Bupa Care Services NZ Limited - Stokeswood Rest Home & Hospital

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:	Stokeswood 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: 7 March 2024 End date: 8 March 2024

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: 82

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 haumaru │ 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 Stokeswood provides hospital (geriatric and medical), rest home, and dementia level care for up to 87 residents. There were 82 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand - Te Whatu Ora 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, and a nurse practitioner.

An electronic management system has been introduced since the last audit. Environmental upgrades continue to be implemented. The care home manager is appropriately qualified and experienced and is supported by roving clinical managers (registered nurses) in the absence of a clinical manager. There are quality systems and processes documented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified shortfalls related in the implementation of the quality programme; implementation of the care plan process; implementation of the activities programme, medication management, monitoring of civil defence equipment and training/induction of the infection control officer.

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.

Bupa Stokeswood provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. There is a Māori health strategy documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is documented.

The service demonstrated that service is provided to people in a way that is inclusive and respects their identity and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

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.

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems in place. Health and safety meetings occurred regularly. Hazards are appropriately identified and reported. Collation of quality data occurs. Benchmarking is taking place between Bupa facilities and other New Zealand aged care providers.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. Staff wellbeing is promoted.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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 partially are attained and of medium or high risk and/or unattained and of low risk.

Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. There are policies in place to guide the care planning process.

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

The organisation uses an electronic medication management system for prescribing and administration of medications. The general practitioner and nurse practitioner are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

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

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

Te aro ki te tangata me te taiao haumaru | 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 are partially attained and of low risk.

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 and tagged as required. Hot water temperatures are monitored as per policy. Residents can freely mobilise within communal areas with safe access to the outdoors seating and shade. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. An approved evacuation scheme is in places and fire drills are conducted six monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and

family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents reported a timely staff response to call bells. 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.		Some subsections applicable to this service are partially attained and of low risk.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. Sufficient amounts of personal protective equipment supplies are accessible. There have been two outbreaks documented and appropriately managed since the last audit.

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. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Chemicals are stored securely and safely.

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.

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There were residents using restraints at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	23	0	3	3	0	0
Criteria	0	169	0	4	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	A Māori health Strategy 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. The Māori Health strategy supports increased recruitment of Māori employees, by embedding recruitment processes that utilise te reo and engage with local iwi for recruitment strategies at a local level. Ethnicity data will be regularly reported in individual's dashboards to monitor success. At the time of the audit, there were Māori staff members. The service could demonstrate they support increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Bupa Stokeswood. Bupa Stokeswood has links to the local Waiwhetū Marae and Kaumatua for community support. RClinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs as

		evidenced in interviews with six residents (one hospital, five rest home) and five family/whānau members (two hospital, one rest home, two dementia level).
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.	FA	During the admission process, the 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. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Cultural awareness training introduced the staff to components of the Fonofale of Pacific health Model. There are residents at Bupa Stokeswood of Pasifika descent. The Bupa organisation developed of 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 Pasifika organisation and/or individual to provide guidance. The service links with Pasifika groups in the local community facilitated by current staff members. The service is able to access pamphlets and information on the service in most Pasifika languages, and these are displayed at the entrance to the facility. The care home manager described how they encourage and support any staff that identify as Pasifika through the employment process. There are currently staff that identify as Pasifika. On interview, Pasifika staff members confirmed they were welcomed and supported by management to attain qualifications, including dementia unit standards.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a	FA	Bupa policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. The care home manager,

way that upholds their rights and complies with legal requirements.		clinical manager or unit coordinators discuss aspects of the Code with residents (where appropriate) and their family/whānau on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each wing and in the information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages. Resident and relative meetings provide a forum for residents to discuss any concerns. Management (care home manager) and seventeen staff interviewed; seven caregivers, one activities coordinator, two housekeepers, one maintenance officer, kitchen manager, and four registered nurses (RNs) including one unit coordinator, one enrolled nurse (EN) described how the delivery of services to residents upholds their rights and complies with legal requirements. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at induction and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and as documented in the Towards Māori Health Equity policy.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Caregivers, the EN and RNs interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha

		needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in resident care plans. 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. Staff interviewed stated they respect each resident's right to have space for intimate relationships and this was confirmed through interviews with a married couple residing in the facility. A Spiritual Care policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are available weekly, and spiritual support is available. On the days of the audit observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The privacy policy is implemented. Induction and ongoing education for staff covers the concepts of personal privacy and dignity. The September 2023 resident/family surveys identified satisfaction around privacy, dignity, and respect (including cultural needs). Residents' files and care plans identified resident's preferred names. Matariki and Māori language week are celebrated at Bupa Stokeswood. Caregivers interviewed described how they use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health strategy acknowledges te ao Māori, referencing the

		interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	An abuse and neglect policy is being implemented. Bupa Stokeswood policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities. Cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff received Code of Conduct training through Bupa Learn platform. The staff engagement survey of 2023 evidenced staff are participating in creating a positive workplace. There is a safe anonymous pathway for staff to report issues related to racism and harassment, and the Māori Health Equity policy addresses institutional racism. Staff complete education on induction and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and whānau interviewed confirmed that the staff are very caring, supportive, and respectful. There is a management of values policy providing guidelines related to the management and safeguarding of residents' property and finances. Residents` payments for incidentals is managed by a third-party technology platform. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of induction. The service promotes a strengths-based and holistic model ` Person First Care` to ensure

		wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview, care staff confirmed an understanding of holistic care for all residents. Cultural awareness training completed in February 2024 includes recognition of explicit and non - explicit bias and supports the recognition and reduction of bias in health care.
Subsection 1.6: Effective communication occurs 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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information is provided to residents and family/whānau on admission. Residents participate in satisfaction surveys to identify feedback from residents. Satisfaction results were displayed for residents and family/whānau within the facility. Quarterly residents and family/whānau meetings have not occurred since 2022 (link 2.2.2). Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Fifteen accident/incident forms reviewed identified are kept informed; this was confirmed through interviews with family/whānau. The activity team send regular newsletters and photos of their resident to keep them informed of what has been happening around the facility and what is planned. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English; however, staff interviewed advised they have used word cards, and family/whānau to act as translators when required with previous residents. 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. The service communicates with other agencies that are involved

		with the resident, such as the hospice and Health New Zealand specialist services. Staff interviewed confirm they kept informed of what is happening within their unit through handovers and toolbox meetings. However, staff stated that communication that relates to what is happening within the wider facility is insufficient due to meetings not held regularly (link 2.2.2). There was regular six-monthly multidisciplinary meetings held to include family/whanau in care planning. The RNs described an implemented process around providing residents and families/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	There are policies around informed consent. Resident files reviewed included appropriately signed general consent forms. The resident and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. There is resident advance care planning and advance directives and resuscitation policy documented and implemented in all files reviewed. The service follows relevant best practice tikanga guidelines and welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files and were activated for all residents receiving dementia level care.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and	FA	The complaints procedure is equitable and is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register which is kept electronically. There have

disability system, as active partners in improving the system and their care and support. 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.		been seven complaints documented since the previous audit. The care home manager interviewed advised complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register. There have been two complaints in 2022 (since the last audit, four complaints documented in 2023 and one recent complaint in 2024. All complaints have been closed except one in 2023 (still ongoing) and one recent complaint in 2024. The regional operations manager (not in attendance on the days of the audit) deals with higher risk complaints. The complaints included an investigation, follow up, and reply to the complainant. 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). There was no trend in themes identified. One complainant and EPOA wished to share their experience with the auditor team on the first day of the audit, they stated that their complaints have not yet been resolved to their satisfaction. The theme of the complaint was related to delivery of care and communication. They stated they obtained support from the National Advocacy service (refer to tracer methodology for hospital level resident). One complaint was logged through HDC in May 2021; a provisional response was received in a letter from HDC (dated 24 February 2024) where no breach was found in relation to Code of Health and Disability Services Consumers' Rights; however, there was a mild departure from the updating of care planning process as also evidence in this audit (link 3.2.3). 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 to the facility. A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern; however, there are not regular residents and family/whanau meetings scheduled for

		another opportunity to provide feedback (link 2.2.2). Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The care home manager was aware of the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed management are easily accessible to raise any matters with.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Bupa Stokeswood is located in Lower Hutt, Wellington. The service is certified to provide care for up to a total of 87 residents at hospital, rest home, and dementia level care residents. The facility is divided into 20 dedicated dementia beds (Rotary), 24 hospital beds (Kowhai), 43 rest home (Glen and Straven). There are no dual-purpose beds or double/shared rooms. On the day of the audit, there were 82 residents: 19 dementia level residents, 23 hospital residents, including one younger person with a disability (YPD), and 40 rest home residents, including one resident on respite. All residents apart from the young person with a disability (YPD) and respite were under the age-related residential care contract (ARRC). The Leadership team of Bupa is the governing body and consists of Directors or heads of - Clinical, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. This team is guided by Global Bupa strategy, purpose and values, and reports into the Bupa Care Services NZ Boards in New Zealand, and the Bupa Australia & New Zealand (ANZ) Board. There is a New Zealand based managing director that reports to a New Zealand based Board. Each director has an induction to their specific role and to the senior leadership team. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is a cultural advisor working alongside the Bupa Leadership team.

		Bupa has a Clinical Governance committee (CGC), Risk and Governance committee (RGC), a learning and development governance committee and a work health safety governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office to support their facilities with improvement to their service. Furthermore, Bupa undertakes national and regional forums as well as local and on-line training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning and improve quality of care for Māori and tāngata whaikaha, The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Mana Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting outcomes for Māori and equitable service delivery. Goals of the Māori strategy permeates through service delivery and measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers. Bupa has an overarching strategic plan in place with clear business goals to support their person-centred philosophy. The business and operational plan is reviewed annually by the Leadership Team as part of strategy and planning. Guidance in cultural safety for their employees are provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes as documented in the Towards Māori Health Equity policy. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collectives needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives. The Bupa Stokeswood business plan includes a mission statement

		and operational objectives with site specific goals related to business and quality outcomes. The goals are reviewed annually, and the last review taken place in January 2023. The regional operations manager reports to the national operations director. The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service through general feedback including completion of satisfaction surveys. Feedback from surveys is collated which provides the opportunity to identify barriers and improve health outcomes. The care home manager (non-clinical) has been employed in their role at Bupa Stokeswood for the last twenty years. Prior to that they have extensive management experience manager in the health and disability sector. The care home manager is supported by two relieving Bupa clinical managers; the clinical manager position became vacant a week prior to the audit and the one unit coordinator role (for rest home and hospital) was vacant since January 2024. A new full time clinical manager has been employed but has not yet commenced employment at the time of the audit. The care home manager is also supported by a regional operations manager (not in attendance at the time of the audit) and up till recently a quality partner (the position became vacant a week prior to the audit). Furthermore, a unit coordinator (dementia unit), RNs and experienced caregivers provide clinical support. On the days of the audit care home manager was supported by the clinical manager and the general manager from Bupa Winara in the absence of the roving clinical managers that were not available on the days of the audit. The care home manager completed Te Kaa Māori immersion training programme for Bupa leaders and the required eight hours of training related to managing an aged care facility.
Subsection 2.2: Quality and risk	PA	There is a Bupa Quality programme documented; however, Bupa Stokeswood has not implemented the quality programme as

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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	Moderate	required. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. There is a documented meeting schedule. Meetings did not regularly occur as planned. When meetings did occur quality goals, survey results, health and safety; staff education and complaints were discussed; however, quality data and trends, infection control, restraint and any corrective actions/quality initiatives were not discussed. Collation of data and internal audits were documented as taking place. Corrective actions were identified to address service improvements. The corrective actions were signed off; however, there was a lack of documented evidence that this was discussed with staff. Benchmarking occurs on a national level against other Bupa facilities and with other NZ aged care providers to improve health equity through critical analysis of organisational practices. Benchmarking data were displayed on the noticeboards in the staff room. A most recent September 2023 resident and family/whānau satisfaction surveys have been correlated and analysed at head office and indicate residents have reported satisfaction with the service provided; however, activities results were documented at a lower level than expected. There was no documented evidence that a corrective action plan or quality initiatives were documented to improve activities. Results have been displayed and communicated to residents in a newsletter. A 'you said – we did' summary for each survey is prominently displayed in the facility. 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. A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The goal set

		for 2023 was to reduce and eliminate where possible, the risk of musculoskeletal harm to staff. Goals are to be reviewed in March every year; this is planned and will occur before the end of March 2024. A health and safety team meets bi-monthly, and the elected health and safety representatives have achieved relevant unit standards via external training. An up-to-date hazard register (last reviewed January) was 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. There were no serious work-related staff injuries reported. Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted to attend six hours per week and when required, a physiotherapy assistant is employed by the facility for 15 hours per week. Strategies implemented to reduce the frequency of falls included: provision of non-slip socks for high-risk residents; intentional rounding; and the regular toileting of residents who require assistance. Transfer plans are assessed and evaluated by the physiotherapist and placed in the resident's room. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises as part of the activities programme. The facility has a quality goal to reduce falls in the hospital area. Progress towards goals is documented when meetings occurred. Electronic reports using VCare are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in fifteen accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Staff reported they get information related to residents identified as high risk. High risk residents or residents of concern is discussed at clinical review and RN/clinical meetings when it occurs. There was no documented evidence that quality data is discussed with staff. Discussions with the care home manager and clinical manager

		evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been seven section 31 notifications submitted in 2022/2023 since the last audit: related to a gastroenteritis outbreak (June 2023); unstageable pressure injury (Jul 2023), two episodes of missing resident, note that this was not from the dementia unit (January and February 2024); a police investigation for alleged resident on resident assault (note that this was not related to the dementia unit in April 2023), discovery of illicit drugs related to the alleged assault notification (May 2023), referral to coroners for enquiry related to death following fall/fracture (November 2023). Two section 31 notifications were completed in 2024 related to one for a missing resident and one for behaviour. There have been two outbreaks (viral gastroenteritis in June 2023 and a Covid-19 outbreak in October 2023) since the previous audit which were appropriately notified. Staff have completed cultural training to ensure the service can deliver high quality care for Māori.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care; however, the roster reviewed evidence the activities team are not stable to always facilitate the activities programme (link 3.3.1). Two staff on leave were not replaced on the roster; the activities programme was facilitated by one activities person across the service for at least two weeks. There was no activities person on the second day of the audit (link 3.3.1). There is a RN rostered 24/7 and in addition to, the unit coordinator from the dementia unit and roving Bupa clinical managers provide clinical oversight for the whole service in the absence of the clinical manager. The rest home/hospital unit coordinator role was also vacant since January 2024. The clinical manager role was vacant since a week prior to the audit. After hours support is provided through a regional on call roster. The RN, EN and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable,

		and that management is very supportive. There was a lack of documented evidence from meetings, that staff and residents are informed when there are changes to staffing levels; this was also evident from staff interviews (link 2.2.2). The care home manager, unit coordinator, and clinical manager (vacant at the time of the audit) are available Monday to Friday. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural safety training in January 2024, which included Māori health, tikanga, cultural safety, Te Tiriti o Waitangi and how this applies to everyday practice. Staff reported they are provided with resources to learn and share of high-quality Māori health information. Training sessions around dementia, and behaviours of concern are held regularly. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-seven caregivers are employed. The Bupa induction programme qualifies new caregivers at a level two NZQA. Of the 47 caregivers, 23 have achieved a level 3 NZQA qualification or higher. Twelve of the caregivers work in the dementia unit; ten of whom have attained the dementia specific standards and two are in progress. All staff are required to complete competency assessments as part of their induction. Annual competencies include (but are not limited to) restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and have undertaken extra to complete many of the same competencies as the RN staff (e.g., medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are eight registered nurses (including the unit-coordinator), and one EN. Six of the RNs are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each

		year and encourage to commence and complete a professional development recognition programme. External training opportunities for care staff include training through Te Whatu Ora - Capital, Coast and Hutt Valley, and hospice. A record of completion is maintained on an electronic register. Agency staff are used if necessary. A management of agency staff policy is documented for the organisation. If the agency nurse has never worked in the care home before, a 'bureau staff information booklet' is provided to them. Induction including health and safety and emergency procedures are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the agency regarding meeting specific competencies. Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Signage supporting the Employee Assistance Programme were posted in visible staff locations.
Subsection 2.4: Health care and support workers 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. 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. 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.	FA	There are human resource policies in place, including recruitment, selection, induction and staff training and development. The Bupa recruitment team advertise for and screen potential staff. Bupa collects ethnicity data on staff. Once applicants pass screening, suitable applicants are interviewed by the Bupa Stokeswood care home manager. Eleven staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed induction. Staff sign an agreement with the Bupa code of conduct. 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. Job descriptions are in place for all positions, these include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs/NPs, pharmacy, physiotherapy, podiatry, and dietitian). All staff who have been employed for over

		one year have had an annual appraisal completed. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at induction. The service demonstrates that the induction programme supports RNs and caregivers to provide a culturally safe environment to Māori. The service has no volunteers currently: however, an induction programme and policy for volunteers is in place. Information held about staff is kept secure and confidential. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.	FA	Resident files and the information associated with residents and staff are retained electronically and in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Bupa business continuity plan in case of information systems failure. 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. Older archived records are stored off site and managed by a third-party storage company. 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 service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry	FA	Residents who are admitted to Bupa Stokeswood are assessed by

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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.		the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for dementia, rest home, hospital and respite level of care residents were sighted. The care home manager and clinical staff screen prospective residents prior to admission. A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA and family/whānau of choice, where appropriate, local communities, and referral agencies. Residents in the dementia wing were admitted with appropriate EPOA or welfare guardian documents in place and these were sighted in resident records reviewed. The records reviewed confirmed that admission requirements were conducted within the required time frames and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided. The care home 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. 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. The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The care home 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.

Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	Ten resident files were reviewed; three hospital files including one YPD contract, four rest home including one on respite care, and three at dementia level care. The rest of the resident files reviewed were under the age-related residential care (ARRC) agreement. A RN is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six monthly multi-disciplinary reviews. Bupa Stokeswood uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission and for residents on respite include those relating to falls, pressure injury, skin, pain, nutrition, sleep, behaviour, hygiene, dressing, continence, cultural and activities. The initial care plan is completed within 24 hours of admission as evidenced in the files reviewed (including respite resident). InterRAI assessments and reassessments have been completed within expected timeframes (excluding the respite resident) and outcome scores were identified on the long-term care plans. All residents in the dementia wing have a behaviour assessment completed on admission with associated risks and supports needed. For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan. Long-term care plans have been completed within 21 days. However, not all files reviewed had current care plans. Where care plan interventions were documented, they were resident centred; however, they were not always detailed enough to provide guidance to staff around all the identified medical and non- medical needs. The care plans for residents in the dementia unit include a 24-hour reflection of close to normal routine for the resident with interventions to assist caregivers in management of the resident behaviours. There are policies and procedures to guide the use of short-term care plans. Short term care plans are utilised; however, not all acute issues/ short term needs were documented in a short-term care plan and interventions were not always documented. Short term care plans utilised were signed off when resolved or

		moved to the long-term care plan. Five of seven files reviewed for residents had been in the facility for more than six months had not always had evaluations completed (to document progression towards goals) at the time of interRAI re-assessments (six-monthly) and when changes occurred earlier as indicated. Where evaluations were completed, they evidenced progress towards goals and if goals had been met or unmet. The service contracts a general practitioner (GP) and nurse practitioner (NP) from a local medical centre for twice weekly visits and they are available on call 24/7. The GP/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 their health status. The NP (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were satisfied with the competence of the RNs, care provided and timely communication when there are residents with concerns. Resident files demonstrate integration of allied health professional input into care and a team approach is evident. A physiotherapist from a local provider visits weekly. A podiatrist visits regularly and a dietitian, speech language therapist, psychogeriatrician, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through the local Te Whatu Ora - Capital, Coast and Hutt Valley. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented. Caregivers and RNs interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a RN to the incoming RN, EN, and caregivers on each shift, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the caregivers and the RNs document at least daily for hospital resident records and as clinically indicated for rest home and dementia level care and when there is

		an incident or changes in health status. The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the GP/NP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner and nurse practitioner visits, medication changes and any changes to health status and this was consistently documented in the resident files. A total of nine wounds from six residents being actively managed across the service. These included skin tears, chronic lesions, and surgical wounds. There were no current pressure injuries being managed at the care home. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds as required. Caregivers and RNs 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. Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on a `stress and distress` monitoring chart to identify new triggers and patterns. The `stress and distress` chart entries described the behaviour and strategies to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where

		head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure. Bupa Stokeswood 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 reviewed. Staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as Karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	PA Low	The activities coordinator works full time Monday to Friday to coordinate and implement the activities programme. They are supported by two activity assistants who work part time Tuesday to Saturday and Sunday to Thursday. This ensures a seven-day cover of activities and a designated activities person for each area. However, there was only one of three activities staff on duty on day one of the audit and no activity person on duty for the care home on day two of the audit and they were not replaced on the roster. The activities programme was based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests. These assessments were

		completed within three 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, posted on the notice boards and residents are given a copy of the planner for their rooms. However, there was no current and historic activity planner available for the dementia wing. Daily activities were noted on notice boards to remind residents and staff. There were no resident and family/whānau meetings held to discuss different issues at the facility and provide feedback relating to activities (link 2.2.2). The activity programme is formulated by the activities team in consultation with the management team, registered nurses, EPOAs, residents, and care staff. The activities sighted on the planners for the rest home and hospital were varied and reviewed to be appropriate for residents including younger residents. The care plans demonstrate sufficient interventions (in My day My way section) recorded to guide staff in the management of behaviour over 24 hours. Activity participating registers were completed daily. The residents were observed participating in a variety of activities on the first day of the audit that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the planners included quiz, bingo, floor games, Waitangi, Matariki, Māori language week, table games, sensory, outdoor walks, van outings, music, pet therapy, entertainment, kapa haka, exercise, visits from schools, and relaxing time with pampering. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives for residents (as appropriate). There was no activities planner and no activities staff for the dementia unit; however, interactions observed on the day of the audit evidenced engagement between residents, caregivers, and family/ whānau. This included some residents observed outside in the garden or playing on the Tovertafel technology in the dementia lounge area; activities are adapted to encourage sensory stimulation and physical capabilities. There were residents who identified as Māori. The activities coordinator reported that opportunities for Māori and family/whānau

		to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals, Matariki, Māori language week with varying events lined up. The family/whānau satisfaction survey for 2023 evidence a lower satisfaction rate than expected (link 2.2.2). However, on interview, residents and family/whānau reported satisfaction with the level and variety of activities provided.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	PA Moderate	Bupa Stokeswood has policies available for safe medicine management that meet legislative requirements. The RN, EN 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. All medication charts and signing sheets are electronic. On the days of the audit, a medication competent caregiver was observed to be safely administering medications. The RNs and ENs, and caregivers interviewed could describe their roles regarding medication administration. Bupa Stokeswood uses pharmacy pre-packaged medicines. All medications once delivered are checked by the RNs against the medication chart. Medication reconciliation was conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments. The RNs checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. Medications were appropriately stored in the medication trolleys and the three medication areas. The medication fridges and medication room temperatures were not consistently monitored daily. All eyedrops and creams have not been dated on opening. Controlled drugs are stored appropriately; however, the weekly stock check has not been completed regularly by medication competent staff. The six-monthly controlled drug audit was last completed by the

		pharmacist on 18 September 2023. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. Twenty medication charts were reviewed. There is a three-monthly GP/NP review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There is a policy in place for residents who request to self-administer medications. At the time of audit, there was one resident self-administering insulin. Competency assessments were completed, and the resident stored the medications safely according to policy. The service does not use standing orders and there are no vaccines kept on site. There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The unit coordinator interviewed 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.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The kitchen service complies with current food safety legislation and guidelines. The kitchen manager works full time Monday to Friday and has oversight of the kitchen. There are supported by a weekend cook and a team of kitchen hands who are assigned to the three areas (main kitchen for Glen and Straven, Kowhai and Rotary). All food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires 22 September 2024. The four-week seasonal menu was reviewed by a registered dietitian.

		Kitchen staff have attended safe food handling training. 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. The profile is updated as the resident needs change and a copy is provided to the kitchen. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and over night when required. 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 at least every three months. Records of temperature monitoring of food, fridges, and freezers are maintained. In the Straven and Glen dining room meals are served by kitchen staff from a pre-heated bain marie; for Kowhai food is plated in the kitchen put in hot box and delivered to the dining area for serving to the residents and in Rotary food is put into silver containers that are placed in a pre-heated bain marie in the dementia dining area. 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 as evidence in the 2023 satisfaction surveys. 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. including 'boil ups,' hāngi, Māori bread, and corned beef and these are offered to residents who identify as Māori when required
Subsection 3.6: Transition, transfer, and discharge 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.	FA	There were documented policies and procedures to ensure 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 and transfer from services. The unit coordinator

Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.		reported that discharges are normally into other similar facilities or residents following their respite stay. Discharges are overseen by the RNs who manage the process. 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. The residents (if appropriate) and family/whānau are involved for all transfers and 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 last GP or NP review records. 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 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, nurse specialists, and physiotherapists, were sighted in the files reviewed. Discharge notes are kept in residents' records and any instructions integrated into the care plan. The unit coordinator advised a comprehensive handover occurs between services
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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,	FA	The building has a current warrant of fitness that expires on 14 June 2024. The environment and setting are designed to be Māori-centred, two kaumatua visited the facility on the second day of the audit to arrange a Māori blessing for the facility as they did previously with the facility vehicle. 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 areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the care

independence, interaction, and function.		home. Quiet spaces for residents and their whānau to utilise are available inside and outside in the gardens and courtyards. The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually, with next check due September 2024. All electrical equipment has been tested and tagged in June 2023. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance officer who works full time Monday to Friday (and provides on call for emergencies after hours and weekends) and certified tradespeople where required. The care home contracts a gardener for maintenance of the outdoor space and gardens. The environment is maintained at appropriate temperatures with central heating that is thermostatically controlled in some of the hallways, ceiling heaters in the residents' rooms and heat pumps/air conditioning systems in the communal areas. The service is built on one level with four designated wings: Glen and Straven for rest home level care, Kowhai for hospital level care and Rotary for secure dementia level of care. Entry and exit into Rotary (dementia wing) is by use of a combination keypad. The layout provides secure environments for residents needing dementia care. There is a main lounge and dining area that caters for residents' needs. The Rotary wing has 20 spacious bedrooms, all single occupancy with shared toilets and bathrooms. The 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 with access to the raised vegetable and flower gardens. All the rooms in Glen and Straven (rest home level care residents) are single occupancy with hand basin and shared bathrooms and toilets. The rooms in Kowhai wing (hospital level) are spacious and have own ensuites. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the handwashing areas have free-flowing soap and paper towels in the toilet areas. There are

		adequate toilets and showers in Glen, Straven and Rotary wings. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets are available and contained flowing soap and paper towels. 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 consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in the large lounges of the wings. Residents' rooms are personalised according to the residents' preferences. Shared facilities, shower rooms, and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating. The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. The service has no current plans to build or extend; however, should this occur in the future, the care home manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service 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.	PA Low	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 2 September 2014. A trial evacuation drill was performed on 14 February 2024. The drills are conducted every six-months, and these are added to the annual training programme. The staff induction programme includes fire and security training. There are adequate fire exit doors, and there are two designated

		assemble points. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency including food, water (equivalence of 20 litres per person per day for seven days), candles, torches, continent products, and a gas BBQ to meet the requirements for up to 87 residents including rostered staff. However, there are no process in place to check the civil defence supplies at regular intervals. There is no generator on site, but one Bupa generator (at the Ferguson facility) can be acquired. Emergency lighting is available and is regularly tested. The RNs 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. The service has a working call bell system in place that is used by the residents, family/whanau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance person. Call bell audits were completed as per the audit schedule. Residents and whānau confirmed that staff respond to calls promptly. 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. There is a closed-circuit television (CCTV) in public spaces and externally. There is a visitors' policy and guidelines available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.	FA	The strategic plan documents commitment to the goals documented to achieve an effective implementation of IP and AMS. One month ago, the hospital RN became the infection control officer and oversees infection control and prevention control across the service. The RN has a job description (which has been signed) and outlines

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.		the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention (IPC) lead at Bupa head office, who reports and escalates to clinical support improvement team (CSI). Documentation reviewed showed evidence that recent outbreaks were escalated to the Bupa IPC within 24 hours. Bupa has monthly and sometimes weekly infection control teleconferences for information, education and discussion and updates, should matters arise in between scheduled meeting times. The infection control officer has not yet completed training and induction to their role (link 5.2.1). Infection rates are collated but there was no documented evidence that the data is presented and discussed at infection control meetings, quality and staff meetings (link 2.2.2). Infection prevention and control are documented as part of the strategic and quality plans. The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora - Capital, Coast and Hutt Valley, in addition to expertise at Bupa head office. Residents and staff are offered influenza and Covid-19 vaccinations. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.
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.	PA Low	The designated infection control officer is supported by the wider clinical team and Bupa infection control lead. MR-The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. There is commitment to infection control and AMS documented in the strategic plan. The infection control and AMS programme is reviewed annually by Bupa Infection Control lead in consultation with the infection control coordinators. The service has a Covid-19 and pandemic response plan. There are outbreak kits readily available, and a personal protective

		equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The Bupa infection control lead and the infection control officer have input into the procurement of good quality PPE, medical and wound care products. The infection control officer has not yet completed induction and training for the role. There is good external support from the GPs/NPs, laboratory, and the Bupa IPC lead. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators/officers and the Bupa IPC lead. Policies are available to staff. Aseptic techniques are promoted through handwashing, and sterile single use packs for catheterisation and wound care, to create an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There are policies and procedures in place around reusable and single use equipment. Staff reported that all shared equipment is appropriately disinfected between use. Infection control (and decontamination of equipment and cleaning of high touch surfaces) is included in the internal audit schedule as part of the care home (clinical) environment audit; however, the audit has not been completed in 2023/2024 as scheduled (link 2.2.2). Hospital acquired infections are collated along with infection control data. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff induction 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 families/whānau were kept informed though newsletters, and emails when outbreaks

		occurred. The service incorporates te reo information around infection control for Māori. Posters in te reo are in evidence throughout the facility and additional information in te reo Māori is readily available. The Māori health strategy includes the importance of ensuring culturally safe practices in infection prevention. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. There are no plans to change the current built environment; however, the organisation will consult with the infection control officer if this occurs.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The Bupa infection control lead is responsible for collating and analysing the electronic medication management system with pharmacy support. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs annually. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged with the use of monotherapy and narrow spectrum antibiotics preferred when prescribed.
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-	FA	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 register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly

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.		infection summary. Data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is to be discussed at infection control, clinical and staff meetings; however, there was no documented evidence that this occurs (link 2.2.2). Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Te Whatu Ora - Capital, Coast and Hutt Valley. There has been and one gastroenteritis outbreak (June 2023) and one Covid -19 outbreak (October 2023). Te Whatu Ora- Capital, Coast and Hutt Valley and Public Health were being appropriately notified. There was evidence of regular communication with the Bupa infection control lead, clinical director, aged care portfolio manager and Health New Zealand- Capital, Coast and Hutt Valley infection control nurse specialist. Toolbox meetings (sighted) were held; however, `lessons learned` were not captured and discussed to prevent, prepare for and respond to future infectious disease outbreaks (link 2.2.2). Any infections of concern are discussed and reported to the Bupa infection control lead. Outbreak logs were completed. Staff confirmed resources, including PPE were plentiful. Outbreaks are reporting to residents and family/whanau.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	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.

		There is a laundry in the service area of the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. There are sufficient number of commercial washing machines and dryers. Material safety datasheets are available, and all chemicals are within closed systems. All laundry is processed on site by dedicated housekeepers seven days per week. Linen was seen to be transported on covered trolleys. Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked with good quality linen. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training. The staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control. There were kitchen and laundry audits completed by a quality partner; these were signed off by a clinical manager and the care home manager.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Bupa Stokeswood is committed to providing service to residents without use of restraint, this is supported by the governing body and policies and procedures. At the time of the audit there were three hospital residents using bedrails. Policies and procedures meet the requirements of the standards. The national 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 policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Bupa Stokeswood will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents potentially requiring restraint, included processes and resources for

		assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident, EPOA, GP/NP, and restraint coordinator. Restraint related training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies is completed as part of the mandatory training plan and orientation. Staff have completed the annual restraint competency. Restraint audit was completed in September 2023 and demonstrated compliance with expected standard. There are regular Bupa national restraint teleconference meetings.
Subsection 6.2: Safe restraint 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. Te Tiriti: Service providers work in partnership with Māori to ensure 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.	FA	Assessments for the use of restraint, consent, monitoring and three-monthly reviews were documented and included all requirements of the Standard. Registered nurses create monitoring charts on the electronic management system reflective of the type of restraints, assessed risk and frequency required; these were completed as required. However, care planning and interventions were not always evident in the files reviewed (link 3.2.3). Residents and family/whānau confirmed their involvement in the process. Access to advocacy is facilitated, as necessary. A restraint register is maintained and contained enough information to provide an auditable record. There were no restraint meetings completed in 2023 to demonstrate evidence of discussion related to restraint (link 2.2.2). If emergency restraint is required, the RN will consult/debrief with the restraint coordinator (RN), resident, and family/whānau and this is described in policy.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by	FA	A three-monthly review of all restraint use is completed and meets the requirements of Nga Paerewa HDSS 2021. The outcome of the review has not been reported through to the meetings (link 2.2.2). Any changes to policies, guidelines, education, and processes are implemented as indicated. There is no evidence that data analysis has been completed and discussed at any facility meetings (link

Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.		2.2.2). The only restraint group meeting (6 March 2024) with minutes sighted since last audit, identified restraints in use, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff. Restraint data is benchmarked with other Bupa facilities and other NZ aged care providers.

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)
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Moderate	The quality programme has not been fully implemented for 2023/2024. The quality partner role and clinical manager role are responsible of the completion of internal audits. There was a documented internal audit schedule (reviewed) as part of the Bupa quality programme. The quality partner role was vacant since a week prior to the audit. Internal audits were completed except environmental audits related to the care facility which include components of infection control and health and safety. Results of the internal audits were documented. Where corrective actions were identified; these were signed off. However, due to a lack of meetings held corrective actions from internal audits and quality data were not always	(i). Full staff meetings, RN/Clinical meetings and weekly clinical review meetings have inconsistently occurred for 2023/2024. (ii). The following meetings have not occurred at all for 2023-2024: head of department meetings, infection control and restraint meetings, resident and family meetings. (iii). The three environmental audits were not completed for 2023. (iv). The satisfaction included a low activities satisfaction. Quality initiatives have not been completed/ implemented . (v). Quality initiatives (lessons learned) have not been completed	(i)-(ii). Ensure meetings occur as scheduled. (iii). Ensure audits are completed as scheduled. (iv)-(v). Ensure there is documented evidence of quality initiatives where improvement is required. (vi). Ensure meeting minutes reflect discussion of quality data, restraint outcomes and corrective actions are discussed with staff. 90 days

		discussed with staff. There is a meetings schedule documented as part of the Bupa quality programme; however, meetings (except for health and safety, kitchen and cleaning meetings) did not occur as planned. Full staff meetings occurred four times in 2023/2024, weekly clinical meetings occurred three times since January 2023, monthly RN/Clinical meetings occurred five since February 2023 A September 2023 resident and family/whānau survey completed evidence satisfaction for most areas of service delivery, except for activities. There was no improvement plan documented to improve activities. There were two outbreaks recorded with regular toolbox meetings; however, there were no lessons learned/initiatives documented following the outbreaks. All staff interviewed reported insufficient collaboration with staff occurs, as there are minimal workforce engagement opportunities due to inconsistent meetings held. Furthermore, the RNs interviewed stated they miss the peer support that the RN/clinical and clinical review meeting provided.	following the two outbreaks. (vi). There is no documented evidence that any quality data (including infection, restraint), analysis and summaries, outcomes of restraint or any corrective actions have been discussed at any meeting.	
Criterion 3.2.3	PA	In September 2023 the facility moved to an electronic management system,	(i). One hospital resident interRAI assessment and care plan	(i)- (vii) Ensure care plans include interventions to

Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (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; (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; (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	Moderate	had various training sessions in 2023 and are still working to fully integrate and embed the use of the system. The RNs are responsible for the development of the electronic care plan. Assessment tools including cultural assessments were completed to identify key risk areas. Alerts are indicated on the resident care plan and include (but not limited to) high falls risk, weight loss, wandering, choking and pressure injury risks. The RNs interviewed understand their responsibility in relation to assessment and care planning; however, stated they are not yet fully confident in using the electronic system. There are comprehensive policies in place related to assessment and care planning. Care plans were developed; however, not all residents care plans reviewed provided sufficient information and guidance in the interventions related to their assessed risk and needs: for one hospital resident the interRAI assessment and care plan interventions were not reflective of current resident status in relation to mobility and nutrition as observed during the audit, as per staff interviews and progress notes reviewed. For four resident care plans (three hospital, one rest home), there were no detailed interventions in relation to diabetes management, restraint use, weight management, communication and behaviour, and two care plans reviewed did not have any	interventions were not reflective of the current resident status in relation to mobility and nutrition as observed during the audit, as per staff interviews and progress notes reviewed. The same resident did not have a behaviour plan for behaviours identified in the progress notes and as identified during staff interviews. (ii). One hospital and one rest home resident did not have detailed interventions documented in relation to management of diabetes including management of hyper and hypo glycaemia. (iii). One hospital (YPD) resident with aphasia did not have interventions in relation to their communication needs and the care plan was not updated with weight management plan as documented in the GP review notes. (iv). One of two hospital resident files for residents using restraint did not have any reference to being on restraints in their care plan. (v). Two residents (one dementia and one hospital) with infections had short term care plans commenced with goals, but no interventions were documented. (vi). One rest home resident with low BMI and weight loss did not have a short-term care plan commenced. (vii). Two care plans (one rest home and one hospital) did not have any interventions documented in the care	support all assessed needs including acute changes in health status. 90 days

plan identifies wider service integration as required.		interventions documented. 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. However, there were no interventions in two short-term care plans commenced for infections for two residents. One resident with low body mass index (BMI) and weight loss did not have a short-term care plan commenced as per policy. Caregivers are knowledgeable about the care needs of the residents and the family/whanau interviewed were happy with the care provided. Progress notes and monitoring records evidence care delivery to the residents reflective of their needs as described by staff during interviews and confirmed by residents, family/whānau interviewed. The findings relate to care planning documentation only.	plan.	
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a	PA Low	Evaluations were not always completed at the time of interRAI re-assessments (six-monthly) for resident files reviewed that had been in the facility for more than six months and when changes occurred earlier as indicated. This included one rest home resident care plan evaluation last completed February 2023; one dementia care plan evaluation last completed evaluation in	Five (three hospital, one dementia and one rest home), of seven resident files reviewed, of residents who have been in the care home for more than six months, did not have care evaluations/ progression towards goals completed six monthly	Ensure care evaluations are completed at least six monthly and document the progression towards meeting goals 90 days

range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		May 2023; one hospital resident care plan evaluation last completed May 2023 and one hospital care plan evaluation last completed December 2022. Where evaluations were completed, they evidenced progression towards goals and if the resident goals had been met or unmet.		
Criterion 3.3.1 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.	PA Low	The activities coordinator works full time Monday to Friday to coordinate and implement the activities programme. They are supported by two activity assistants who work part time Tuesday to Saturday and Sunday to Thursday. This ensures a seven-day cover of activities and a designated activities person for each area. However, there was only one of three activity staff on day one of the audit and no activity person for the care home on day two of the audit. There	(i). One staff was on leave and another who had recently left their role, neither were replaced on the roster. The activities programme was facilitated by one activity person across the service for at least two weeks. There was no activities person on the second day of the audit for the care home. (ii). No current or historic activity planner was available for the dementia unit for the auditors to view.	(i). Ensure that the key workers are replaced to ensure continuity of facilitation of the activities programme. (ii). Ensure there is a documented activity programme. 90 days

		was one activity assistant on leave overseas with no replacement cover put in place and another activity assistant who had recently left the care home who is yet to be replaced. The activities programme was facilitated by one activities staff across the service for a period of at least two weeks. A monthly planner is developed, posted on the notice boards and residents are given a copy of the planner for their rooms for rest home and hospital wings. However, there was no current and historic activity planner available for the dementia unit		
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Moderate	The RN, ENs 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. Review of medication room and fridge temperature monitoring for the dementia area were not recorded consistently over the last 12 months with significant gaps in November and December 2023. There has not been any room temperature monitoring for the medication storage cupboard in the rest home prior to 15 February 2024. Staff have received training related to	(i). Medication room and fridge temperature monitoring has not been completed consistently as per policy in the dementia medication room and the rest home medication storage cupboard.	(i). Ensure temperature monitoring of medication rooms and fridge are completed consistently as per policy. 60 days

		medicine management		
Criterion 4.2.7 Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.	PA Low	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 civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency including food, water (equivalence of twenty litres per person per day for seven days), candles, torches, continent products, and a gas BBQ to meet the requirements for up to 87 residents including rostered staff. These were sighted on the day of the audit; however, there is not a documented process in place to check the civil defence equipment at regular intervals.	There is no documented process in place to check the civil defence equipment at regular intervals	Ensure civil defence equipment/supplies are checked at regular intervals. 90 days
Criterion 5.2.1 There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall: (a) Be responsible for overseeing and coordinating implementation of the IP programme; (b) Have clearly defined responsibility for IP decision making; (c) Have documented	PA Low	The clinical manager was the infection control officer before their departure end of February. The hospital RN is the infection control officer role and has a signed job description and during interview stated they have minimal knowledge of what is expected from them including in relation to AMS and infection data collation, summary and discussion with staff.	The infection control officer is new to their role (1 month) and has not yet received induction and training for the role.	Complete the infection control officer induction and training for their role and responsibilities. 90 days

reporting lines to the governance body or senior management; (d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed; (e) Receive continuing education in IP and AMS; (f) Have access to shared clinical records and diagnostic results of people.				

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.