

CHT Healthcare Trust - David Lange Care Home

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:

Legal entity:	CHT Healthcare Trust	
Premises audited:	David Lange Care Home	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical	
Dates of audit:	Start date: 17 October 2023	End date: 18 October 2023
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	77	

Executive summary of the audit

Introduction

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

- ō 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 haumarua | 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

David Lange is part of the Bupa group. The service provides rest home, hospital (geriatric and medical) and residential disability (physical) levels of care for up to 87 residents. On the day of the audit there were 77 residents.

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

A care home manager is responsible for the management of the facility and is supported by a clinical nurse manager. The residents and family/whānau spoke positively about the care provided. An induction and in-service training programme is provided.

The service continues with environmental upgrades including the bathroom refurbishment since the last audit.

This provisional audit identified areas of improvement required around meeting minutes, incident reporting, staffing requirements, staff orientation and appraisals, care plan timeframes, care plan interventions, monitoring, evaluations, resident access to the community, medication management, environment, and infection control.

The prospective buyer, Christian Health Trust (CHT), is an experienced aged care provider with 16 care facilities on the North Island, three in the Bay of Plenty, one in Waikato and twelve situated around Auckland. Christian Health Trust has a documented plan to transition David Lange care home to the CHT quality system, policies, procedures, and electronic client management system. CHT provide administrative, human resource management, quality oversight and training support.

Ō tātou motika | Our rights

Bupa David Lange provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. David Lange 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 aim to accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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 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 families reported that care 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 oranga | Pathways to wellbeing

There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner or nurse practitioner.

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

An activities coordinator provides and implement an interesting and varied activity programme. The programme includes community visitors, cultural celebrations, entertainment, and activities that promote and encourage individual recreational, physical, and cognitive abilities for the resident group.

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

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 building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are all single with their own ensuites or shared ensuites. There are communal shower rooms with privacy locks. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate

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. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported appropriately. Pandemic plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks (Covid -19) since the last audit.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored securely. 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 restraint coordinator is a registered nurse. There were no residents listed as using a restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	17	0	6	4	0	0
Criteria	0	156	0	8	7	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>	FA	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori.</p> <p>Bupa has developed a te ao Māori strategy to introduce and implement the te ao Māori related standards with a Māori health consultant. Materials and care programmes that address the 2021 Nga Paerewa Health and Disability Services Standards, 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 David Lange. At the time of the audit there were Māori staff members in various roles throughout the facility. Bupa David Lange has links to a local Marae, with access to local Māori ministers, church groups and Māori advocates for community support.</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>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. There are residents at Bupa David Lange who identify as Pasifika.</p> <p>Bupa has developed a Pathways to Pacific Peoples Health Equity Policy that aligns with the requirements in Ngā Paerewa and Ola Manuia-Pacific Health and Wellbeing Action Plan 2020-2025. The policy outlines how Bupa works towards achieving best outcomes for Pacific peoples. The service links with Pasifika groups in the local community facilitated by current staff members. The service has pamphlets and information on the service in most Pasifika languages, and these are displayed at the entrance to the facility. The care home manager described how they encourage and support any staff that identify as Pasifika through the employment process. There are currently staff that identify as Pasifika. On interview, Pasifika staff members confirmed they were welcomed and supported by management to attain qualifications.</p> <p>Interviews with the care home manager, clinical manager, staff members; four caregivers, two registered nurses, maintenance,</p>

		activities coordinator, finance and office administrator, cook, unit coordinator, two household; five residents (three hospital and two rest home level), four relatives (hospital level), and documentation reviewed identified that the service puts people using the services first, and family/whānau at the heart of their services.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>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 families. 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 finance and office administrator discusses aspects of the Code with residents and their relatives on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards, at the front entrance and in the information packs provided. Other formats are available such as information in te reo Māori, and pacific languages. Resident and relative 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) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Younger residents interviewed confirmed satisfaction with their rights, they are supported to be as independent as possible, and confirmed that issues identified and raised with management were addressed. Māori mana motuhake is recognised through the Māori Health plan and cultural policies. The residents interviewed stated they are supported and encouraged to be as independent as possible</p>

		<p>and are involved in care planning. Interactions observed between staff and residents were respectful. 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.</p> <p>The prospective purchaser is an experienced aged care provider and is familiar with the Code of Health and Disability Consumers' Rights and their responsibilities. This was evidenced through interview and reflective in the large number of policies that the purchaser have available around resident rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>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 (including YPD) reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in as evidenced by the resident interviews.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided regularly in 2023 to support the provision of culturally inclusive care. The organisations orientation booklet has a section where the staff member is required to read and understand the principles of Te Tiriti o Waitangi. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on</p>

		<p>admission with relative's 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 family/ whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Interviews with younger residents confirmed that they were recognised ethnically and culturally, and staff demonstrated sensitivity to this by engaging in events including but not limited to Tongan language week, cultural events, church service on Sundays and meal servings of island food. The younger residents confirmed that they are shown respect for their gender and sexuality from staff as well as their spiritual beliefs. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. The 2022 and 2023 resident/family surveys identified a high level of satisfaction around privacy, dignity, and respect (including cultural needs).</p> <p>Residents' files and care plans identified resident's preferred names.</p> <p>Matariki, Waitangi and Māori language week are celebrated at Bupa David Lange. 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>	FA	<p>An abuse and neglect policy is being implemented. Bupa David Lange policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</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 families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. 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 to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included strategies to promote positive outcomes. On interview care staff confirmed an understanding of holistic care for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information is provided to residents and relatives on admission. Quarterly resident/family meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau. Residents interviewed (including YPD) confirmed that staff communicated in a respectful manner and with patience.</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.</p> <p>Non-subsidised residents (or their appointed representative) are</p>

		<p>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 Health New Zealand– Counties Manukau specialist services (eg, geriatric nurse specialist, mental health, wound nurse specialist). The management team hold weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The registered nurses described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Nine resident files reviewed; six at hospital level (including one on a YPD contract, one on an ACC contract, one on a respite contract and one on an LTH-CHC contract) and three at rest home level of care included signed general consent forms. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines and welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. The Māori Health Equity policy is available to guide on cultural responsiveness to Māori perspective of health. The registered nurses interviewed demonstrated a good understanding of informed consent processes. Discussions with relatives 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 where available</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>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically. There have been seven complaints since the previous audit. The complaints included an investigation, follow up, and reply to the complainants. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings. Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</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 have been no external complaints.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. Interviews with younger residents confirmed awareness of complaints process and that concerns they had brought to the attention of staff were followed up and acted upon.</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/relatives 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.</p>
Subsection 2.1: Governance	FA	David Lange Rest Home is part of the Bupa group of aged care

<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>facilities. The service is certified to provide rest home, hospital (medical and geriatric) and residential disability - physical levels of care for up to 87 residents. All beds are certified for dual purpose.</p> <p>On the day of the audit there were 77 residents: 45 hospital level including three residents on the young person with a disability (YPD), two residents on respite, three residents on Accident Compensation Corporation (ACC) funding and one resident on the long-term support - chronic health care (LTS-CHC) contract. There were 32 rest home level residents. All other residents were on the aged related residential care (ARRC) contract. The residents on the YPD contract all have physical disabilities.</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their 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 regional operations manager 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 Manatū 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 services. 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</p>
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		<p>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 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) with terms of reference. There is a quarterly clinical governance committee meeting and a clinical governance committee pack produced and distributed to the committee members prior to meetings that includes review of quality and risk management systems. Bupa also has a risk and governance committee (RGC), and a Learning and development governance committee where analysis and reporting of quality indicators is discussed in order to improve. These align and interface with the clinical governance committee to manage quality and risk systems. The customer service 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</p>
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		<p>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 (registered nurse) has been in the role since November 2022 and was the previous clinical manager for Bupa David Lange. The clinical manager has been with Bupa David Lange for five years and been the unit manager before progressing to the new role in February 2023.</p> <p>The care home manager and clinical manager have completed in excess of eight hours of professional development activities related to managing an aged care facility. Other training completed includes advocacy and complaint management; infection control; health and safety; fire safety; emergency procedures, managing the deteriorating resident and observation and reporting.</p> <p>CHT, the prospective purchaser is an experienced aged care provider. The organisation owns 16 aged care facilities on the North Island, three in the Bay of Plenty, one in Waikato, and twelve situated around Auckland. The governance body of CHT consists of seven trustees. Each of the trustees contributes their own areas of expertise to the Board including legal, accounting, medical, human resources, marketing, and business management. The Chairperson of the Board is also an experienced director and chairs other organisational boards. There is a documented transition plan with timeframes to implement the CHT policies and procedures, quality systems and electronic medicine management and resident management system. Transition includes roles and responsibilities by the CHT area manager, quality team, HR team, and clinical team. A relationship has been built between CHT and Bupa David Lange and the sales and purchase agreement provides for vendor support.</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>PA Moderate</p>	<p>Bupa David Lange 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>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>Monthly quality and staff meetings are held as scheduled and 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. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and shared with in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed; however, they were not signed off when completed. Collation of ethnicity data at entry and benchmarking quality data against other Bupa facilities and industry standards is analysed to identify areas for improvement and to use for improving health equity.</p> <p>Resident family satisfaction surveys are managed by head office who rings and surveys families. An independent contractor is sent to survey residents (including YPD) using direct questioning and an electronic tablet. The March and June 2023 resident/family satisfaction surveys have been collated and analysed at head office and indicate that residents have reported improving levels of satisfaction with the service provided with a net promoter of 11 in November 2022, of 27 for March 2023 and 44 for June 2023. Results have been communicated to residents in the quarterly resident and family/whānau meetings and staff meetings (sighted). The staff survey has been completed in May 2023, results analysed and communicated to staff and residents (meeting minutes sighted).</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The goal for 2022 was to reduce and eliminate where possible the risk of musculoskeletal harm to staff. The goal for 2023 remains the same due to poor practice being observed amongst staff members (being addressed by physiotherapist). A health and safety team meets bi-</p>
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		<p>monthly. All have attended external health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious work-related staff injuries since previous audit.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed, however, there was no evidence of an incident report completed for a resident with multiple pressure injuries in June 2023. Incident and accident data is collated monthly and analysed. The RiskMan system generates a report that goes to each operational team/governance team and also generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the 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 appropriately for pressure injuries grade 3 and above. There have been two outbreaks since the previous audit which were appropriately managed and notified.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p> <p>The prospective purchaser has established and implemented quality and risk management programmes that they plan to implement at David Lange care home. It is anticipated this will have minimal impact on David Lange service delivery during the transition period, as CHT has a quality team available to support implementation of the quality programme, benchmarking, and analysis. CHT policies and procedures have been updated to align with 2021 Ngā Paerewa Services Standard and will be transitioned across at David Lange Care Home.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing rationale policy that describes rostering. The business continuity plan describes staffing ratios and skill mixes in an event of acuity change and outbreak management. The clinical manager interviewed confirmed staff needs and weekly hours are included in the management report to the regional operational team. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets contractual requirements. Staffing is flexible to meet the acuity and needs of the residents, and this was confirmed during interviews with the clinical manager and staff. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Staff turnover had been stable since previous audit with the service having a full complement of registered nurse and care staff. There is access to an agency; however, David Lange staff are offered the opportunity to cover shifts when required. Agency staff are appropriately inducted to the site when allocated to a shift. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Interviews with residents and family/whānau confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to as required.</p> <p>There is a full-time care home manager and clinical manager who work from Monday to Friday and provide regional on-call cover. There are a sufficient number of RNs to cover morning, afternoon, and night shift. There are two unit-coordinators that provide clinical oversight for the hospital and rest home residents. There are also two enrolled nurses: one in the morning and one in the afternoon providing support across all floors.</p> <p>Activities staff and volunteers provide a seven-day cover. There are designated household staff who provide cleaning and laundry duties for the service seven days a week; however, as reported by staff through interviews and with review of a three-week roster, there is not always sufficient staff to meet the requirements of the household role.</p> <p>An education policy is documented. There is an annual education and training schedule being implemented for 2023. The education and</p>
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		<p>training schedule lists compulsory training which includes cultural awareness training. Cultural awareness training occurred several times since previous audit to ensure all staff had attended. External training opportunities for care staff include training through Te Whatu Ora Health New Zealand - Counties Manukau.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of the Treaty of Waitangi and cultural practices relating to Māori. The learning platform and expertise of Māori staff creates opportunities for that workforce to learn about and address inequities. Staff interviewed described how they are supported to learn te reo Māori.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-three caregivers are employed. Twenty-four caregivers have achieved a level three NZQA qualification or higher. Five caregivers have achieved a level 2 NZQA qualification (Certificate in Health and Wellbeing). The Bupa orientation programme qualifies new caregivers at a level two NZQA.</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. Caregivers who have completed NZQA level 4 and undertaken extra training complete many of the same competencies as the RN staff (eg, restraint, medication administration, controlled drug administration, nebuliser, wound management, and management of nebuliser therapy). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Nine of twelve RNs are interRAI trained (including the clinical manager and unit coordinators). All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). All RNs are encouraged to attend in-service training and complete observation and reporting of the deteriorating resident; wound management; pain management; communication and complaints management; medication; and</p>
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		<p>training related to specific conditions medications, including medical conditions specific to the YPD residents. External training opportunities for care staff include training through Te Whatu Ora Health New Zealand – Counties Manukau, and hospice. A record of completion is maintained on an electronic register.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities of the ‘take five’ Bupa wellness programme. Staff welfare is promoted through provision of regular cultural themes and shared meals at staff meetings. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations.</p> <p>Facility meetings provide a forum to share quality health information.</p> <p>CHT (Area Manager) was virtually available at the time of the audit and aware of the staff roster. They stated there are no immediate plans to do any staff changes. They plan to provide all staff with education and training consistent with the CHT education and training plan.</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>	PA Low	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The Bupa recruitment office advertise for and screen potential staff including collection of ethnicity data. Bupa formally collects ethnicity data on existing staff. Once they pass screening, suitable applicants are interviewed by the Bupa David Lange care home manager. Nine staff files reviewed (clinical nurse manager, one unit coordinator, one registered nurse, two caregivers, one cook, one activities coordinator, one maintenance and one household staff) evidenced implementation of the recruitment process, employment contracts, police checking and 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</p>

		<p>be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, registered nurses, enrolled nurses, general practitioner, nurse practitioner, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy documented, however, not all staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. However not all files reviewed provided evidence of completed orientation. Competencies are completed at orientation. The service demonstrates that the orientation programmes support registered nurses and caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Volunteers are 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>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard and electronic 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 electronic resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic 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>

		Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
<p>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>	PA Low	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Prospective residents are screened by the care home manager and clinical manager.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The care home manager described reasons for declining entry would only occur if the service could not provide the service the resident required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>There are policies and procedures to guide staff around admission and declining processes including required documentation. The care home manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the regional operations manager and head office; however, these records do not currently capture ethnicity.</p> <p>At the time of audit, the service had ten vacancies. The service receives referrals from the NASC service, the local hospital, and directly from residents or whānau.</p> <p>The service has an information pack relating to the services provided at David Lange which is available for families/whānau and residents prior to admission or on entry to the service. Information pack documentation is available in languages for Pasifika and Indian residents. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Bupa David Lange has a person and whānau-centred approach to services provided.</p>

		<p>Interviews with residents all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents or staff members identifying as Māori at the time of audit. The service currently engages with members of a local Māori marae and kaumātua in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Nine resident files were reviewed: three rest home, six hospital (including one YPD, one LTS-CHC, one ACC and one respite resident). The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms.</p> <p>The service previously used the Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. The service transitioned to an electronic resident management system in April 2023. Initial care plans and initial interRAI assessments are developed; however not all have been completed within required timeframes. The clinical manager confirmed that there was miscommunication in the implementation of the care planning process when the facility rolled out an electronic resident management system. The resident on respite care did not have an initial care plan completed within 24 hours of admission.</p> <p>The individualised long-term care plans (LTCP) are developed with information gathered during the initial assessments and the interRAI assessment. Initial assessments include (but not limited to) a review of resident's orientation, mobility, skin, hygiene needs, toileting, mouthcare, sleep, diet, and hobbies. Cultural assessments are completed for residents; however, assessments do not fully reflect the residents' cultural needs. Initial InterRAI assessments have been</p>

	<p>completed; however, not all evidenced completion within expected timeframes. Outcomes of risk assessments formulate the long-term care plan; however, not all care plans reviewed identified key risks including medical risk and scores of assessments identified in the assessments and not all care plans demonstrated specific interventions to the detail to guide staff in the management of resident needs.</p> <p>Evaluations included individualised goals and were scheduled six monthly or sooner for a change in health condition; however not all evaluations included progress towards documented goals. Not all interRAI assessments sampled had been reviewed six-monthly.</p> <p>The GP or NP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short term care plans were utilised for issues such as infections, weight loss, and wounds however not all changes in care needs were documented. The GP records their medical notes in emails the correspondence section of residents electronic notes which are uploaded into in the integrated resident file.</p> <p>Barriers that prevent Māori from independently accessing information are identified and strategies to manage these documented. The service supports Māori residents and family/whānau to identify their own pae ora outcomes in their care or support plan. Care plans did not always include detailed specific cultural requirements such as relevant tikanga to direct staff in care protocols. An activity plan tailored to the needs of a younger person was in place and being utilised and this was detailed, individualised, and took account of the resident's age, culture, and abilities. The plan and activities log documented one-on-one activities.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a local GP practice. A GP or NP visits for four hours on a Monday, a virtual consult of three hours is scheduled on Wednesdays and a GP/NP visits on Fridays. The GP/NP service also provides out of hours cover. The NP (interviewed) commented positively on the standard of communication, and the quality of care provided by the facility. Specialist referrals are initiated as needed. Allied health</p>
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		<p>interventions were documented and integrated into care plans. The service has contracted a physiotherapist for ten to twelve hours per week. A podiatrist visits regularly and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora Health New Zealand - Counties Manukau.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager, unit coordinator or an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. A family/whānau contact sheet records family notifications and discussions.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for six residents with eleven wounds (skin tears, pressure injuries, chronic ulcers, and post-surgical wounds). The frequency of dressings were not always documented as being completed as planned. There were three residents with seven pressure injuries on the day of audit (including two stage 3 and five stage two). A wound register is maintained on the electronic resident management system. There is access to the wound nurse specialist via the local hospital. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. The service extends this monitoring period as required in order to get an accurate picture of resident need.</p> <p>Caregivers and RNs complete monitoring charts including bowel</p>
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		chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. The frequency of monitoring interventions scheduled for individual residents had not always been completed as expected. Neurological observations are completed for unwitnessed falls, or where there is a head injury according to the timeframes detailed in policy.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	PA Low	<p>There is one qualified registered diversional therapist who acts as the coordinator for each area. There is a team of three activities assistants who each work six hours a day Monday to Friday. Volunteers provide weekend support under the guidance of the diversional therapist cover the weekend activities. The activities coordinator has a current first aid certificate. The overall programme has integrated activities that is appropriate for all residents. The activities are displayed in large print on all noticeboards and in weekly planners delivered to each resident's room on Monday morning. Planned activities include (but are not limited to) morning stretches; bowls; bingo; art and craft; music; reminiscing; movies; yoga; newspaper reading; entertainment; garden walks; Tai chi; aromatherapy; and nail care. Specific cultural activities include making roti, making pois, sing along in Indian, Pasifika and te reo Māori, and marae visits. The programme allows for flexibility and resident choice of activity. Seasonal celebrations include (but are not limited to) Anzac Day, Diwali, Easter, mid-winter, Matariki and Waitangi Day.</p> <p>The needs of younger residents are accommodated by providing one-on-one sessions to specific residents on designated days. Sessions with these residents are focused on their individual preferences. There is a whānau room for privacy and is accessible when and if needed. There is a landline that the younger residents can access if and when needed. On interview, the younger residents confirmed that the service facilitates them to access community centres and activities of choice in the community.</p> <p>On interview, residents commented that van outings have not occurred for some time. This was also raised in comments in the latest survey. The diversional therapist explained that the hoist on the</p>

		<p>van is not operational and van outings have not occurred since October 2022. This has resulted in reduced access to the community. Residents are encouraged to maintain links to the community such as participating in bowls with another facility who collected residents.</p> <p>At present there are several residents who identify as Māori, and the activities team ensures they provide activities to meet their needs. Māori kaumātua from the local marae visit and visit residents individually. The service works with the local kaumātua and Māori staff to assist the staff to provide opportunities for Māori to participate in te ao Māori. Bupa David Lange also has Pacific and Indian residents, and the activities programme provides specific activities designed to meet their needs such as Indian and Island style cooking sessions, cultural celebrations, Hare Krishna spiritual support, Pasifika spiritual visitors, and movies in their respective languages. On interview, Indian and Pacific residents confirmed the service provided specific cultural activities applicable to them.</p> <p>There is a communal lounge in each wing where group or quieter activities can occur. There is a hairdressing salon. The residents enjoy attending the activities and enjoy contributing to the programme through monthly forum meetings in each level. A resident social profile, map of life and activity assessment informs the activities plan. The activities plan reviewed was individualised and met the residents' identified needs. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and relatives interviewed were satisfied with the variety of activities provided.</p> <p>Residents and families/whānau interviewed has mixed views of the activity programme; however, stated there were opportunities provided to give feedback and suggestions via resident meetings and reviews.</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>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education</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>around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. 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.</p> <p>Medications were appropriately stored in the three medication rooms. The medication fridge and medication room temperatures are monitored; however, recordings have not always occurred as scheduled and at times have exceeded recommended ranges. On interview, the CM advised all medications (including the bulk supply order) are checked weekly by night staff. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Eyedrops in current use were evidenced in medications trolleys; however, not all were dated or discarded as per manufacturer's instructions. All over the counter vitamins or alternative therapies residents choose to use are reviewed and prescribed by the GP. There were no residents self-medicating on the day of audit; however, the service has self-medication assessments available as well as safe and secure storage for any residents who may self-medicate in the future.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with recent Māori residents and whānau ensuring appropriate support was in place, advice was timely, easily accessed, and treatment was</p>
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		prioritised to achieve better health outcomes.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food services are overseen by a kitchen manager. All meals and baking are prepared and cooked on site by qualified chefs/cooks who are supported by morning and afternoon kitchenhands. All food services staff have completed online food safety training. The four-week winter/summer menu is completed by a registered dietitian employed by Bupa and the last review was documented as February 2023. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen sends meals to the satellite kitchens in level one and two by bain-marie and the food is served from these directly to residents in the dining rooms. On level one, food is served directly from a dedicated bain-marie via a servery. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm.</p> <p>The kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. The kitchen manager is involved in the activities theme months particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme. The service supports residents to have culturally appropriate food with an optional Indian menu covering seven days a week and a Pasifika menu on two days a week. Other cultural foods are available when requested. The service is able to incorporate Māori residents' cultural values and beliefs into menu development and food service provision if required.</p> <p>There is a food control plan due for renewal in September 2024. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored</p>

		<p>daily.</p> <p>Residents provide verbal feedback on the meals through the monthly resident focus group meetings and family resident meeting held three times a year. The kitchen manager attends resident meetings when requested. The resident preferences are considered with menu reviews. On interview, a Pacific and an Indian resident confirmed the kitchen regularly provides cultural preferences.</p> <p>Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service. Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are referred to the dietitian. The dietitian informs the care staff and kitchen of any extra requirements.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	PA Low	<p>The building holds a current warrant of fitness which expires 18 April 2024. The maintenance person works 40 hours a week (Monday to Friday). There is a maintenance request book for repair and maintenance requests located in each nurses' station. This is checked daily and signed off when repairs have been completed. There is a monthly, three-monthly, six-monthly and annual maintenance plan that includes electrical testing and tagging of equipment, resident equipment checks, call bell checks, calibration of</p>

<p>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>medical equipment, and monthly testing of hot water temperatures. This plan comes from Bupa head office. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Testing and tagging of electrical equipment checking and calibration of medical equipment, hoists and scales are completed annually (last completed April 2023). There is a contracted gardener who works once a week for six hours. Care staff interviewed stated they do not always have sufficient manual handling and pressure reducing equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The facility is built over three floors. There is one lift large enough to accommodate beds/stretchers. All residents have access to the lift. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the facility with mobility aids where required. Each level has a spacious lounge and dining room. There is a whānau room and a hairdressing salon in the facility. Each dining room has a satellite kitchen and food is served from a bain-marie in these kitchens. There is sufficient space in all communal areas and resident rooms to allow care to be provided and for the safe use of mobility equipment, including hoists. There is safe access to all external communal areas which provide seating and shade and raised gardens in the two courtyard areas.</p> <p>Communal bathrooms/showers within the facility are identified and include privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate; however, there were identified areas where reactive maintenance had not been completed as required. Toilet and shower areas consist of easy to clean surfaces; however, on the day of audit there were areas which did not meet the required standard (link 5.5.3). There is toilet and shower areas to accommodate shower chairs and commodes.</p> <p>There are ten double rooms with three that currently have double occupancy and seven have single occupancy. Double rooms have privacy curtains surrounding each bed. All bedrooms and communal areas have ample natural light and ventilation. There is thermostatically controlled underfloor central heating throughout including in resident rooms and heat pumps in communal areas. On interview, residents confirmed they are encouraged to personalise</p>
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		<p>their bedrooms. The service has no plans for renovation or building; however, are aware of the need to ensure designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction.</p> <p>The prospective purchaser, on interview, confirmed that they have no plans for renovation or building.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly. The facility uses a contracted evacuation specialist to conduct these fire drills. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a central room on the ground floor near the main lounge. These are checked for expiry dates monthly. In the event of a power outage, there is access to a power generator available through Bupa head office and gas cooking. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available on duty in each area at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, and staff complete security checks</p>

		at night. There are security cameras installed outside and a security firm patrols at least twice a night.
<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>The clinical manager (registered nurse) undertakes the role of infection control coordinator to oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention specialist at Bupa head office who reports to and can escalate any significant issues to Board level.</p> <p>Documentation review evidenced recent outbreaks were escalated to the executive team within 24 hours. Bupa has monthly and sometimes weekly infection control teleconferences for information, education, discussion and Covid-19 updates should matters arise in between scheduled meeting times. Infection rates are presented and discussed at infection control, quality, registered nurse 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. There are hand sanitisers strategically placed around the facility.</p> <p>The prospective purchaser plans to implement their established and robust infection control programme to David Lange.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p>	FA	<p>The designated infection control coordinator is supported by the Bupa national infection control coordinator. The service has a pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and</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>management of Covid-19 positive tests.</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, and the Bupa national infection control coordinator. There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE available and accessible. The Bupa national infection control coordinator and the David Lange Care Home 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 annually by Bupa in consultation with infection control coordinators. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and wound care, 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. All residents requiring full body hoists have their own slings allocated, which are laundered appropriately. The service has incorporated te reo Māori information around infection control for Māori residents. Staff who identify as Māori utilise their links to provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The service has tikanga flip charts displayed and these are integrated into policy. The staff interviewed described implementing culturally safe practices in relation to infection control. Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice.</p> <p>Cleaning and environmental audits are completed in line with the audit schedule and the cleaning audits reviewed for this audit include</p>
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		<p>evidence that these procedures are carried out.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through emails.</p> <p>The prospective purchaser will implement the CHT established infection prevention and antimicrobial stewardship programmes at David Lange Care Home.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <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>	FA	<p>Bupa's infection prevention and antimicrobial stewardship programmes align with Bupa's strategy of helping people live longer, healthier, happier lives and making a better world, with continuous improvement of customer outcomes. The infection prevention and antimicrobial stewardship programmes are endorsed through the Clinical Governance Committee (CGC), and Bupa's consultant geriatrician has oversight of the antimicrobial stewardship programme which are reviewed annually.</p> <p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial 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 Bupa national infection control coordinator is responsible for collating and analysing the electronic medication management system with pharmacy support. The monitoring and</p>

		<p>analysis of the quality and quantity of antimicrobial prescribing occurs annually.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</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>	PA Low	<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. Infection data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service does not currently incorporate 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 implemented for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora - Counties Manukau.</p> <p>There have been two Covid-19 outbreaks (January 2023 and June 2023) since the previous audit. All were appropriately managed with Te Whatu Ora-Counties Manukau and Public Health were appropriately notified. There was regular communication with Bupa national infection control coordinator, clinical director, aged care portfolio manager and the infection prevention and control nurse specialist. Daily outbreak management meetings and toolbox talks (sighted) captured lessons learned to prevent, prepare for, and respond to future infectious disease outbreaks. Outbreak logs were completed. Staff confirmed resources, including PPE, were plentiful.</p>
Subsection 5.5: Environment	PA	There are policies regarding chemical safety and waste disposal. All

<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>	Moderate	<p>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 sanitizers) in each wing with personal protective equipment available, including face visors. However, there is no clear delineation of clean and dirty areas and appropriate storage of clean equipment. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>The laundry service, including (but not limited to) all linen, towels, and residents' clothing is outsourced and completed by an external provider based at another large Bupa facility within the area. All dirty laundry is sorted into appropriate bags by care staff and left at the collection point for the external provider to pick up. There is a daily receipt of clean laundry which is sorted out and delivered to resident's rooms in trays by the household staff. The numerous linen cupboards were well stocked.</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. Tour of the facility on the day of the audit identified multiple areas where the cleanliness of the environment was below expected standard.</p> <p>The housekeeping staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control.</p> <p>The prospective purchaser confirmed that there will be no changes to the laundry processes at David Lange Care Home. The laundry service provider at the centralised large Bupa facility in the area will be transitioned over to the CHT approved and contracted laundry service provider in line with the transition plan. The cleaning service will be transitioned over to CHT approved and contracted cleaning service provider. There will be no effect on the employment of the</p>
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		current household staff.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The designated restraint coordinator is the clinical manager. There is a signed job description and records of bimonthly restraint meetings. There were no residents listed on the restraint register as using restraint.</p> <p>The use of restraint would be reported in the bimonthly facility quality and quarterly staff meetings and to Bupa head office via the care home manager. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Quality, health and safety, infection control, registered nurse, heads of department 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 with corrective actions identified and documented. Although the meetings have occurred as per schedule, meeting minutes reviewed did not demonstrate evidence of corrective actions being followed up and signed off.</p>	<p>Meeting minutes (heads of department, quality, health and safety, staff, registered nurse) reviewed did not always have corrective actions signed off as completed.</p>	<p>Ensure that where corrective actions are identified, these are followed up and signed off when completed.</p> <p>90 days</p>
Criterion 2.2.5	PA	There are comprehensive policies	Events are not all logged as	Ensure that any

Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.	Moderate	and procedures to provide guidance for staff in relation to accident and incident reporting. All staff are responsible for completing incident/accident reports, with immediate action noted and any follow-up action(s) required as evidenced in the twelve accident/incident forms reviewed. For a resident who presented with 12 pressure injuries in June 2023, there was no evidence of incident form completed. All incident and data is collated monthly and analysed by the clinical manager who then discusses the outcome with staff through various meetings and at handover.	incidents. One hospital resident who presented with 12 pressure injuries did not have an incident form / events log recorded.	identified events are logged as incidents as per policy. 90 days
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There is a staffing rationale policy that describes rostering. The policy links to the quality and risk management framework that meets the required needs for safe and appropriate levels of service. The care home manager is responsible for development and publication of the roster in a timely manner taking into consideration facility occupancy with adjustment to meet changes in resident's acuity. The care home manager considers the impact of environmental factors such as building footprint on care staff.</p> <p>Staff interviews report that there was inadequate number of household staff to undertake expected tasks and responsibilities, specifically on the</p>	Staff interviews and physical evidence (roster review) confirm that there is not sufficient staff to meet the tasks and responsibilities of the household role. There is only one household staff rostered every Sunday to complete cleaning of the 87-bed facility (shared amenities, lounge, and dining areas) and undertake laundry related duties.	<p>Ensure there are sufficient household staff hours to meet the requirements of the service.</p> <p>90 days</p>

		<p>weekends. Review of a fortnight roster provided evidence that there are four days with three staff (7am-3pm x2 and 7am-1pm x1); eight days with two staff (7am-3pm x2 or 7am-3pm and 7am-1pm) and two days with one staff (7am-3pm).</p> <p>Environmental walk around on the day of the audit identified several areas which did not demonstrate satisfactory cleaning standards (link 5.5.3).</p>		
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The orientation programme covers the essential components of the role requirements and service delivery; however not all files reviewed provided evidence of completed orientation.</p>	<p>Three of nine staff files reviewed did not have completed orientation records sighted.</p>	<p>Ensure there are staff orientation records on file.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>There is an appraisal policy documented. Appraisals are completed annually for staff who have been employed for more than 12months to provide an opportunity to discuss and review staff performance. The care home manager and the heads of department are responsible for completing appraisals for staff who report directly to them; however, not</p>	<p>Three of three files for staff who have been employed by the service for more than 12 months did not provide evidence of performance reviews or appraisals having been completed in the last 12months.</p>	<p>Ensure that performance reviews are completed as scheduled.</p> <p>90 days</p>

		all staff who had been employed for over one year have an annual appraisal completed.		
<p>Criterion 3.1.5</p> <p>Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.</p>	PA Low	The service is actively working towards gathering specific entry and decline rate data pertaining to Māori.	The service is not currently collecting ethnicity data for potential residents in order to show analysis of entry and decline rates.	<p>Ensure ethnicity of prospective residents is included in analysis of admission and decline rates</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Moderate	Initial InterRAI assessments have been completed within the required timeframes for four of six long term residents under the aged residential care contract. Initial assessments and initial care plans have been developed within the required timeframes for six long term care plans reviewed; however, the resident on respite did not have assessments or a care plan documented within 48 hours. Of the resident files reviewed, not all had initial interRAI assessments, reassessments, long term care plans and care plan evaluations completed within expected timeframes.	<p>(i). Initial assessments and an initial care plan were not created in the first 48 hours for a respite resident.</p> <p>(ii). Two of six residents who required initial interRAI assessments did not have these completed within 21 days of admission.</p> <p>(iii). Two of four residents requiring interRAI reassessments did not have these completed within the six month timeframe.</p> <p>(iv). Four of six residents who required long term care plans did not have the initial long term care plan completed within three weeks of admission.</p> <p>(v). Three of four residents who required a six-monthly evaluation did not have these completed within required timeframes.</p>	<p>(i). Ensure initial assessments and care plans are completed with required timeframes.</p> <p>(ii)- (iii). Ensure interRAI assessments are completed within required timeframes.</p> <p>(iv). Ensure initial long term care plans are completed within three weeks of admission.</p> <p>(v). Ensure long term care plan evaluations occur at least six monthly.</p> <p>60 days</p>

<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p>	<p>PA Moderate</p>	<p>The service has a cultural assessment that addresses needs, values, individual preferences, and beliefs of residents; however, this has not been fully completed for all current residents. The service changed from a paper-based system to an electronic system in April 2023. The registered nurse is responsible for assessments and documentation of care plans as per policy. There was evidence of assessment updates and evaluations conducted for some residents with changes to care plans made since the new system was introduced; however, not all files reviewed identified all assessed needs. The previous paper-based care plans were comprehensive and included interventions to manage all assessed needs. This was a documentation issue only, all cares required were occurring, and staff interviewed were knowledgeable around each residents specific requirements and preferences.</p>	<p>(i). Three residents (one rest home and two hospital) with diabetes did not evidence frequency of blood glucose levels, reportable ranges and/or signs and symptoms of hypo or hyperglycaemia.</p> <p>(ii). Two hospital residents with assessed mood and behavioural concerns did not have interventions documented to manage these.</p> <p>(iii). One hospital resident assessed as at moderate risk of falls did not have all interventions implemented to minimise or manage these documented in the care plan.</p> <p>(iv). One hospital resident with a supra pubic catheter and one rest home resident with an indwelling urinary catheter did not have the frequency of changes, catheter size, balloon volume or care of the site documented in the care plan.</p> <p>(v). Care plan interventions for three hospital residents at risk of pressure injuries did not detail all required equipment or frequency of position changes.</p> <p>(vi). One hospital resident with undernutrition and specific dietary limitations did not have interventions documented around the special diet as prescribed by the dietitian or reporting of nutritional intake.</p>	<p>(i). Ensure that residents with diabetes care plans document interventions to include reportable ranges and signs and symptoms of hyper and hypoglycaemia.</p> <p>(ii)-(ix) Ensure that care plan interventions are reflective of the resident's care needs.</p> <p>(x). Ensure all residents have a cultural assessment and care plan which identifies individual cultural needs, values, preferences, and beliefs.</p> <p>90 days</p>
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<p>(h) People's care or support plan identifies wider service integration as required.</p>			<p>(vii). One hospital resident with a significant loss of vision did not have interventions documented to reduce associated risks.</p> <p>(viii). One hospital resident with significant pain and using a syringe driver did not have interventions documented in the care plan to include all implemented pain management strategies.</p> <p>(ix). One rest home resident on dialysis had no information regarding care, associated risks or frequency of treatment this documented in the care plan.</p> <p>(x). Cultural assessments have not been fully completed for residents who identified as Indian, Pasifika and Māori.</p>	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds</p>	<p>PA Moderate</p>	<p>The service has access to a range of paper-based and electronic monitoring forms; however, these were not always utilised or maintained.</p>	<p>Monitoring charts were either not documented or not consistently completed as required for the following:</p> <p>i). Blood glucose levels for one hospital and one rest home level resident.</p> <p>ii). Fluid output for one rest home and one hospital resident.</p> <p>iii). Nutritional intake for one hospital resident.</p> <p>iv). Repositioning charts for two hospital residents.</p>	<p>i-v). Ensure monitoring of observations is completed as scheduled.</p> <p>60 days</p>

resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.			v) Eight wounds for four hospital residents.	
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving</p>	PA Moderate	The care plan evaluations reviewed were completed by an RN in partnership with the resident (where appropriate) and family/whānau; however, progress towards achieving goals was not always documented in all sections.	Four completed evaluations did not record progress towards goals in the electronic system.	<p>Ensure that evaluations record progress towards meeting documented goals.</p> <p>60 days</p>

services and whānau responds by initiating changes to the care or support plan.				
<p>Criterion 3.3.2</p> <p>People receiving services shall be supported to access their communities of choice where possible.</p>	PA Low	<p>The survey and resident interviews have raised concerns with the lack of van outings, shopping trips and community visits. Management have been advised; however, repairs have not yet been completed. The diversional therapist advised alternatives such as borrowing another Bupa van, rental van or using a wheelchair taxi were not explored.</p>	<p>The van has not been operational for the last year and the facility does not organise alternative transport to provide opportunities to engage with the community.</p>	<p>Ensure opportunities to engage with the community are fully implemented to enable access to community activities.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	<p>Storage of medication is maintained in the three secure medication rooms. Room temperatures are scheduled daily. The temperatures in the medication rooms in level one and two on the days of audit evidenced temperatures above the policy and best practice guidelines. Temperatures are routinely recorded by night staff and do not evidence the daytime temperatures. The temperatures on the ground floor were not always recorded daily. A heat pump in the ground floor medication room maintains the temperature at acceptable ranges. Corrective action planning commenced on the day of audit with evidence of an email commitment from Bupa head office to install heat</p>	<p>(i). Medication room temperatures in two of the three medication rooms evidenced temperatures above 25 degrees on the days of audit.</p> <p>(ii). Medication room and fridge temperature were not monitored consistently and recorded as per policy.</p> <p>(iii). Five eyedrops in current use did not evidence an opening date.</p> <p>(iv). Two eyedrops in current use were dated and in use past the expiry date.</p>	<p>(i)- (ii). Ensure medication room temperatures do not exceed 25 degrees.</p> <p>(iii)- (iv). Ensure all eyedrops are dated on opening and disposed of as per manufacturers guidelines.</p> <p>60 days</p>

		<p>pumps as soon as possible.</p> <p>Medications in current use (including eyedrops) are stored in medication trolleys on each level. All eyedrops on two of the three levels were dated on opening and discarded in accordance with manufacturers guidelines; however, not all eyedrops in current use in one of the three trolleys on one level were dated or discarded as required.</p>		
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>On interview, care staff stated there were insufficient hoists to meet resident needs. There are two hospital wings on level one with 16 residents each (most of whom required hoists for transferring). There are two hoists available on level 1. On level two in Gemini, there are four residents who require full body hoists on a regular basis and there is one full body hoist available. There is a standing hoist available; however, this is not in regular use. Most of the hospital residents are bed or chair bound and are assessed at risk of pressure injuries; however, care staff report there are insufficient air mattresses and pressure reducing cushions to meet all resident needs. There is an implemented preventative maintenance schedule and a reactive request log; however, not all areas needing repair had been reported. On the days of audit, areas needing repair were identified.</p>	<p>(i). There was one full body hoist per wing; however, staff report resident cares are delayed due to insufficient hoist availability.</p> <p>(ii). Staff report a shortage of pressure reducing equipment. Numbers could not be verified on the day; however, management agreed they would benefit from additional resources.</p> <p>(iii). On the day of audit, there was a hole in the wall of the level one dining room. Maintenance was unaware and staff report it has been there for several weeks.</p> <p>(iv). There was a chipboard wooden surface in the treatment room on level one (where dressings are stored) which was soft, swollen and permeable.</p>	<p>(i)–(ii). Ensure there is sufficient moving and handling equipment and pressure reducing equipment to meet resident's needs.</p> <p>(iii)–(iv). Ensure reactive maintenance is reported and actioned in a timely manner.</p> <p>90 days</p>

Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.	PA Low	Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at infection control, clinical, and staff meetings. The data is also benchmarked with other Bupa facilities. Results of benchmarking are presented back to the facility electronically and discussed with staff. Bupa David Lange Care Home captures ethnicity data on admission and is working towards incorporating this into surveillance methods and data captured around infections.	Infection surveillance does not include ethnicity data.	Ensure infection surveillance includes ethnicity data. 90 days
Criterion 5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include: (a) Methods, frequency, and materials used for cleaning processes;	PA Moderate	The service has a suit of comprehensive infection prevention and control policies, including one for Environmental Cleaning and Disinfection. Bupa David Lange has specific staff employed to undertake cleaning and household duties and responsibilities. Staff have received training in relation to infection prevention and control, cleaning, and chemical safety in the last 12months. Internal audits related to standard	(i). Cleanliness of the facility demonstrated to be below expected standard in relation to; a). dirty toilets, shower chairs and shower surfaces in communal bathrooms; b). bath bed noted to have grime and soap scum; c). urine stains at the back of the toilet and outside rims; and d). faecal matter and soiled flannels in level 1 communal bathroom.	(i). Ensure expected standard of cleanliness is demonstrated throughout the facility. (ii). Ensure communal bathrooms are free of resident personal toiletries. (iii). Ensure clean and dirty areas are identified in sluice rooms to

<p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>		<p>precautions, cleaning and environment were completed in June and July 2023 and demonstrated compliance. However, review of the environment demonstrated that cleanliness of the facility was below standard.</p>	<p>(ii). Resident personal toiletries sighted in all communal shower / bathroom areas.</p> <p>(iii). No clear separation and designation of clean and dirty areas in all the sluice rooms.</p>	<p>minimise risk of cross infection.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.