment and Recommendation) to communicate clinical concerns to the GP. The registered nurses described an implemented process around providing residents and whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Staff completed education related to `dementia language guidelines`, communication, complaints management and information matters.</p> <p>Residents are supported by a resident`s committee to raise concerns.</p>
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<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Nine 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. Residents are assessed as suitable to share a room and documents reviewed evidence ongoing conversations with family/whānau and EPOA.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines and welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with 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 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 family/whānau on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically. There has been one complaint documented since the last audit. The complaints process 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). The complaint reviewed include investigation support to the care home manager was provided by the clinical support improvement team (CSI). The complaint is now documented as resolved.</p> <p>The care home manager on interview advised complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register. There</p>



		<p>were no complaints received from external agencies.</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 wings of the facility.</p> <p>A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held quarterly, chaired by the care home manager. The contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents and whānau making a complaint can involve an independent support person in the process if they choose. The care home manager described the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management is open and transparent in their communication.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa Parkhaven is located in Māngere East, Auckland, and is a single storey building. The service is certified to provide care for hospital (medical and geriatric), residential disability (physical, intellectual, and sensory) and psychogeriatric levels of care for up to 84 residents. The facility is divided into a dedicated 50 bed hospital community (Buckland) and 34 beds across the secure psychogeriatric community (Garden). There are 22 double rooms across the service. Of the 10 double rooms in the psychogeriatric community, one was vacant, two were single occupancy and seven rooms were shared. Of the 12 double rooms in the hospital community, one was vacant, one was single occupancy, and ten rooms were shared. There were no married couples.</p> <p>On the day of the audit there were 75 residents: 47 hospital residents in the hospital community, including six residents on a young persons' disability (YPD-physical) contract, two residents on a long-term support -chronic health care (LTS-CHC) contract, one resident funded by ACC, and two residents were on respite care. All other residents</p>

		<p>were under the age-related residential care contract (ARRC)</p> <p>There were 28 residents in the psychogeriatric (PG) community. The PG residents were on the age residential hospital specialised services (ARHSS) contract.</p> <p>Bupa has an overarching strategic plan in place, with clear business goals to support their person-centred philosophy of ‘Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch.’ The business plan includes a mission statement and operational objectives with site specific goals. The Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director that reports to a New Zealand based Board. The operations manager for Northern district reports to the national operations director. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The governing body of Bupa consists of directors of clinical, operations, finance, legal, property, customer transformation, people, risk, corporate affairs, and technology. This team is governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Mana Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting the best health outcomes for Māori and guidance for their employees by developing cultural safety awareness around Māori health equity, and disparities in health outcomes, including in aged residential care. 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 collective needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team. Bupa leadership team has undertaken the Te Kaa</p>
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	<p>Māori immersion training programme. Additional training has been undertaken by the leadership team to ensure competence with Te Tiriti, health equity, and cultural safety through shared learning, presentations at leadership team meetings and completion of online modules. The cultural advisor collaborates with the Boards and senior management in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service, through resident meetings and satisfaction surveys, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>Bupa has a Clinical Governance committee (CGC), Risk and Governance committee (RGC), a Learning and development governance committee and a Work Health Safety Governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve. The Clinical Services Director chairs the clinical governance committee (CGC), with oversight from Bupa’s second line clinical governance and compliance team and the chief medical officer. The clinical support improvement team (CSI) includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office. The organisation benchmarks quality data with other NZ aged care providers. Each region has a clinical quality partner who support the on-site clinical team with education, trend review and management.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The care home manager (comprehensive nurse) has been employed in the role at Bupa Parkhaven since May 2022 and has previous experience in management roles. The care home manager is supported by a clinical manager who has worked in the role for six</p>
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		<p>years, two-unit coordinators (one a mental health nurse), experienced registered nurses, enrolled nurses, caregivers, the regional operational manager, and quality partner.</p> <p>The care home manager (CHM) and the clinical manager (CM) 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, cultural competency, pandemic and infectious disease planning and infection control teleconferences. The clinical manager has also completed courses on clinical leadership training.</p> <p>The prospective buyer CHT Healthcare Trust is an experienced well-known organisation that provide aged care services across 16 facilities: 12 in Auckland, three in Bay of Plenty, and one in Waikato. The prospective buyer interviewed confirm there is an established organisational structure including financial management and there will be no changes to key personnel at site level; and RN full time equivalent and caregivers will remain unchanged. The current CHM have overall responsibility of the day-to-day operations and the CM will have overall responsibility for clinical management. There will be peer support processes between the facilities. A CHT area manager will support the management team and service through their transition. The area manager will have a management role and provide oversight; there is an established job description.</p> <p>At the time of the audit, the proposed settlement date is 1 February 2024. The proposed funder Te Whatu Ora – Counties Manukau has been informed.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality</p>	<p>FA</p>	<p>Bupa Parkhaven is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions</p>

<p>improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed. Benchmarking occurs on a national level against other Bupa facilities. The service has implemented improvement plans and include a project to review the working practices in the psychogeriatric community after feedback was received from staff. Monthly meetings are occurring where staff collaborate on the best routine for individual residents to ensure a calm environment. The service monitors their expected outcomes monthly and positive feedback from the staff and family/whānau has been received and documented.</p> <p>Resident and family/whānau satisfaction surveys are managed by head office. Younger residents and family/whānau interviewed confirmed they participate in satisfaction surveys and confirm satisfaction with choices, decision making, access to technology, aids, equipment, and services. Most recent March and June 2023 resident and family/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 quarterly resident and whānau meetings, and monthly resident committee meetings.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. 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 bimonthly. All have attended external health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented</p>
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	<p>and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. The service completes an annual ACC self-assessment internal audit. 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. Health and safety, fire and security emergencies, incident awareness and reporting, and risk management has been completed in July 2023.</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 fifteen accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. The RiskMan system generates a report that goes to each operational team/governance team and also generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Opportunities to minimise future risks are identified by the clinical manager and unit coordinators.</p> <p>Discussions with the care home manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three Section 31 notifications submitted since the last audit and includes one for stage III, one unstageable pressure injuries and one for the respiratory outbreak. The respiratory outbreak in July 2023 was appropriately notified to Public Health.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p> <p>There is a transition plan documented. The prospective buyer confirmed to have a good understanding of contractual requirements related to the different service levels. The prospective buyer has an established quality and risk management programme that they plan to implement at Parkhaven. It is anticipated to start implementing the new electronic system and suite of policies within a phased transition plan. The prospective purchasers own organisational policies, including meeting schedule and internal audit schedule, will be implemented to ensure continuity of the quality and risk management programme. Current GP, physiotherapist and pharmacy and supplier contracts will remain. There are no legislative compliance issues that</p>
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		could affect the service.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<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 rosters reviewed met contractual obligations related to staffing. 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. The care home manager, clinical manager, and unit coordinators are available Monday to Friday. On-call cover for all Bupa facilities in the region is covered by a six-week rotation of one care home and one clinical manager each week. There are 12 RNs and two ENs that provide clinical support. The care home manager stated there are two RN vacancies and 1.5 FTE caregiver vacancies at present. There is a core group of caregivers and household staff that have been employed for more than 15 years.</p> <p>Six weeks of rosters reviewed evidence two rosters: one for the hospital community (47 beds occupied) and one for the PG community. There is a unit coordinator for each community. There is a RN on duty at all times and supported by medication competent caregivers. Interviews with staff confirmed that their workload is manageable, and that management is supportive.</p> <p>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. Staff interviewed stated extra staff are added to the roster when acuity of the residents' change. Planned and unplanned absences are replaced on the roster; this was confirmed during interviews.</p> <p>There are separate household and kitchen staff. Caregivers are not required to perform kitchen, laundry, or cleaning tasks.</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</p>

		<p>how this applies to everyday practice in May 2023. Training sessions around dementia, and behaviours of concern are held regularly. Training related to specific conditions related to younger residents with disabilities are incorporated into all scheduled topics (for example, PEG (percutaneous endoscopic gastrostomy) feeding).</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-two caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 52 caregivers at Bupa Parkhaven; 48 have achieved a level 3 NZQA qualification or higher. Twenty-two of the caregivers allocated on the PG roster reviewed; 20 of whom have attained the PG specific standards according to the ARHSS clause D 17.11 and the remaining two are enrolled and in progress and are with 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 (and EN) specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Nine of twelve registered nurses 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 – Counties Manukau, and hospice. A record of completion is maintained.</p> <p>Agency staff are used if necessary. A management of agency staff policy is documented for the organisation. If the agency nurse has never worked in the care home before, a 'bureau staff information booklet' is provided to them. Orientation including health and safety and emergency procedures are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the agency in regard to meeting specific competencies. Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Staff welfare is promoted through provision of regular cultural themes and shared meals at staff meetings. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations.</p>
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		<p>Facility meetings provide a forum to share quality health information.</p> <p>The prospective purchaser confirmed to have a policy regarding staff skill mix meeting contractual obligations and rostering around the acuity of residents. The prospective buyer confirms that the current plan for service management will remain; on-call arrangements will be managed at each site. Staff will remain the same with no changes to the management team/team leaders. The prospective purchaser confirmed that kitchen, laundry, and cleaning services will be sourced out to Compass Group. The prospective purchaser is versed with their responsibilities in respect of restraint minimisation and safe practice. The prospective purchaser is versed in their responsibilities related to training and the ARRC and ARHSS contract requirements.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The Bupa recruitment office advertise for and screen potential staff, including collection of ethnicity data. Once they pass screening, suitable applicants are interviewed by the Bupa Parkhaven care home manager. Ten staff files reviewed (two newly employed RNs, eight caregivers employed within the last 12 months) 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 (eg, RNs, ENs, GP, pharmacy, physiotherapy, podiatry, and dietitian). The appraisal policy is implemented. A schedule of appraisals reviewed evidence all staff been employed for over one year had an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that</p>

		<p>provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs, ENs 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 incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p> <p>The prospective purchaser has established human resources and employment processes in place.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files are paper-based, 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. 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 care home manager is the privacy officer and there is a policy to provide guidance on the request of health information. The care home manager is the privacy officer and there are guidelines that support the request from family/whānau and EPOAs for 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. 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>FA</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 and family/whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) authorisation forms for psychogeriatric, younger people with disabilities (YPD), long term support chronic health conditions (LTS-CHC), accident compensation corporation (ACC), and hospital level of care residents were sighted. Residents in the psychogeriatric unit were admitted with consent from EPOAs and these had all been activated.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes 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 (CM) reported that all potential residents who are declined entry, are recorded. When an entry is declined, family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau are 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, traditional Māori healers, and organisations to support Māori individuals and whānau. The CM stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
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<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for the development of the care plan. Enrolled nurses have input into the care plans and complete care plan evaluations in partnership with the registered nurses. A total of nine files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The files reviewed included three psychogeriatric; five hospital level of care (including one resident on an LTS-CHC contract, one resident funded by ACC, and one resident on respite care); and one younger resident on a YPD contract at hospital level care.</p> <p>InterRAI assessments were completed for all long-term residents within 21 days of admission and all outcome scores were identified on the long-term care plans. Nutritional requirements forms were updated following interRAI assessments. The service uses an assessment booklet that has assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Resident, family/whānau and EPOA, mental health services, psychogeriatrician and GP involvement is encouraged in the plan of care. The resident on respite care had an initial care plan completed within 24 hours to guide staff in the management of their care.</p> <p>The GP completed the residents' medical admission within the required timeframes and conducts medical reviews three-monthly or as required. Completed medical records were sighted in all files sampled. The GP stated that the management leadership was excellent, there was a great education programme, medical input was sought in a timely manner, medical orders were followed, and care was resident centred. The psychogeriatrician and mental health services are readily available as required. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. There is a contracted podiatrist who visits the service six-weekly, and a physiotherapist and physiotherapist assistant who work fifteen hours a week. The latter complete assessments of residents and manual handling training for staff. Notations were clearly written,</p>
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		<p>informative and relevant.</p> <p>The CM reported that sufficient and appropriate information is shared between the staff at each handover, which was observed during the audit. The handover is between a registered nurse to another registered nurse and then registered nurse to care staff on each shift. Interviewed staff stated that they were updated daily regarding each resident's condition. Interventions were resident focussed and provide detail to guide staff in the management of each resident's care.</p> <p>Progress notes were completed on every shift and more often if there were any changes in a resident's condition. There were eight active wounds at the time of the audit, including a hospital acquired unstageable pressure injury and two stage II pressure injuries. Wound management plans were implemented with regular evaluation completed (including photos) and wound care nurse specialists were consulted when required.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or EPOA and family/whānau responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA and family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>Each resident's care was evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The short-term care plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the unit coordinators, care home manager, or CM, and this was evidenced in the records sampled. Interviews verified residents and EPOA and family/whānau were included and informed of all changes.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts, turn charts, bowel charts, blood glucose and restraint monitoring charts. Any incident involving</p>
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		<p>a resident reflected a clinical assessment and a timely follow up by registered nurses. Family/whānau were notified following incidents. Opportunities to minimise future risks were identified by the CM in consultation with the registered nurses, and care staff. Following an unwitnessed fall or a fall where there was a head knock, neurological observations were completed as per policy. Staff received education in the completion of neurological observations in July 2023</p> <p>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. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and 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 the nursing team 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>	FA	<p>Activities are conducted by one activities coordinator and two activities assistants from Monday to Friday and care staff assist on weekends. The service is currently advertising for a fourth activities assistant to work in the psychogeriatric community. The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These 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/ whānau. A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were noted on noticeboards to remind residents and staff. There is a resident committee that is comprised of 10 members, and this meets monthly to discuss different issues at the facility.</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, and hospital level of care. Activities of choice for younger residents were developed as required. The activities coordinator stated that the younger residents prefer to stay in their rooms, so they have daily visits to check on their needs. They are always invited to cultural days and on van outings. There is a visiting youth group who comes in monthly to chat with the younger residents. The care plans reviewed described management strategies that can be used to minimise, distract, or de-escalate stress/distress (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. The activities coordinator reported that activities were provided separately in the two respective communities. Activities sighted on the respective planners included quiz, bingo, floor games, Niuean cultural day, table games, sensory, outdoor walks, van outings, music, pet therapy, men's group and relaxing time with aroma therapy. The service promotes access to EPOA and family/whānau and friends. There were regular outings and drives, once a week 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.</p> <p>EPOA and 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>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management was in use. The system described medication prescribing, dispensing, administration, review, and reconciliation.</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>Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. Anti-psychotic medication management plans were developed and reviewed as required by the GP and psychogeriatrician. A total of 18 medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including supplements on the medication charts. There are currently no over the counter medications in use; however, these would be reviewed by the GP and prescribed on the medication chart. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges and medication rooms temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>Two registered nurses (in the PG and hospital communities) were observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment rooms and cupboards. There were no residents self-administering medications. There was a self-medication policy in place when required. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The GP reported that when requested by Māori residents or family/whānau, appropriate support for Māori treatment</p>
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		<p>and advice will be provided. This was reiterated in interviews with the CM, registered nurse and family/ whānau, and residents who identify as Māori.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All food and baking is prepared and cooked in the recently refurbished kitchen. The kitchen service complies with current food safety legislation and guidelines. The kitchen manager stated 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 9 May 2024. The menu has been reviewed by a registered dietitian. Kitchen staff have current food handling certificates.</p> <p>All residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. And diets are modified as required. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Residents are referred to a dietitian as required. Snacks and drinks are available for residents throughout the day and at night. Specialised utensils are available when needed.</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 food is delivered to the respective communities in scan boxes. 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 manager reported that the service prepares food that is culturally specific to different cultures. The service often holds cultural days, and the kitchen provides food specific to that culture. This month is Niuean. The manager stated that the two Māori residents like roasts, ‘boil-ups’ and Māori bread. This is provided when</p>

		<p>requested. The kitchen is also able to cook oven hangis.</p> <p>The dining rooms were observed to be spacious and provide areas for a quieter dining and to accommodate the number of residents with lazy boy chairs and motorised equipment. There were sufficient number of staff to assist residents with their meals.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CM reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned into the resident's electronic management system. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred.</p> <p>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. Residents and family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p> <p>Staff reported they escort residents to appointments when family/whānau is unavailable.</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</p>	FA	<p>A visual inspection of the building and outdoors were conducted. It was noted that the building is single storey, old dated but well maintained indoors and outdoors with a high level of cleanliness.</p>

<p>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>The building has a current warrant of fitness that expires on 20 March 2024. The plain white walls have resident artwork and posters on them. There are new ramps to provide easier access to the gardens. Showers are being refurbished (the latter is ongoing). 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. Quiet spaces for residents and their family/whānau to utilise are available inside and outside on the deck open area.</p> <p>The preventative maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. Hot water temperatures were monitored weekly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance person and certified tradespeople where required. The service employs a maintenance person who works from Monday to Friday and a contracted gardener. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>The service is divided into the hospital and psychogeriatric community. The service is divided into the hospital and psychogeriatric community. The hospital section has a total of 50 beds (inclusive of 12 double rooms and 26 single rooms), while the psychogeriatric community has a total of 34 beds (inclusive of 10 double and 14 single rooms).</p> <p>All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. The psychogeriatric wing has seven rooms that have individual toilets, eight rooms that share a toilet, and there are six communal toilets. The hospital wing has eight rooms with shared toilets, five communal showers, and three communal toilets.</p> <p>All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. There is new furniture ordered for the psychogeriatric community. Residents</p>
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		<p>interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in the large hospital lounge and psychogeriatric community, respectively.</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. 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. The psychogeriatric garden is large so residents can roam freely. It is safely fenced off. There were no residents who smoke on the audit days.</p> <p>The prospective purchaser is aware that when there is a planned development for new buildings, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori. There are no immediate plans to build or extend.</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>	<p>FA</p>	<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 and is current. A trial evacuation drill was performed in June 2023 and are conducted every six-months; 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 points. All required fire equipment is checked 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, candles,</p>

		<p>torches, continent products, and a gas BBQ to meet the requirements for all residents and rostered staff. The service has recently installed a water tank. There is no generator on site; however, one can be hired if required. Emergency lighting is available and is regularly tested. 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, 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 predetermined times in the evenings. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. An external contractor patrols three times a night.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Two registered nurses' share and undertake the role of the infection control coordinator's position 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 outbreaks were escalated to the executive team within 24 hours. Bupa has monthly infection control teleconferences for information, education, and discussion and Covid-19 updates or discuss other matters of concern. Infection</p>

		<p>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 – Counties Manukau in addition to expertise at Bupa head office.</p> <p>Visitors are asked not to visit if unwell. Mask wear is optional. There is signage at the front door and hand sanitisers strategically placed around the facility.</p> <p>The prospective purchaser plans to implement their established infection control programme.</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 coordinators are supported by the Bupa infection control lead, and Te Whatu Ora- Counties Manukau infection control specialist, who provide guidance on pandemic management. The infection control coordinator(s) is supported by the National Infection Control Coordinator who leads monthly meetings. 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 - Counties Manukau. There is good external support from the GP, 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 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. Visual inspection of the residents' rooms evidence residents have their own 'slippery sam' and hoist slings. 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>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.</p> <p>The infection control policy states that the organisation 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. There are no significant and immediate changes planned to the building. The infection control coordinators stated at time of refurbishment the Bupa IPC lead will consult with them when required.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The service has an anti-microbial use policy and procedure. The IP and AMS programmes are endorsed through the Clinical Governance

<p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Committee, and Bupa's consultant geriatrician has oversight of the AMS programme and 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. Alerts are sent out to facilities via the Clinical connect newsletter. 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 coordinators are 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. Antibiotic use for more than 10 days is escalated to the Bupa infection control lead and Bupa geriatrician for advice.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic RiskMan register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. 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</p>



		<p>from Te Whatu Ora - Counties Manukau.</p> <p>There has been one respiratory outbreak (July 2022) notified to Public Health and also notified via a Section 31 to HealthCERT and Te Whatu Ora-Counties Manukau. There was daily communication with Bupa infection control lead, clinical director, aged care portfolio manager and the infection control nurse specialist. Outbreak management meetings and subsequent quality and clinical meetings (sighted) captured `lessons learned` to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs were completed, and ethnicity data collated. Staff confirmed resources, including PPE, were plentiful.</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 hand hygiene facilities and personal protective equipment available, including face visors.</p> <p>An external company operate laundry services on site at Bupa Parkhaven, which CHT plan to take over. The laundry provides services to Bupa Erin Park, Bupa Wattle Downs, Bupa Hayman, and Bupa Parkhaven seven days a week. Laundry services include labelling of clothes, washing, drying, folding, and transporting of personal, linen, towels, blankets, and cleaning mopheads. The laundry is operational from 6am to 3.30pm daily, with six laundry assistants on duty. There are ten employees that covers the roster. The laundry manager stated the laundry will manage some of the CHT facilities and will not include Bupa Erin Park and Bupa Wattle Downs.</p> <p>The laundry is large with a clean and dirty flow. Chemical are dispensed through a unit. Monitoring of ozone processes occurs</p>

		<p>daily. Visual inspection of the laundry evidence there are five large 24kg washers (electric) and five dryers (gas) and enough equipment including trolleys. The laundry received 240 (15kg) bags of laundry per day and completes between 160-175 cycles of laundry each week. A daily cleaning schedule is available and includes the removal of lint and cleaning of two blade fans. There are three doors to the laundry including an internal door from the facility. This door is secure. The linen is transported to each facility once a day in a hygienically clean manner in a dedicated van (dedicated van driver). There are two cycles per day for Bupa Parkhaven's laundry. The laundry manager explained linen are labelled and dated to ensure appropriate replacement and monitoring of linen occurs.</p> <p>The laundry processes include weekly analysis of incoming and outgoing laundry. Regular cleaning and laundry internal audits occur. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>The household manager interviewed confirmed the linen is hygienically transported to the sister facilities within a vehicle. Linen is distributed to the communities 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. Cleaners distribute linen and personal clothing in appropriate trolleys with named baskets, seven days per week.</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>The prospective purchaser confirmed they will be taking over the laundry services. The prospective purchaser stated there are no immediate changes planned to the environment and confirms that if any changes are planned, infection control expertise will be sought.</p>
Subsection 6.1: A process of restraint	FA	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standard. The</p>

<p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>regional restraint group is responsible for the restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at 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 stated that the service is committed to a restraint-free environment in all its communities. They have strong strategies in place to eliminate the use of restraint.</p> <p>At the time of the audit, 14 residents were using restraints. When restraint is used, this is a last resort when all alternatives have been explored. The restraint coordinator 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 committee is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA and residents were involved in decision-making. The service does not use seclusion.</p> <p>The prospective purchaser is committed to work towards a restraint-free environment. The prospective purchaser is versed with their responsibilities in respect of restraint minimisation and safe practice and education related to D17.11 (i-ii) ARHSS agreements and timeframe to complete unit standards.</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> <p>As service providers: We consider least restrictive practices,</p>	<p>FA</p>	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. Care plans have clear guidelines around restraint management and monitoring. Residents and family/whānau confirmed their involvement in the process. Access to advocacy is facilitated, as necessary. A restraint register is maintained and reviewed at each restraint meeting. The register contained enough information to provide an auditable record. Staff, management meeting minutes, and quarterly</p>

<p>implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>reports to the national restraint coordinator documented discussions about restraint.</p> <p>If emergency restraint is required, the registered nurse will consult with the CHM, CM, unit coordinator, GP resident, and family/ whānau and determine, depending on the situation, who will brief/debrief the staff.</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 sister facilities. The benchmarking identifies trends, and ways to minimise and eliminate the use of restraint. Ongoing restraint and stress/distress (challenging behaviour) education is provided to all staff.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.