

Bupa Care Services NZ Limited - Fergusson Rest Home & Hospital

Introduction

This report records the results of a Surveillance 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:	Fergusson Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 14 December 2023 End date: 15 December 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	106

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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service 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 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 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 unattained and of moderate or high risk

General overview of the audit

Bupa Fergusson provides hospital (medical and geriatric), rest home, and dementia levels of care for up to 112 residents. At the time of the audit there were 106 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, general practitioner, and nurse practitioner.

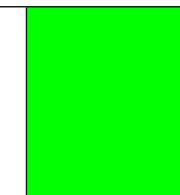
The general manager is supported by a clinical manager and a team of experienced staff.

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

The service has addressed previous audit findings relating to documentation of information and water stores in relation to civil emergency. Aspects of first aid training, performance reviews, staff orientation, incident reporting, and corrective action plans remain areas for improvement.

This surveillance audit identified areas for improvement related to internal audits, meetings, staff training, care planning, interventions, monitoring, medicine management, first aid staff on duty.

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 fully attained.
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There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Bupa Fergusson demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Bupa Fergusson has a well-established, and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The 2023-2024 business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme, regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted nurse practitioner, general practitioner and visiting allied health professionals.

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

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritional snacks are available 24/7.

All residents' transfers and referrals are coordinated with residents and families/whānau

Te aro ki te tangata me te taiao haumaruru | 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.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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 fully attained.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been several outbreaks (Covid-19) recorded and reported on since the last audit.

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 fully attained.
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The restraint coordinator is a registered nurse. The facility had residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	14	0	2	4	0	0
Criteria	0	43	0	6	5	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, which Bupa Fergusson utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit, there were Māori staff and residents who confirmed in interview that mana motuhake is recognised. The service has a relationship with Orongamai marae including support from kaumātua.</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>The Ola Manuia Pacific Health and Action Plan, and Te Mana Ola are the chosen models for the Pacific health plan and Pathways to Pacific Peoples Health Equity Policy. At the time of the audit, there were Pacific staff who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Bupa Fergusson. There were Pacific residents at the time of the audit.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The general manager and clinical manager (interviewed) demonstrated how the Code is provided in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights.</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>Bupa Fergusson's policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances which are implemented.</p> <p>All staff at Bupa Fergusson are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff interviewed (six caregivers, six registered nurses, two maintenance coordinators and kitchen manager) demonstrated an understanding of professional boundaries when interviewed.</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</p>	FA	<p>There are organisational policies around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with three family/whānau (one rest home and two dementia), and six residents (one hospital and five rest home) confirmed their choices regarding decisions and their wellbeing is respected.</p>

<p>and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained which includes all complaints, dates and actions taken. There have been 17 complaints made since previous audit with themes related to care, staffing, food, and communication. There have been no external complaints.</p> <p>Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The general manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</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>FA</p>	<p>Bupa Fergusson provides hospital, rest home and dementia level care for up to 112 residents. Occupancy on the day of audit was 106 residents.</p> <p>There are 53 rest home level care beds including 10 dual purpose beds (rest home and hospital), 41 Hospital level care beds and 18 dementia beds. On the day of the audit, there were 48 rest home level care residents including two on respite and one on younger person with disability contract; 40 hospital level care residents, including one on Accident Compensation Corporation funding (ACC) and three on younger person with disability</p>

<p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>(YPD) contract; and 18 dementia level care residents. All remaining hospital, rest home, and dementia residents were under the age-related residential care contract (ARRC).</p> <p>The Leadership team (LT) of Bupa is the governing body of Bupa and consists of directors of clinical; operations; finance; legal; property; customer transformation; people; risk; corporate affairs; and technology. This team is governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team. Bupa has developed a te ao Māori health strategy to introduce and implement te ao Māori related standards with a Māori cultural adviser. Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team.</p> <p>Bupa has a three-year strategic business and operational plan which aligns to Bupa global strategy and the ambition to be the world’s most customer-centric healthcare company. The business and operational plan is reviewed annually by the leadership team as part of strategy and planning. This consists of three key performance indicators (KPI’s), that will measure customer care touchpoints and feedback, and six strategic and enabling pillars of Customers, Growth, Transformation, Sustainability enabled by Data, and an Agile Culture. The enabling sustainability pillar include plans to: strengthen policies, governance, and transparency to support health and wellbeing of residents, and improved outcomes for all residents. Increase diversity and inclusion of the principles of Te Tiriti o Waitangi and growth of te ao Māori and Pacific world view in the organisation. Each care home sets annual quality goals at the beginning of the year based on improving outcomes from the internal quality programme. Goals are regularly reviewed, discussed at quality meetings and other forums and outcomes are measured to demonstrate progression towards meeting goals.</p> <p>Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings, which includes review of quality and risk management systems. There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. The customer service improvement team (CSI) includes clinical specialists in restraint, infection control and adverse event investigations and a customer engagement advisor. The organisation benchmarks quality data across Bupa and with other NZ aged care providers. Each region has a clinical quality partner who supports the on-site</p>
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		<p>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 the Bupa Australia and New Zealand (Bupa ANZ) Board to understand current state and develop plans for maturity in this area. 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 Bupa Fergusson have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting. The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The service has a general manager who has been with Bupa Fergusson for 18 months. They have an extensive background in management in healthcare related sector. The general manager is supported by a clinical manager who has been in the role for two years, and the wider Bupa management team, that includes the regional operations manager and regional quality partner (both of whom were present on the day of the audit).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services</p>	<p>PA Moderate</p>	<p>Bupa Fergusson is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education; however, meetings have not occurred as scheduled since previous audit. Internal audits have not been completed as scheduled. Collation of data was documented as taking place. Where corrective actions are required, these have been documented in the meeting minutes; however, there is no evidence of follow-up and sign off when completed to</p>

<p>and our health care and support workers.</p>	<p>address service improvements. The previous audit shortfall related to HDSS:2021 #2.2.2 continues. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and displayed on notice boards in the staffroom. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident and family satisfaction surveys have been completed quarterly in 2023. These have been correlated and analysed at head office and indicate that residents have reported satisfaction with the service provided. The service has been working on quality improvement related to food services in relation to the outcome results from the survey. Results have been communicated to residents in the resident and family/whānau meetings and through the newsletter (sighted).</p> <p>Bupa Fergusson has a comprehensive suite of organisational policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with Ngā Paerewa NZS 8134:2021. New policies or changes to a policy are communicated to staff. A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via toolbox talks.</p> <p>Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in 12 accident/incident records reviewed. However, there were no incident reports and section 31 notifications completed for a resident admitted with three grade three and above pressure injuries whose file was reviewed on the day of the audit. The previous audit shortfall HDSS:2021 # 2.2.5 continues. Incident and accident data is collated monthly and analysed. The electronic system generates a report that goes to each operational team/governance team and generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the general manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been nine Section 31 notifications completed to notify HealthCERT of registered nurse shortage (x4 with last one completed July 2023), Covid-19 outbreak, resident absconding and previous notifications of pressure injuries grade three and above. There were nine Covid-19</p>
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		outbreaks since the previous audit which were appropriately notified.
<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>	PA Low	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support including 24/7 cover with a registered nurse. Some of the registered nurses, activities staff, and a selection of caregivers hold current first aid certificates; however, there is not always a first aid trained staff member on duty 24/7 (link 4.2.3). Interviews with staff confirmed that their workload is manageable, and that management is supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The general manager and clinical manager are available Monday to Friday. On-call cover for all Bupa facilities in the region is covered by a five-week rotation of the general managers and clinical managers.</p> <p>There is an annual Bupa education and training schedule in place; however, this has not been completed for 2022 and 2023. The education and training schedule lists compulsory training, which includes Māori health, Tikanga, and Te Tiriti o Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. Training to care for residents in the dementia unit includes (but is not limited to) person-first/dementia-second sessions, behaviours of concern, and de-escalation.</p> <p>External training opportunities for care staff include training through Te Whatu Ora -Capital, Coast and Hutt Valley, and hospice. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes, disparities and health equity. Staff confirmed that they were provided with resources during their cultural training. These resources create opportunities for the workforce to learn about and address inequities.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include but not limited to restraint, hand hygiene, moving and handling, and correct use of personal protective equipment.</p> <p>Staff are supported to achieve New Zealand Qualification Authority (NZQA) qualifications. There are 56 caregivers in total – 23 caregivers have achieved Level 3 and above qualification. There are 12 caregivers rostered</p>

		<p>across the dementia unit. Three have achieved the required standards, two are enrolled, two have been employed less than last 18 months and the remaining staff working there have been employed for more than 18 months but without the required unit standards as per ARRC E 4.5 (f).</p> <p>Caregivers who have completed NZQA level 4 and undertaken extra training complete many of the same competencies as the RN staff (e.g, restraint, medication administration, blood sugar levels and insulin administration, wound management, and management of nebuliser therapy). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Of the 16 registered nurses employed at Bupa Fergusson, nine are 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). All RNs attend relevant quality, staff, registered nurse, restraint, health and safety, and infection control meetings when possible. A record of completion is maintained on an electronic register.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Moderate</p>	<p>Seven staff files were reviewed with some including evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>There is an electronic system which manages all external contractor services. The same system provides evidence that orientation of external contractors has been completed since last audit. This is an improvement upon the previous audit, and the partial attainment relating to HDSS:2021 # 2.4.4 specific to contractor orientation has been satisfied. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. However, not all files provided evidence of orientation having been completed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Not all the staff who have been employed for a year or more have a current performance appraisal on</p>

		file. The previous audit shortfall related to HDSS:2021 # 2.4.5 continues.
<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	Resident files and the information associated with residents and staff are retained in electronic resident and staff management systems. Electronic information is regularly backed-up using cloud-based technology and password protected. V-care electronic resident management system was implemented for the resident records by the service. Records are uniquely identifiable, legible, and timely, with electronically documented signatures including designation of the service provider. This is an improvement upon the previous audit, and the partial attainment relating to HDSS:2021 # 2.5.1 has been satisfied.
<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>	PA Low	<p>Seven resident files were reviewed: one dementia; three hospital resident files, including one on Accident Compensation Corporation funding; and three rest home residents including one younger person with a disability and one respite resident. All other residents were under the age-related residential care (ARRC) agreement. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>Initial assessments and initial care plans were completed for residents, detailing needs, and preferences within required timeframes. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment however not all interRAI assessments and long-term care plans were complete within three weeks of admission.</p> <p>Documented interventions and early warning signs meet the residents' assessed needs; however, not all care plans had detailed interventions to provide guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is</p>

	<p>used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. However, not all residents with short term changes to care had short-term care plans developed. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are scheduled for six monthly evaluations in conjunction with the interRAI re-assessments and when there is a change in the resident's condition; however, not all care plan reviews were completed as required timeframes. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>Residents in the dementia unit have behaviour assessments and behaviour plans with associated risks and supports needed and includes strategies for managing/diversion of behaviours. The long-term care plan includes close to normal routine that reflects a 24-hour reflection of resident's usual pattern and behaviour management strategies to assist caregivers in management of the resident behaviours.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. There are two GP/NP visits a week and as required. Medical documentation and records reviewed were current. The GP and NP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The contracted GP and NP are also available on call after hours for the facility. A physiotherapist visits the facility weekly and on request to review residents referred by the registered nurses. There is a physiotherapist assistant rostered five days a week who is available to assist residents. There is</p>
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		<p>access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Te Whatu Ora – Capital, Coast and Hutt Valley</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were eight active wounds from seven residents, including one two stage II pressure injury and one almost healed unstageable pressure injury.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls; however, not all neurological observations were completed as per policy. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure and weight monitoring, bowel records and repositioning chart; however, some residents did not have regular monitoring completed for restraint monitoring. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular medication and blister pack for controlled drugs and short course and bottles for ‘as required’ medications. All medications are checked on delivery against the medication chart and any discrepancies are</p>

		<p>fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily; however, these were not done consistently and did not always meet required ranges. All stored medications are checked weekly. Eyedrops have not always been dated on opening. Controlled medications are stored as required; however, weekly checks have not always been completed as per policy.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. One respite resident did not have a signed medication chart, did not evidence photo identification and did not have indications for as required medication. There were no residents self-administering medications; however, there are policies in place should a resident wish to self-administer their medications. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</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</p>	<p>FA</p>	<p>The four-week seasonal menu is reviewed by a registered dietitian. Food preferences and cultural preferences are included into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen manager interviewed reported they accommodate residents’ requests. Nutritious snacks were available 24/7 in all units.</p> <p>There is a verified food control plan expiring 22 September 2024. The residents and family/whānau interviewed were complimentary regarding the</p>

health and wellbeing.		standard of food provided.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Bupa Ferguson. The building has a current building warrant of fitness, expiring November 2024. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>There are five maintenance request books located in each nurse station, kitchen, and reception. Books are checked daily for repair and maintenance requests located at the front desk. Equipment failure or issues are also recorded in the maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recordings reviewed had corrective actions undertaken when outside of expected ranges.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	PA Moderate	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. There are</p>

<p>provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available and gas cooking. There are food supplies and stored water available in the event of a civil defence emergency with sufficient water stores to meet Civil Defence Greater Wellington emergency requirements. The previous partial attainment (# 4.2.2 and 4.2.4) have been addressed. Emergency management is included in staff orientation and is also ongoing as part of the education plan.</p> <p>At the time of the audit, the roster evidenced several shifts where there was not a first aid trained staff member rostered on shift. This is an ongoing identified shortfall.</p>
<p>Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is an infection, prevention, and antimicrobial programme and procedure that includes the pandemic plan. This links to the overarching quality programme and is reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives,</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic RiskMan register, the electronic database, and the electronic resident management system. Surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data</p>

<p>priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>captured around infections. Infection control surveillance is discussed at quality, infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora Health- Capital, Coast and Hutt Valley.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. The service has recorded nine Covid-19 outbreaks (May, July, September, November 2022 and January, February, May, June, and November 2023) since the previous audit with a range of one to at most 16 residents affected with the different events. All the outbreaks were well documented with quality improvement corrective action plans put in place for each outbreak. They were well managed and reported to Public Health.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and Board level.</p> <p>At the time of the audit, there were six hospital level care residents using restraints: one resident using bed rails and a T-belt, four residents using T-belts, and one using bed rails only. All documentation including assessments, monitoring, reviews, and updated care plans were in place for the records reviewed; however, monitoring is not always occurring as scheduled (link 3.2.4.) When restraint is used, this is a last resort when all alternatives have been explored.</p> <p>The designated restraint coordinator is a registered nurse who is responsible for the coordination of the approval of the use of restraints and the restraint processes.</p> <p>Training for all staff occurs at orientation and annually as sighted in the training records. Staff have been trained in the least restrictive practice, safe</p>

		restraint practice, alternative cultural-specific interventions, and de-escalation techniques; however, attendance has been low (link 2.3.3). Restraint competencies are completed on orientation and annually for all staff.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Moderate</p>	<p>Bupa uses strategic planning to analyse strengths, challenges, opportunities, and threat. This includes seeking feedback through regular surveys from staff, residents, and whānau; undertaking benchmarking against relevant clinical indicators; and demonstration of quality improvements being made and embedded into practice as a result of the outcomes. The general manager and clinical manager provide oversight to ensure that corrective action plans and quality improvements are commenced, monitored, and evaluated in line with the Bupa Quality programme policy.</p> <p>Monthly quality meetings and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety;</p>	<p>(i). Internal audits and meetings have not been completed as scheduled.</p> <p>(ii). There is no evidence of corrective actions being followed up and signed off in the meeting minutes.</p>	<p>(i). Ensure that internal audits and meetings are completed as scheduled.</p> <p>(ii). Ensure that where corrective actions are identified; follow-up and sign off is completed as per quality programme policy.</p> <p>90 days</p>

		infection control/pandemic strategies; complaints received (if any); staffing; and education with corrective actions identified and documented. However, meetings and internal audits have not been completed as scheduled since last audit. The meeting minutes reviewed did not demonstrate evidence of corrective actions being followed up and signed off.		
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	<p>PA Moderate</p>	<p>Incidents and accidents are completed electronically by the individual who witnessed the event, with support provided by the registered nurses. Registered nurses are then expected to document a follow-up assessment on the electronic incident report before the clinical manager review and final sign off by the general manager. A resident was admitted into hospital level care with three grade three and above pressure injuries which have been actively managed by the staff and specialist input. However, there is no evidence of incident forms being completed or followed up related to the pressure injuries. There was no section 31 completed for the grade 3 and above pressure injuries. Review of challenging behaviour related incidents evidenced that staff had implemented strategies to manage the risk and consideration put into minimise the risk of future incidents. However, two incident reports of challenging behaviour from one resident did not evidence a second incident form completed for the other resident and</p>	<p>(i). No incident forms were completed for resident who was admitted for hospital level care in June 2023 with x 3 grade three and above pressure injuries.</p> <p>(ii). No section 31 notification was completed for same hospital level care resident in June 2023 with x 3 grade three and above pressure injuries.</p> <p>(iii). Where there is a resident behaviour incident there is no corresponding incident form completed for the other resident or staff involved in the incident including where injuries were sustained.</p>	<p>(i)-(ii). Ensure event reports are completed for residents presenting with a reportable adverse event, including incident forms and section 31 reports where indicated.</p> <p>(iii). Ensure incident forms are completed for all staff and residents affected with resident behaviour related incidents.</p> <p>90 days</p>

		staff (who sustained bruises from the incident) involved / affected by the incident.		
<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>As per the Age-Related Residential Care Services Agreement with Te Whatu Ora - Capital, Coast and Hutt Valley, an aged care facility providing dementia level of care must ensure that caregivers directly involved in caring for residents in the dementia unit achieve the required unit standards within 18 months of employment. At the time of the audit, of the 12 caregivers rostered in the dementia unit, there were three caregivers who had achieved the required standards, two are enrolled, two have been employed less than 18 months, and the rest have not completed required unit standards. Review of the roster indicate that staff allocated the afternoon and night shifts have not completed the required unit standards.</p>	<p>Staff working in the dementia unit have not completed the required NZQA unit standards as per ARRC agreement E4.5f</p>	<p>Ensure that staff working in the dementia unit have completed the required unit standards.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There is a documented annual training programme for Bupa Fergusson care home that includes clinical and non-clinical staff training which covers mandatory topics. The general manager and clinical manager acknowledge the importance of a well-trained workforce in terms of outcomes for the residents; however, evidence sighted during the audit confirms that the training schedule / programme has not been fully</p>	<p>The annual education programme since last audit has not been fully implemented.</p>	<p>Provide evidence that education and training is being conducted for all staff as per annual education and training plan.</p> <p>90 days</p>

		implemented since last audit. Where the training has been undertaken, there has been less than 20% attendance with no evidence to demonstrate that there has been a catch up with staff who have missed to ensure they complete the mandatory training requirements and therefore up to date with current best practice.		
<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>There is a Bupa orientation policy in place that documents the timeframes for the completion of the orientation workbook and the requirement for three-month post orientation review. The orientation workbooks are role specific and demonstrate that the orientation cover a cultural safe environment.</p> <p>Two staff, a registered nurse and caregiver, employed for more than three months did not have evidence of the completed orientation workbook and three-month reviews on file as required by the policy. One caregiver that started in the last six months interviewed stated they received their orientation workbooks however felt their orientation programme was not well coordinated. One caregiver employed more than six months but within the last 12-months was complimentary of the orientation and induction programme.</p> <p>Interview with the clinical manager confirmed that the service continues to work on staff orientation; however, the principles required for a robust</p>	There is no evidence of completed orientation for two of seven staff files reviewed.	<p>Ensure the orientation and induction process is completed as per policy requirements</p> <p>90 days</p>

		orientation programme have not been embedded fully at the time of the audit.		
<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>	<p>PA Moderate</p>	<p>A performance appraisal policy is established. Staff are scheduled to have annual performance appraisals completed. This is currently behind schedule with four of five staff files eligible for an annual performance appraisal reviewed on the day of the audit failing to demonstrate evidence of performance appraisals being completed in the last 12 months.</p>	<p>Performance reviews have not been completed for four of five staff who have been employed for more than 12 months.</p>	<p>Ensure that performance appraisals are completed annually as scheduled.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>All assessments are completed by an RN in partnership with residents and family/whānau. An initial summary care plan is developed within 24 hours of admission to provide guidance for caregivers on care delivery for the residents. For the sample files reviewed, one of six residents who required an initial interRAI and long-term care plan had this completed within required timeframes. There are policies and procedures that provide guidance on assessment and support planning timeframes and processes. Six-monthly reviews where required were not completed within required timeframes as per policy.</p>	<p>(i). One initial interRAI assessment has not been completed for a resident who has been a permanent placement for over six weeks.</p> <p>(ii). Two initial interRAI assessments were not completed within three weeks.</p> <p>(iii). Three residents who had been at the facility longer than three weeks did not have long term care plans and a further two were completed late.</p> <p>(iv). Six monthly evaluations had not been completed for one resident who had been at the service over six</p>	<p>(i-iv). Ensure that all assessments care planning and reviews are completed in line with policy and legislative requirements.</p> <p>(v). Ensure care plan requirements are updated following a change in care needs.</p> <p>90 days</p>

			<p>months and a further two evaluations for not completed within six months.</p> <p>(v). STCP's were not initiated were one resident returning on a changed level of care and two residents with weight loss.</p>	
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p>	PA Low	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six-monthly or earlier as residents needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals; however, not all resident records reviewed provided evidence of detailed interventions to provide guidance to care staff in the delivery of care to the residents. Two residents had weight loss noted on the weight monitoring records and progress notes; however, there was no evidence any strategies documented in a care plan to manage the weight loss.</p> <p>Supplementary documentation reviewed and interviews with resident, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents</p>	<p>(i). Two hospital and one rest home resident assessed as high falls risk did not have detailed interventions in the care plan to manage the risk.</p> <p>(ii). Three residents (two hospital and one rest home) on anticoagulants did not have associated risks documented in the care plan.</p> <p>(iii). One hospital level care resident with ongoing pain did not have complex medical conditions did not have detailed interventions to manage their pain.</p> <p>(iv). There were no interventions documented in a care plan for two residents (one rest home and one hospital level care) with recent weight loss.</p> <p>(v). Two residents who were</p>	<p>(i-vi) Ensure care plans have detailed interventions documented to provide guidance to staff on care management and are updated to reflect changes to resident needs and management plan.</p> <p>90 days</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; (h) People's care or support plan identifies wider service integration as required.</p>		<p>received the required care.</p>	<p>bed/chair bound and with a history of PI's did not have repositioning included in their care plans. (vi). One resident with type 2 diabetes did not include reportable ranges, BGL frequency of signs and symptoms of hypo and hyperglycaemia</p>	
<p>Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (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; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Low</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. A range of monitoring charts are available for the care staff to utilise. Monthly observations such as weight and blood pressure were completed and are up to date. However, not all resident records reviewed provided evidence of monitoring records such as, restraint monitoring and repositioning charts were not always completed as per policy.</p>	<p>(i). One repositioning chart for a hospital level resident did not have monitoring completed as per care plan timeframes. (ii). Four of four restraint monitoring charts reviewed did not have monitoring completed as per care plan or policy timeframes.</p>	<p>(i). – (ii). Ensure monitoring records are completed as per care plan and policy requirements. 90 days</p>

<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The registered nurses and medication competent caregivers are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management including reconciliation, storage, and documentation requirements. Medications were appropriately stored in the facility medication room; however, medication room and fridge temperature monitoring and documentation was not consistently demonstrating compliance with policy, standards, and legislative requirements.</p> <p>All stored medications are checked weekly. Staff were not always dating the eye drops on opening.</p> <p>Controlled medications are stored as required however weekly checks have not always been completed as per policy.</p> <p>One resident (on respite) did not have a signed medication chart, did not evidence photo identification and did not have indications for 'as required' medication. Staff have received training related to medicine management and medication related audits have been completed in line with the audit schedule.</p>	<p>(i). Medication room temperatures are recorded at the beginning of the morning shift. Temperatures were not recorded consistently as per policy for two (hospital and rest home) of three treatment rooms.</p> <p>(ii). Seven of seven eye drops in current use in the hospital did not evidence opening dates.</p> <p>iii). The respite resident did not have a signed medication chart, photo identification or indications for as required medications documented.</p> <p>(iv). The controlled drug register in the rest home did not evidence weekly drug checks had been completed for over six weeks</p>	<p>(i). Ensure that medication room temperature monitoring is completed daily and is consistently recorded.</p> <p>(ii). Ensure eye drops are dated on opening.</p> <p>iii). Ensure respite residents medications are charted as per policy.</p> <p>(iv). Ensure controlled drugs medications are checked weekly.</p> <p>60 days</p>
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<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Moderate</p>	<p>Staff CPR/first aid training has been provided by the service; however, has not been completed by all staff expected to complete it. A training was scheduled with an external provider on at least two occasions; however, not all staff were trained as required.</p>	<p>Not all nightshifts evidenced a first aid trained staff member on duty.</p>	<p>Ensure there is a minimum of one staff trained in first aid/ CPR 24 hours a day, seven days a week.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.