

Bupa Care Services NZ Limited - Ascot Care Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:	Bupa Care Services NZ Limited	
Premises audited:	Ascot Care Home	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care	
Dates of audit:	Start date: 26 October 2023	End date: 27 October 2023
Proposed changes to current services (if any): The bed numbers in this report are consistent with the numbers in the 2021 certification report. On the day of the audit, the beds were confirmed as 40 rest home beds, 40 hospital beds and 24 beds in the dementia unit. There are no dual-purpose beds.		

On the days of the audit, there were no younger residents under Residential Disability – Physical. The service wish to retain this on their certificate to meet the future needs of the community.

Total beds occupied across all premises included in the audit on the first day of the audit: 80

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Ascot Home and Hospital is part of the Bupa group. The service is certified to provide hospital (medical and geriatric), rest home residential disability-physical and dementia level care for up to 104 residents. On the days of the audit, there were 80 residents receiving care.

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

The service continues to make environmental improvements.

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

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

The certification audit identified improvements are required around staffing, activities, training, staff orientation, care plan interventions and monitoring, activities and medication management.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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Bupa Ascot 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. Bupa Ascot provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service has an orientation 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 family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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Residents are referred or transferred to other health services as required. Residents are assessed before entry to the service to confirm their level of care. The registered nurses and enrolled nurses are responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

There are planned activities that are developed to address the needs and interests of the residents in a group setting. Activity plans are completed in consultation with family/whānau, residents, and staff.

A medicine management system is in place with an electronic system for prescribing and administration of medications. Staff involved in medication administration are assessed as competent to do so.

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

Te aro ki te tangata me te taiao haumarū | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

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

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

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

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

Subsections applicable to this service are fully attained.

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

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs across the organisations and in a national benchmarking process with other providers.

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

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. Clinical and quality oversight is provided by the restraint coordinator (a registered nurse). There were residents using restraints at the time of audit. A comprehensive assessment, approval, and care planning with regular reviews occurs for any restraint used. Staff

demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions. Regular quality reviews occur, and restraint use is benchmarked against other Bupa facilities.

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	24	0	2	3	0	0
Criteria	0	167	0	6	3	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>A te ao Māori strategy has been developed by a Māori health consultant for Bupa to introduce and implement the te ao Māori related standards. Materials and care programmes that address the Ngā Paerewa and Disability Services Standard have been put in place. Bupa care home managers have attended workshops (Mauri Tū, Mauri Ora) in relation to Te Tiriti o Waitangi and scoping of opportunities to improve health equity for Māori. The Bupa Ascot clinical manager was unable to attend the workshop and had a one-on-one session with the Bupa cultural consultant to review the policy.</p> <p>The Māori health plan supports increasing Māori capacity by employing Māori staff members when they apply for employment opportunities at Bupa Ascot. At the time of the audit, there were Māori staff members in various roles throughout the facility. Bupa Ascot has links to the local iwi and hapu. The clinical manager described their contacts with their local iwi and hapu. Contacts were noted on the Tikanga flip charts placed throughout the facility.</p> <p>Residents and family/whānau are involved in providing input into the</p>

		<p>resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their family/whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one acting care home manager, one clinical manager, business coordinator) 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, resident's family/whānau are encouraged to be present to assist with identification of all needs, including cultural beliefs. On admission all residents' ethnicities are captured. The resident's individual cultural beliefs are documented in their care plan and activities plan. Cultural awareness training introduced the staff to components of the Fonofale of Pacific health model of care. There are no residents at Bupa Ascot who identify as Pasifika.</p> <p>The Bupa organisation developed a comprehensive Te Mana Ola: Pathways to Pacific Peoples Health Equity plan that sets the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes. Bupa partners with a Pacific organisation and/or individual to provide guidance. The service links with Pacific groups in the local community facilitated by current staff members. The service is able to access pamphlets and information on the service in most Pacific languages, and these are displayed at the entrance to the facility. The acting 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, Pacific staff members confirmed they were welcomed and supported by management to attain qualifications, including dementia unit standards.</p>

		Interviews with the relieving care home manager; the education/relief manager; clinical manager; fourteen staff members (three caregivers, three enrolled nurses, three registered nurses (including two unit coordinators), one kitchen manager, one physiotherapy assistant, one laundry assistant, one cleaner and one maintenance officer); nine residents (four rest home level, two hospital); seven family/whānau (three hospital, one rest home and three dementia); 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 family/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English, te reo Māori and other languages that the staff speak. The relieving care home manager, clinical manager or unit coordinators discuss aspects of the Code with residents (where appropriate) and their family/whānau on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each community and in the information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages. Resident and family/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The residents and family/whānau interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The service recognises Māori mana motuhake, as reflected</p>

		in the care plans. Care plans reflected residents were encouraged to make choices and be as independent as possible. Care staff confirmed this to be the case when interviewed. Interactions observed between staff and residents were respectful.
<p>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, enrolled nurses (ENs) and registered nurses (RNs) interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enables their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in resident care plans. Caregivers have attended cultural training that includes Te Tiriti o Waitangi training. The Bupa staff contract booklet includes information on Bupa's commitment to reflect the principles of Te Tiriti o Waitangi in day-to-day service delivery.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. There were married couples residing within the facility. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement and is integrated into the 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>Staff were observed to use person-centred and respectful language, with staff treating residents with dignity and respect. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. The 2022 and 2023 resident/family surveys identified satisfaction around privacy, dignity, and respect (including cultural needs).</p> <p>Residents' files and care plans identified resident's preferred names.</p> <p>Matariki and Māori language week were celebrated at Bupa Ascot. Caregivers interviewed advised they 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. The service implements a process to manage residents' comfort funds through an external agency.</p> <p>Bupa 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. At a new staff members orientation to the service, the staff code of conduct is discussed, with evidence of staff signing the code of conduct policy. The code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff receive code of conduct training through Bupa Learn platform. The Towards Māori Health Equity policy addresses institutional racism. There is a safe anonymous pathway for staff to report issues related to racism and harassment. Due to staffing constraints and outbreaks, cultural awareness training has been provided to staff at various times over the past ten months, with catch-up sessions planned for November 2023. This training includes recognition of explicit and non-explicit bias and supports the recognition and reduction of bias in</p>

		<p>health care.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions and covered as part of orientation. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>The service promotes a strengths-based and holistic model ` Person First Care` to ensure wellbeing outcomes for their Māori residents is prioritised. The resident care plans reviewed identified goals of care included interventions to promote positive outcomes. Care staff interviewed confirmed an understanding of holistic care for all residents. Staff complete education at 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 family/whānau interviewed confirmed that the staff are committed to their work and residents and are supportive and respectful.</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 family/whānau on admission. There have been two resident and family/whānau meetings this year; however, the relieving care home manager, clinical manager and unit coordinators are in regular contact with families/whānau if they have any concerns or issues to raise.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. Fourteen event (accident/incident) forms were reviewed and identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. All residents are fluent in English. Staff on interview advised they have communication</p>

		<p>resources available when required and are trained to use hand and facial gestures, in addition to word and phrase cards if required.</p> <p>Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora – Southern-specialist services (eg, older persons mental health, wound nurse specialist, dietitian, and speech and language therapy). The management team hold weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. There is also a weekly multidisciplinary meeting that includes the nurse practitioner (NP), older persons mental health, unit coordinators, and hospice, to ensure all clinical matters are reviewed. The unit coordinators 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 documented around informed consent. Nine resident files reviewed included signed general consent forms. The residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>There is an advance directive policy documented. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines and welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files and were activated for all residents receiving</p>

		dementia level of care.
<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 family/whānau on entry to the service. All complaints, both verbal and written, are recorded on an electronic register. Complaints when logged are able to be classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register.</p> <p>There have been five complaints for 2022/2023 year to date. The complaints included an investigation, follow up, and reply to the complainants. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). One complaint has been lodged through National Advocacy services and is still open for further information. There are two closed HDC complaints. HDC have requested the auditors to follow up aspects of these complaints in relation to transferring of residents, pressure injury management and personal cares.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance and in the units of the facility.</p> <p>A suggestions box is in reception, adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. There have been two resident and family/whānau meetings held over the past four months and these are planned to be held six-weekly, as per schedule (link 3.3.1). Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. The clinical manager described the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management is open and transparent in their communication.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Bupa Ascot is located in Invercargill. The service is certified to provide care for hospital (medical and geriatric), residential disabilities-physical, and dementia levels of care for up to 104 residents. The facility is divided into three communities which include: 40 bed hospital beds in Hollyford and Grebe; - 40 rest home beds in Tutoko and Waikaia and 24 dementia beds in Arthur and Cleddau.</p> <p>On the day of the audit there were 80 residents: 31 residents at hospital level care, including three on long term support- chronic health care (LTS-CHC) contract. There were 28 residents at rest home level, including one on LTS-CHC, and 21 residents at dementia level of care. The residents not on the LTS-CHC contract were on the age-related residential care (ARRC) contract. There were no residents under the residential disabilities – physical contract. The service wishes to retain this on their certificate.</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 received orientation to their specific role and to the senior leadership team. Bupa has developed a te ao Māori health strategy to introduce and implement te ao Māori related standards with a Māori cultural adviser. Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team.</p> <p>Bupa has a three-year strategic business and operational plan which aligns to the Bupa global strategy and the ambition to be the world's most customer-centric healthcare company. The business and operational plan is reviewed annually by the Leadership Team as part of strategy and planning. This consists of three key performance indicators (KPI's), that will measure customer care touchpoints and feedback, and six strategic and enabling pillars of Customers, Growth, Transformation, Sustainability enabled by Data and an Agile Culture. The enabling sustainability pillar include plans to: strengthen policies, governance, and transparency to support health and wellbeing of residents, and improve outcomes for all residents. The sustainability pillar also aims to increase diversity and inclusion of the principles of</p>

		<p>Te Tiriti o Waitangi and growth of te ao Māori and Pacific world view in the organisation. Each care home sets annual quality goals at the beginning of the year based on improving outcomes from the internal quality programme. Goals are regularly reviewed, discussed at quality meetings and other forums and outcomes are measured to demonstrate progression towards meeting goals.</p> <p>Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings, which includes review of quality and risk management systems. There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. The customer service improvement team (CSI) includes clinical specialists in restraint, infection control and adverse event investigations and a customer engagement advisor. The organisation benchmarks quality data across Bupa and with other NZ aged care providers. Each region has a clinical quality partner who supports the on-site clinical team with education, trend review and management.</p> <p>Bupa has a Māori Health Strategy and Health Equity policy. Bupa engaged an external consultant who has worked closely with the Bupa Leadership team and Bupa ANZ Board to understand current state and develop plans for maturity in this area. A process is underway to establish two cultural advisory groups (Māori and Pacific peoples) and engage our employees in this to work alongside the Bupa leadership team. Bupa's Māori health equity policy outlines how Bupa will work towards achieving best outcomes for Māori and people with disabilities. By its very nature, aged care is a service for people with disabilities. Bupa's Pacific people's health equity policy outlines how Bupa will work towards achieving best outcomes for Pacific peoples. Tāngata whaikaha are supported to provide feedback through surveys and resident meetings, as evidenced in meeting minutes. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching</p>
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		<p>Bupa strategic plan. Goals are regularly reviewed in each monthly meeting. The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year. The operations manager for Midlands two region, reports to the national operations director.</p> <p>At the time of the audit, the care home manager position had been vacant for the last five months. Bupa Ascot has had two relieving care home managers (RNs) employed in the role as roving manager for Bupa. The current relieving manager has been at Bupa Ascot for four weeks. The clinical manager is completing courses on clinical leadership, has demonstrated professional proficiency and cultural competency. The acting care home manager is supported by a clinical manager who has worked in the role for eighteen months. They are supported by two-unit coordinators, RNs, experienced care staff team, business coordinator, the regional education/relief manager (who is based at Bupa Ascot), the regional operational manager, and quality partner.</p> <p>The care home manager and the clinical manager have both completed more than eight hours of training related to managing an aged care facility and includes Bupa regional managers forums, Māori health plan, pandemic and infectious disease planning, and infection control teleconferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>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</p>	FA	<p>Bupa Ascot is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident family satisfaction surveys are managed by head office who rings and surveys family/whānau. Last year and recently in June 2023, resident and whānau satisfaction surveys were correlated and analysed at head office and indicate that residents have reported high levels of satisfaction with the service provided. Results have been communicated to residents at a resident and whānau meeting.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The service reviews the progress toward the goal at regular intervals. A health and safety team meets bimonthly. Staff who have not attended external health and safety training are booked to do so. Hazard identification forms and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious work-related staff injuries. Bupa partners with Howden Health to support staff with non-work-related injuries.</p> <p>Electronic reports using RiskMan are completed for staff incident/accident. Resident incidents/events are completed on the electronic resident management system, with immediate action noted and any follow-up action(s) required. The resident event forms were reviewed with family/whānau follow up as required and in the case of unwitnessed falls or possible head injuries, neurological observations were completed as per policy. Incident and accident data is collated</p>
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		<p>monthly and analysed. Reports regarding accident/incidents/events go 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 relieving care home manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been 34 Section 31 notifications submitted since the last audit; most of these are monthly and relate to RN shortages. Further to this, there are four for pressure injuries and one change in manager (this was submitted by Bupa head office). On the days of the audit, there was a Covid-19 outbreak, with one in April 2023 and a confirmed Norovirus outbreak in September 2023. All outbreaks were appropriately notified.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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 Moderate</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. At interview, staff advised that there were many occasions when the roster was published with insufficient staff on the roster and then there were further gaps created by sickness and unplanned leave. There are two staffing areas with inadequate staff availability; i) the RN roster where there is inadequate staffing to cover for hospital level care residents and ii). the caregiver rosters. In reviewing the roster and interviewing the acting care home manager and clinical manager, it is evident that the RN gaps are on night shifts and at weekends. Bupa Ascot utilises the Emergency Virtual Service (EVS) to provide RN support and cover for the afternoon and night shifts. They also have a bureau service that they are able to access; however, the bureau has limited RNs available. There are policy and processes in place when the EVS system is used. At the time this audit was undertaken, there was a significant national health workforce shortage. It was noted that the service has mitigated the risk of this situation by the utilisation of experienced/senior caregivers. Education has been provided to the senior caregivers who are medication competent with first aid certificates, trained in handover</p>

	<p>and reporting procedures. A number of these staff are internationally qualified nurses in their own country and act as team leaders when the EVS is used. Bupa Ascot also has five experienced ENs who are rostered on across all shifts and provide leadership for caregivers at all times but especially in the absence of RNs.</p> <p>Further to the shortage of RNs, there has been an ongoing issue with caregiving staff shortages at weekend, due to rostering patterns, sickness, and other unplanned leave. There are Bupa staff who are willing to pick up extra shifts as well as seven casual caregivers and bureau staff available for this cover and Bupa Ascot has a process in place for the bureau to be accessed. On the days of the audit, there were no RNs on afternoon or night shift and on the first day of the audit there were six gaps in morning and afternoon shifts (not all of these could be replaced by Bupa casual staff or Bureau staff). Day two of the audit was fully staffed, except for the night RN. Regular bureau staff are available for cover and there is a bureau folder for staff to read and familiarise themselves; bureau staff new to the facility would always be buddied with a Bupa Ascot staff member.</p> <p>The RNs, and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Unit coordinators work some days as RNs on the floor covering RN shifts. The majority of the times there is RN and an EN rostered on each shift. Interviews with staff confirmed that when the roster is full, the workload is manageable, and that management is supportive. The number of caregivers allocated to each unit is sufficient to meet the care needs of the residents. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. There are sufficient medication competent caregivers to support the enrolled nurses and registered nurses with medication management. There have been insufficient activities staff to provide the activities programme over the last four months.</p> <p>The relieving care home manager, and clinical manager work Monday to Friday. On-call cover for all Bupa facilities in the Southern region is covered by a rotation of one care home manager and one clinical manager each week.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory</p>
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		<p>training (learning essentials and clinical topics), which includes cultural awareness training. Staff have been scheduled to attend cultural safety training, Māori health and Tikanga, which included Te Tiriti o Waitangi and how this applies to everyday practice, with further training available for those who have not already attended in November 2023. Training sessions around dementia, and behaviours of concern are held regularly.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-one caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two NZQA. At Bupa Ascot, 25 caregivers have achieved a level three NZQA qualification or higher. There are eight permanent staff employed in the dementia unit; two of these caregivers have completed the dementia specific standards related to the ARRC clause E4.5.f, and the remaining six are enrolled and in progress. These staff are all outside the 18-month timeframe for completion. Other caregivers work in the dementia unit as relief or leave cover and are also enrolled or in the process of completing the required standards within the required timeframes for completion.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Five of nine RNs, including the clinical manager and unit coordinators, are all interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). External training opportunities for care staff include training through Te Whatu Ora – Southern, 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>
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		Facility meetings provide a forum to share quality health information.
<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 for existing staff. Once they pass screening, suitable applicants are interviewed by the Bupa Ascot acting care home manager. Ten staff files reviewed (three RNs, including one clinical manager, four caregivers, one cleaner, one activities coordinator, and one kitchen manager) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented and all staff who had been employed for over one year, are required to have an annual appraisal completed. A shortfall was noted with six of the files reviewed not evidencing a performance appraisal.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</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</p>

		are documented. Wellbeing support is provided to staff.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in paper and on the electronic resident file, which was implemented in April 2023. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Bupa business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The acting care home manager is the privacy officer and there is a policy to provide guidance on the request of health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<p>Residents who are admitted to Bupa Ascot are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for dementia, rest home, and hospital level of care residents were sighted. The relieving care home manager and clinical manager screen prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the enduring power of attorney (EPOA) and family/whānau of choice, where appropriate, local communities, and referral agencies. Residents in the dementia unit</p>

<p>communicated to the person and whānau.</p>		<p>were admitted with appropriate EPOA or welfare guardian documents in place and these were sighted in resident records reviewed.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The clinical manager reported that all potential residents who are declined entry are recorded. When an entry is declined, the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Nine resident files were reviewed: three hospital (including one on long-term support chronic health contract), three rest home and three residents at dementia level of care. The facility moved to an electronic resident management system at the end of April 2023; all residents have an electronic file. Registered nurse (RNs) and enrolled nurses (ENs) are responsible for conducting all assessments and for the development of care plans. Enrolled nurses work in partnership with the RNs. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six-monthly multidisciplinary reviews.</p>

	<p>Bupa Ascot uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission include those relating to falls; pressure injury; skin; pain; continence; cultural; and activities. The initial support plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes, with the exception of two of the three files reviewed in the dementia unit. All outcome scores were identified on the long-term care plans. All residents have a behaviour assessment and a behaviour plan, with associated risks and supports needed and includes strategies for managing/diversion of behaviours. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days with the exception of two of the three files reviewed in the dementia unit. Care plan interventions are holistic, resident centred and provided guidance to staff around all medical and non- medical requirements. The care plans include a 24-hour reflection of close to normal routine for the resident, with interventions to assist caregivers in management of the resident behaviours in the dementia unit. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds, and are signed off when resolved or moved to the long-term care plan. Evaluation of care plans occur at the time of interRAI re-assessments (six-monthly) and when changes occurred earlier as indicated. Evaluations documented the progression towards goals.</p> <p>The service contracts a nurse practitioner (NP) practice who visits at least twice weekly and is available on call. The NP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The NP (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were happy with the competence of the registered nurses, care provided and timely communication when there are residents with concerns.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist from local</p>
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		<p>provider visits twice weekly. There is a full-time physiotherapist assistant employed Monday to Fridays to assist with residents' mobility and exercises. A podiatrist visits regularly and a dietitian, speech language therapist, psychogeriatrician, older persons mental health team, hospice, dietitian, wound care nurse specialist and medical specialists are available as required through Te Whatu Ora-Southern. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Caregivers, enrolled nurses and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a registered nurse/enrolled nurse to another registered nurse/enrolled nurse, and then registered nurse/enrolled nurse to care staff on each shift, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are documented on every shift by the caregivers and the registered nurses/enrolled nurses document at least daily for all resident records and when there is an incident or changes in health status.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses/enrolled nurses who then assesses the resident and initiate a review with the NP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, NP visits, medication changes and any changes to health status, and this was consistently documented in the resident files.</p> <p>There were 25 wounds being actively managed across the service. These included one stage IV pressure injury and one stage III pressure injury (same resident). There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs, were reviewed. Wound registers are electronic. A Section 31 notification was completed for the stage III and stage IV pressure injury. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of</p>
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		<p>wounds reviewed. There is documented wound care nurse specialist input into chronic wounds. Caregivers, enrolled nurses and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete work schedules (electronic monitoring charts) developed by the registered nurse or enrolled nurse, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts had been completed as scheduled. Each event involving a resident reflected a clinical assessment and a timely follow up by a RN. Post fall assessments were not always completed as required by the Bupa Post Falls Management Policy. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager and unit coordinators. Neurological observations have always been commenced but not always routinely been completed for unwitnessed falls or where head injury was suspected.</p> <p>Bupa Ascot provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs, which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the Māori health care plan.</p> <p>Staff confirmed they understood the process to support residents and family/whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori</p>
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		healing methodologies, such as karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.
<p>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 Moderate	<p>Activities are conducted by a team comprising of one activities coordinator, three activities assistants and a volunteer providing a seven-day cover for resident centred activities in all the communities. The activities plan was based on assessment and reflected the residents' social; cultural; spiritual; physical; cognitive needs/abilities; past hobbies; interests; and enjoyments. These assessments were completed within two weeks of admission in consultation with the family/whānau and residents. Each resident had a map of life developed detailing the past and present activities, career, and family. A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were noted on noticeboards to remind residents and staff. Residents and family/whānau provide feedback related to activities during the six-monthly multidisciplinary meetings.</p> <p>The activity programme is formulated by the activities coordinator that has facilitated the programme on their own for a period of four months due to workforce issues (link #2.3.1). The activities calendar was viewed to be varied and the group activities appropriate for residents assessed as requiring dementia, rest home and hospital level of care; however, there was a lack of evidence that individual activities occur. There is a fully maintained van; however, community outings have not occurred for six months.</p> <p>Observation on the days of the audit, review of the satisfaction surveys for 2022/2023 and interviews with residents, management, staff, family/whānau confirm a lack of meaningful activities to meet all the assessed needs and preferences of the residents in their care. The care plans reviewed described management strategies that can be used to minimise, distract, or de-escalate behaviours that challenge. Activity progress notes and activity participating register were completed daily. The residents were observed not to participate in activities on the days of the audit, except in the dementia unit, as observed on the first day of the audit.</p> <p>There were residents who identified as Māori. The family/whānau</p>

		reported that opportunities to participate in te ao Māori is facilitated by the caregivers. Group activities include celebrating religious, and cultural festivals and Māori language week.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>Bupa Ascot has policies available for safe medicine management that meet legislative requirements. The registered nurses, enrolled nurses and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, a registered nurse and medication competent caregivers were observed to be safely administering medications in the dementia unit and the hospital unit. The registered nurse and caregivers interviewed could describe their roles regarding medication administration. All medications once delivered are checked by the registered nurses against the medication chart. Medication reconciliation was conducted by the registered nurse when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checks medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the medication rooms. Due to a Covid-19 outbreak, the rest home, the medication storage and trolley were not included in the visual inspection. The medication fridges and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops and creams have been dated on opening. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Eighteen medication charts were reviewed. The service uses pharmacy pre-packaged medication for regular and pro re nata (PRN) medication. There is a three-monthly review of all the residents' medication charts completed by the nurse practitioner. Each drug</p>

		<p>chart has photo identification and allergy status identified. Indications for use were noted for prn medication, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there was one resident who self-administering medications; however, the medication guidelines for residents who self-administers medications has not been followed for this particular resident. The service does not use standing orders and there are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The unit coordinators (RNs) described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. The kitchen manager has been working at Bupa Ascot for more than 10 years and is knowledgeable of the residents' nutritional needs. All food and baking are prepared and cooked on-site. The kitchen is well organised. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires September 2024. The menu was reviewed by a registered dietitian in September 2023 for the implementation of the summer menu in November. The kitchen manager provides weekly feedback on the menu to the Bupa Operational Kitchen Manager. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss</p>

		<p>issues. Snacks and drinks are available for residents throughout the day and night when required. Special utensils and lip plates are used to promote independence.</p> <p>All food is delivered to the respective wings in scan boxes. Dining areas were observed to be quiet, and meals were well presented. Pure-food products were used as part of the modified food menu. A lunch meal was observed in the dementia unit and a tea meal in the hospital, and it was noted that due to insufficient number of caregivers, other staff (including the management team) were assisting residents with the meals. Staff interviewed confirm that this is a regular occurrence where management and other staff assist with supervision during mealtimes (link 2.3.1). On the days of the audit, meal temperatures were observed to be warm and minimal wastage of food occurred.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. also, 'boil ups', Māori bread, and pork were included on the menu, and these are offered to residents who identify as Māori when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition,</p>	FA	<p>There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The unit coordinators reported that discharges are normally into other similar facilities. Discharges are overseen by the registered nurses</p>

<p>transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>who manage the process until exit. Exits, discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and families/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies, where indicated or requested. Transfer documents include (but not limited to) transfer form; copies of medical history; admission form with family/whānau contact details; resuscitation form; medication charts; and NP review records.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed into the resident's folder for archiving. If a resident's information is required by a subsequent general practitioner, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists and physiotherapists, were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' files and any instructions integrated into the care plan. The unit coordinators advised a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires on 22 January 2024. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective communities with mobility aids. There are comfortable lounges for communal gatherings and activities at the facility. Quiet spaces for residents and family/whānau to utilise are available inside and outside in the gardens and courtyards.</p> <p>The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, and calibrations of the weighing scales and clinical equipment. The scales were checked</p>

<p>belonging, independence, interaction, and function.</p>	<p>annually, with last check completed August 2023. Hot water temperatures are monitored weekly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance officer and certified tradespeople where required. The service employs a maintenance manager who works from Monday to Friday and a gardener. The environment is maintained at appropriate temperatures with central heating and heaters in the resident's room, that can be adjusted for their comfort.</p> <p>The service is divided into three different area with six communities: the hospital (Hollyford and Grebe), rest home (Tutoko and Waikaia community) and the dementia area with Arthur and Cleddau communities. Access to the dementia area is secured by a keypad which allows free access; egress from the area has a secure pin number.</p> <p>All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All toilets, ensuites and bathrooms have free-flowing soap and paper towels in the toilet areas. There are adequate toilets and showers in all the units. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the resident group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities are able to take place in the lounge/dining areas of the three areas. Residents' rooms are personalised according to the residents' preferences. All rooms have external windows to provide natural light and have appropriate ventilation and heating.</p> <p>The dementia area has a mix of rooms with full or shared ensuites. There are communal bathrooms/toilets for residents to use. The dementia outdoor areas were secure, safely maintained, and appropriate to the resident group and setting. The walking paths are designed to encourage purposeful walking around the gardens.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. There</p>
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		<p>is a designated outdoor smoking area for residents.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the relief care home manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 24 November 2014. A trial evacuation drill was performed on 11 July 2023. The drills are conducted every six-months, and these are added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water (excess of 6000 litres), torches, continence products, temperature blankets and a gas BBQ to meet the requirements for up to 104 residents, including rostered staff. There is no generator on site, but arrangements are in place for one to be immediately accessible if required. Emergency lighting is available and is regularly tested. The registered nurses, enrolled nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance officer. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff responds to calls promptly. A call bell response report was reviewed for October 2023 and call bell responses were evident to be</p>

		<p>timely.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The dementia unit is secure at all times. A security company provides security patrols after hours. There are closed circuit television to monitor entry and exit points to the facility.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The clinical manager (RN) undertakes the role of infection control coordinator overseeing the 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 prevention and control is linked to the quality risk and incident reporting system. An annual review of the infection prevention and control programme is completed by the infection control and prevention specialist at Bupa head office. This role is based at Bupa head office and can escalate any significant issues to senior management and Board level. 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 quality and staff meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>Infection control expertise is accessed by the infection control coordinator from Bupa head office and the infection control specialist from Te Whatu Ora – Southern.</p> <p>On the days of the audit there was a Covid–19 outbreak and staff were involved with Bupa head office for outbreak meetings. All family/whānau had been made aware of the outbreak. Visitors are</p>

		asked not to visit if unwell. Visitors and contractors and all staff are required to wear masks if directed in the event they are unwell or there is an outbreak. Hand sanitisers are strategically placed around the facility.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The designated infection control coordinator is the clinical manager and supported by the Bupa infection prevention and control lead, the infection prevention control specialist from Te Whatu Ora- Southern, and the Bupa infection prevention and control lead which provide guidance on pandemic management. The service has a Covid-19 outbreak, and pandemic response plan documented and readily available to staff.</p> <p>The infection control coordinator has completed courses in the basics of infection control, and online study. External support is available from the NP, laboratory, clinical support improvement team and the Bupa infection control lead. There are outbreak kits readily available, and sufficient amounts of personal protective equipment (PPE) is stored in cupboards around the facility. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE available and accessible. The Bupa infection prevention and control lead and the infection prevention and control coordinator have input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection prevention control team, and training and education of staff. Policies and procedures are reviewed quarterly by Bupa, in consultation with infection control coordinators. Policies are available to staff. Aseptic techniques are promoted through hand hygiene, sterile single use packs for wound care and catheterisation, and to create an environment to prevent contamination from pathogens to prevent healthcare-associated infections.</p> <p>Policies and procedures are in place regarding reusable and single use equipment. Shared equipment is appropriately disinfected</p>

		<p>between use. Reusable medical equipment is cleaned and disinfected after use and prior to next use. There are four-monthly cleaning and environmental audits. The cleaning audits reviewed for this audit included evidence that these procedures are carried out. There is information available in te reo Māori. The infection prevention and control programme related to building and construction documents a pathway for communication to ensure early consultation when significant changes are proposed to the building.</p> <p>The service's infection and prevention control policies acknowledge importance of te reo Māori information and provides this for residents who are Māori, acknowledging the spirit of Te Tiriti o Waitangi. Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Safe cultural practice guidelines in relation to infection prevention and control were described by staff who were interviewed.</p> <p>The infection and prevention control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through emails.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to 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</p>	FA	<p>An anti-microbial use policy and procedure is in place. The infection prevention and control and AMS programmes are endorsed through the Clinical Governance Committee, and Bupa's consultant geriatrician has oversight of the AMS programme; both are reviewed annually. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>stewardship guidelines. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The infection control coordinator is responsible for collating and analysing the electronic medication management system with pharmacy support and generate a list of short course medication use, including antimicrobial and antiviral use. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs monthly.</p> <p>The use of prophylactic antibiotics is considered inappropriate 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>	<p>FA</p>	<p>The Bupa infection prevention and control policy manual describes infection surveillance as an integral part of the infection prevention and control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into a register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities and is also used in national aged care benchmarking.</p> <p>Ethnicity data is included into surveillance methods and data captured around infections. Infection prevention and control surveillance is discussed at infection prevention and control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora- Southern. Significant infection control incidents are monitored and reported through RiskMan system. Significant infection control events are escalated to the Clinical and Operations Directors and where appropriate and discussed within the clinical governance committee.</p> <p>There have been five outbreaks since the last audit. All were</p>

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

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the HDSS:2021 Standard. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and Board level. Restraint data is included in quality data collation and analysis. Results are benchmarked.</p> <p>If a resident who is Māori requires restraint, prior to this decision cultural advice is sought alongside whānau to explore spiritual and cultural values. The restraint coordinator (unit coordinator/RN) stated that the service is committed to work towards a restraint-free environment in all its communities. Bupa have well developed strategies in place to eliminate the use of restraint.</p> <p>At the time of the audit, five hospital residents were using restraint (two lap belts and four bedrails); one resident was using two types of restraints. When restraint is used, this is a last resort when all alternatives have been explored. The restraint coordinator has a defined role of providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint coordinator is responsible for the coordination of the approval of the use of restraints and the restraint processes. There are clear lines of accountability; the current restraint in use has been approved. Family/whānau and residents were involved in decision-making. Staff completed education related to restraint management, falls management and the management of distress/challenging behaviour.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure</p>	FA	<p>There is a restraint policy to guide staff in the use of restraint. The policy describes the types of approved restraint. There is an up-to-date restraint register. Review of the records of the residents using restraint, indicated that the restraint assessment was completed with involvement of family/whānau. The type of restraint is usually used as a safety measure and on insistence of family/whānau and /or EPOA.</p>

<p>that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>The long-term care plans provide sufficient level of detail to guide staff in the implementation of safe restraint. The registered nurses develop a work schedule where caregivers complete hourly monitoring of residents when they use restraint. Monitoring (work schedules) were completed within the frequencies required.</p> <p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. Family/whānau confirmed their involvement in the process. Access to advocacy is facilitated, as necessary. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record. Staff, management meeting minutes, and quarterly reports to the national restraint coordinator documented discussions about restraint.</p> <p>There is a restraint policy that describes a process to manage emergency restraint. If emergency restraint is required, the registered nurse will consult with the relieving care home manager, clinical manager, other unit coordinator, resident, and family/whānau and determine, depending on the situation, who will debrief the staff and resident. There was one incident recorded for the use of emergency restraint in February 2023 and one incident related to the use of restraint in August 2023. Both episodes were well documented and managed within the guidelines of the restraint policy.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint committee undertakes a three-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. Benchmarking is completed with other Bupa facilities. The benchmarking, identifies trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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 Moderate	<p>Bupa Ascot employs six full time RNs and has three casual RNs. As per the Aged Residential Care contract with Te Whatu Ora – Southern, an aged care facility providing hospital level care is required to always have at least one RN on duty. Section 31s have been completed for these. Further to this, there have been gaps in the caregiver roster that have been unable to be filled, even with the utilisation of casuals and the bureau service. Observation on the day one of the audit when there were significant roster gaps, was that staff were able to get cares and support done by exemplary teamwork and input from the acting care home</p>	<p>i). The service has been unable to provide a RN on site on some afternoon and night shifts for hospital level care residents since February 2022 – August 2023. From September – October 2023, there has been no RN on night shift. The service has mitigated the risk of this situation by using the EVS. The service does not have enough RNs to always have an RN on duty as per the ARC contract D17.4 a. i.</p> <p>ii). At interviews with RNs and caregivers, there have been at least three occasions over the past two weeks, usually afternoons and weekends, where the rostered number of caregivers has not been</p>	<p>i). Ensure a RN is always on duty to meet the requirements of the ARC contract D17.4 a. i.</p> <p>ii). Ensure the rostered number of caregivers are on site to meet the staffing policy.</p> <p>iii). Ensure there are staff available to run the activity programme across the service.</p> <p>60 days</p>

		<p>manager, education manager, clinical manager and the unit coordinators staying on the floor. There have been insufficient activities staff available to run the activity programme for a period of four months.</p>	<p>met and there has been no bureau staff available; note this is difficult to review as the roster does not always record absences.</p> <p>iii). There have been insufficient staff available to run the activity programme across the service.</p>	
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>There is an education schedule with planned opportunities for staff to update and develop new skills. Caregivers working in the dementia unit are required to have the dementia specific standards according to the aged - related residential care services agreement (ARRC clause E4.5.f). Bupa supports staff to complete NZQA qualifications through Careerforce. There are trained assessors and observers at Bupa Ascot to assist with this. Further to this, the regional Bupa education manager is based at Ascot and assists staff with determining training and development required for their roles. There are eight caregivers rostered permanently in the dementia unit; two of these have completed the dementia specific standards. Other caregivers work in the dementia unit as relief for sickness and holidays; these staff are enrolled or in the process of completing the required standards within the required timeframes for completion.</p>	<p>Six of the permanent caregivers in the dementia unit are enrolled or in progress to complete the dementia specific standards according to the ARRC clause E4.5.f, and the remaining six are enrolled and in progress. These staff are all outside the 18-month timeframe for completion.</p>	<p>Ensure caregivers employed in the dementia unit complete the dementia specific standards according to the ARRC clause E4.5.f within the required timeframes.</p> <p>60 days</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 orientation package for new staff ensures when completed, caregivers achieve New Zealand Certificate in level two health and wellbeing; however, not all of the staff files reviewed evidenced completion of the orientation package.</p>	<p>Six of the ten staff files reviewed did not evidence completed orientation.</p>	<p>Ensure there is evidence of completed orientation on staff files.</p> <p>60 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; however, this has not always been implemented. Not all staff files reviewed evidenced an annual appraisal where staff had been employed for over a year.</p>	<p>Three of the five that were due for a performance appraisal did not have a current appraisal on file.</p>	<p>Ensure all staff complete annual appraisals as scheduled, and a copy is retained on file.</p> <p>60 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 Low	<p>Overall, interRAI assessments and care plan development, except two dementia level residents' care plans reviewed, evidence contractual requirements are met. Care plans were evidenced as being developed by a registered nurse in partnership with the resident and family/whānau. Care plans have been developed and evaluated within expected timeframes for rest home and hospital level residents.</p>	<p>Two of three residents in the dementia unit did not have an interRAI and long-term care plan completed within the required 21 days.</p>	<p>Ensure all interRAI assessments and long-term care plans are developed within expected timeframes for all residents.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be</p>	PA Low	<p>Nine files were reviewed. Care plans were developed with residents and family/whānau input. Care plans</p>	<p>Post fall assessments were not completed for all documented falls for three residents in the dementia</p>	<p>Ensure ongoing assessments and reassessments are</p>

<p>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>(h) People's care or support plan identifies wider service integration as required.</p>		<p>have resident focussed goals and the outcomes of interRAI assessments forms the basis of the care plans. Risk assessments, including cultural assessments, are utilised to ensure early warning signs and risks are addressed. Post falls assessments were not always completed as required by the Bupa post falls management policy (reviewed). Discharge notes and allied health notes are integrated into the care plan.</p>	<p>unit, two rest home level residents, and one hospital level resident as required by Bupa post falls management policy.</p>	<p>completed where/when required.</p> <p>90 days</p>
Criterion 3.2.4	PA	Registered nurses create work	Neurological observations were not	Ensure neurological

<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 resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	Moderate	<p>schedules for caregivers to ensure monitoring take place of the interventions required, for example repositioning; intentional rounding; restraint monitoring; bowel movement monitoring; and food and fluid intake. Work schedules reviewed evidence that monitoring is completed as required. It was noted in the files reviewed that neurological observations were always commenced for unwitnessed falls or where a head injury is sustained or suspected; however, the monitoring of neurological observations was not always completed within the frequency required (for one hospital and three dementia level residents).</p> <p>Seen within the context of the current workforce issue; the finding is escalated to a moderate risk.</p>	<p>always completed within the frequency required for 10 documented unwitnessed falls.</p>	<p>observations are completed within the required frequency for all unwitnessed falls with or without a head injury.</p> <p>60 days</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	PA Moderate	<p>There was a Covid-19 outbreak on day one of the audit in the rest home unit and increased to the dementia unit on day two. There is a monthly calendar that is developed by the activity's coordinator with the assistance of the Bupa diversional therapist. The calendar reviewed for each unit reflects activities that meet the requirements of residents with physical and sensory needs. There are community entertainers and</p>	<p>(i). The availability of the activities team is inconsistent to meet the needs of the residents: (a) to offer appropriate activities that is meaningful; (b) provide diversion at appropriate times during the day; (c) to meet the needs of residents that require individual activities and (d). facilitate regular community outings.</p>	<p>(i). Ensure meaningful activities are planned and facilitated to develop and enhance people's strengths, skills, and interests and shall be responsive to their identity.</p> <p>60 days</p>

		<p>regular church services. Resources and interviews confirmed the service celebrated Matariki and Māori language week. The Bupa diversional therapist provides ideas to facilitate te ao Māori. One family/whānau interviewed explain how caregivers in the dementia unit promote karakia and waiata. There is one volunteer that assist with the provision of activities on a Wednesday for two to four hours.</p> <p>Activities assessments, 'My day, My Way' and activities care plans are developed with resident and family/whānau input and evaluated by the registered nurses. These were all in place and up to date. The 'My day, My Way' provides a holistic 24/7 approach to activities and consider aspects of the person's life and past routines.</p> <p>The activities provided on the day of the audit were observed as not meaningful for the cohort of residents and did not reflect the activities documented on the calendar (due to Covid-19 the pet therapy could not be implemented). Family/whānau interviews confirm a lack of meaningful activities within the dementia unit. Residents in the rest home confirm that they have not been provided with community outings/van drives for the past six months; this was corroborated by staff and management interviews.</p>		
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		<p>The educator was interviewed to provide insight into the activities programme. On the first day of the audit, there was a newly employed activities assistant in the dementia unit that stated they had a good orientation programme.</p> <p>There were no activities provided in the hospital and rest home due to staff absences. The residents in the hospital unit were in the lounge with no activities taken place on both days of the audit. There were no activities taken place on the second day of the audit in the dementia wing; residents were observed to aimlessly wander or sleeping in the lounge.</p> <p>There are plenty of resources available for staff to use. A comprehensive resource folder is available to guide the newly employed activities assistants working in the dementia unit. Due to the workforce issues with caregivers, there is not sufficient staff to ensure activities can be provided when the activities team member is absent (link# 2.3.1).</p> <p>Prior to September, there was only one activities person for the duration of a four-month period and therefore, no individual activities occurred on a regular basis as assessed to meet the residents' assessed needs and preferences.</p> <p>The activities satisfaction decreased</p>		
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		<p>from 2022 to 2023 and below the Bupa expectation (NPS 50 /Bupa 69).</p> <p>At present there are four activities people in the team; however, two have recently resigned (still employed at the time of the audit) and therefore this issue will continue in the immediate future, and this has been escalated to a moderate risk.</p>		
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	PA Low	<p>One rest home resident is self-medicating inhalers. Due to Covid-19 outbreak, a visual inspection of the resident's room were not conducted. Registered nurses, enrolled nurses and caregivers interviewed confirm the inhalers are securely stored in a drawer. The resident's electronic file reviewed evidence a self-medication assessment was completed on 18/10/2023 (previous assessment was completed in 2021). The Bupa medication policy "Types of medication administration" (December 2021) reviewed provides guidance on the management of residents who self-administer their medications. The policy has not been fully implemented.</p>	<p>(i). The medication charts did not reflect which medication is for self-administration.</p> <p>(ii). The electronic medication signing sheet did not reflect which medications were self-administered by the resident.</p> <p>(iii). Assessments were not completed three-monthly.</p>	<p>(i)-(iii) Ensure to follow and implement the Bupa medication policy for residents who self-administer their medications.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.