

# Bupa Care Services NZ Limited - St Kilda Care Home

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## 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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	St Kilda Care Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 12 April 2022    End date: 13 April 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	68

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

### Key to the indicators

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

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

## General overview of the audit

Bupa St Kilda provides dementia, hospital (geriatric and medical), and rest home levels of care for up to 80 residents. There were 68 residents on the days of audit. This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The care home manager/registered nurse (RN) is appropriately qualified and experienced and is supported by a clinical manager (RN). There are quality systems and processes being implemented. Feedback from residents and families was very 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 certification audit identified improvements required in relation to the timeliness of care plan evaluations and restraint.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Bupa St Kilda provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. A kaumātua visits the facility for blessings. The service works to provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Bupa St Kilda provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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 8 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 attained and of low risk
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. The organisational dietitian reviews the Bupa menu plans. There are nutritious snacks available 24 hours per day.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including Covid-19. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and first aid is on duty at all times.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

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 to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been three outbreaks and one Covid-19 exposure event since the previous audit.

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

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Some subsections applicable to this service partially attained and of low risk
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The restraint coordinator is the unit coordinator/RN. No residents were listed as using a restraint. Three residents were using bed rails as a clinical intervention for safety and not as a restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.



## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	2	0	0	0
Criteria	0	140	0	2	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service. This policy acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. A kaumatua from the local community visits the facility for blessings. The service currently has two residents (hospital level) who identify as Māori. Neither resident was able to be interviewed. Links are in place with a volunteer who regularly visits one of the Māori residents.</p> <p>The care home manager stated that she supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were no Māori staff members.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Thirteen care staff and contractor interviewed (five caregivers (one dementia, two rest home, two hospital), one unit coordinator/RN, five staff RNs, one activities coordinator, one contracted physiotherapist) described how care is based on the resident’s</p>

		individual values and beliefs.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	Not Applicable	<p>On admission all residents state their ethnicity. Advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. There were no residents that identified as Pacifica. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The Bupa organisation is working towards the development of a comprehensive Pacific health plan. The existing plan does not adequately address the Nga Paerewa Health and Disability Standards 2021 and instead is a policy for the mental health units managed by Bupa. Bupa plans to partner with a Pacifica organisation and/or individual to provide guidance.</p> <p>The service is actively recruiting new staff. The care home manager described how they would encourage and support any staff that identified as Pacifica through the employment process. There are currently no staff that identify as Pacifica.</p> <p>Interviews with nineteen staff (thirteen care staff/contractor, one maintenance, two chefs, two laundry staff, one cleaner), seven residents (five rest home, two hospital), three relatives (two rest home, one dementia), and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The care home manager, clinical manager, unit coordinator or registered nurse discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the two-monthly</p>

<p>legal requirements.</p>		<p>resident/family meetings. Residents and relatives interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whanau. There are links to spiritual supports. Church services are held monthly with communion available weekly.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. 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.</p> <p>Residents have control over and choice over activities they participate in.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place with training part of the education schedule. Staff interviewed stated they respect each</p>

		<p>resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relative interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated during Māori language week. A Tikanga Māori flip chart is available for staff to use as a resource.</p> <p>Cultural awareness training is provided annually with plans to roll out more specific Māori cultural training for staff.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Bupa St Kilda policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort</p>

		<p>funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Two-monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. Twenty accident/incident forms reviewed identified relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>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.</p> <p>Non-subsidised residents 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 are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and DHB specialist services (e.g. geriatric nurse specialist, mental health, wound nurse specialist). One Māori resident receives regular visits from a Māori volunteer. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with</p>

		in regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Nine resident files reviewed; three at hospital level, four at rest home level and two at dementia level of care included signed general consent forms. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where available. The two dementia level files had activated EPOAs.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and held electronically on Riskman. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There were eight complaints logged in the complaint register in 2021 and one in 2022 (year-to-date). Complaints logged include an investigation, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p>

		<p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available 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. Resident meetings are held two-monthly, chaired by the care home manager. Residents/relatives making a complaint can involve an independent support person in the process if they choose. One complaint reviewed (2021) included input from the HDC advocacy service. There have been no complaints lodged through the Health and Disability Commissioner since the last audit.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa St Kilda is located in Cambridge. The service is certified to provide rest home, dementia, and hospital (geriatric and medical) level care for up to 80 residents. There are 20 beds located in the secure dementia unit. Ten beds are rest home only and fifty beds are designated as dual-purpose.</p> <p>On day one of the audit, there were 68 residents (31 rest home level, 20 hospital level and 17 dementia level). All residents were under the age-related residential care agreement (ARRC).</p> <p>An overarching strategic plan is in place. Plans are in place to ensure the strategic plan reflects collaboration with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The quality programme includes a quality programme policy, quality goals that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The care home manager/RN commenced employment at St Kilda in July 2020 and has worked in managerial roles for Bupa since 2012. She has many years of aged care experience. She is supported by a clinical manager/RN who has been in the role since 17 January 2022. He is a NZ registered RN who has worked for Bupa for four years interspersed with roles with the DHB on medical wards and in the emergency department. He has just</p>



		<p>completed his post graduate diploma in nursing. The clinical manager is supported by a unit coordinator and a team of RNs, caregivers, and activities staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Bupa St Kilda is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Monthly quality meetings and monthly staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality notice board, located adjacent to the staff room. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Work is underway assess competency to ensure a high-quality service is provided for Māori.</p> <p>The 2022 resident and family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the service provided. Results have been communicated to residents in resident meetings (meeting minutes sighted).</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated with further updates required in order to meet the 2021 standards. New policies or changes to policy are communicated to staff.</p>

		<p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. A health and safety team meets monthly. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboard adjacent to the staffroom keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available eight hours per week (Tuesdays/Thursdays) and is assisted by a physiotherapy assistant (fifteen hours per week). Strategies implemented to reduce the frequency of falls include 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.</p> <p>Electronic reports using Riskman are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twenty accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours). Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations were not consistently recorded (link 3.2.4). Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Falls prevention strategies are being implemented. Sensor mats are readily available, and residents are on regular toileting regimes. The physiotherapist assesses new residents and transfer plans are displayed in the residents' rooms. Hip protectors are available for at-risk residents who consent to wearing them. An afternoon fluid round has been introduced to increase hydration and decrease confusion. Residents are encouraged to attend daily exercises.</p>
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		<p>Tai chi classes are provided twice per month.</p> <p>Discussions with the care home manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around issues relating to a police investigation (2021), appointment of a clinical manager (2022), and three pressure injuries (two in 2020, one in 2021). There have been three outbreaks since the previous audit (two in 2020 and one in 2021) and one recent covid 19 exposure.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Challenges arise when staff call in as unavailable. Agency is being used to assist with RN cover. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The care home manager, clinical manager and unit coordinator are available Monday to Friday. On call cover is shared between seven Bupa facility managers in the Midlands region.</p> <p>Dementia wing (17 residents): Two long shift caregivers cover the AM and PM shifts, and one caregiver covers the night shift. Oversight is provided by the RNs based in the dual-purpose wings.</p> <p>Tristam wing (nine rest home level residents): one caregiver covers the AM shift, and one covers the PM shift. Oversight during the night shift is provided by staff based in the dual-purpose (adjacent)</p>

		<p>wings.</p> <p>There are two dual purpose wings: Carbine wing (eight hospital and nine rest home) and Tavistock wing (twelve hospital and thirteen rest home). One RN is rostered on each dual-purpose wing during the AM and PM shifts and one RN is rostered for the entire facility during the night shift. Three (eight-hour shift) caregivers are rostered on the AM and the PM shifts in each dual-purpose wing.</p> <p>The night shift is rostered either with two RNs and three caregivers or one RN and four caregivers.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists all (16) compulsory trainings, which includes cultural awareness training. Staff last attended cultural awareness training in 2021. Plans are in place to provide additional cultural training that is more specific to Māori and the Treaty of Waitangi. External training opportunities for care staff include training through the DHB, and hospice. Beginning in April, staff will be rostered to attend a minimum of one full day of education and training.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-seven caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two New Zealand Qualification Authority (NZQA), Twenty-two caregivers have achieved a level four NZQA qualification or higher. Fifteen caregivers are employed to work in the dementia unit. Eight have completed their dementia qualification and the remaining seven are enrolled. All seven have been employed for less than 18 months. In addition, 15 caregiver staff have completed the Bupa 'Person First' dementia course.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Level four caregivers complete many of the same competencies as the RN staff (e.g. restraint, medication administration, controlled drug administration, nebuliser, blood</p>
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		<p>sugar levels and insulin administration, oxygen administration, wound management, nebuliser). Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Seven of ten RNs are interRAI trained. One RN has attended external wound management training and is the facility wound champion. One RN is qualified for male catheterisation. All RNs are encouraged to attend the Bupa qualified staff forum each year. All RNs attend relevant quality, staff, RN, restraint, health, and safety in infection control meetings when possible.</p> <p>All caregivers are required to complete annual competencies for restraint, and moving and handling, A record of completion is maintained on an electronic register.</p> <p>A management of bureau staff policy is documented for the organisation. If the bureau nurse has never worked in the care home before, then it is the responsibility of the duty leader to provide them with a copy of the 'bureau staff information booklet'. Orientation including health and safety and emergency procedures are the responsibility of the duty leader. Bureau contracts indicate the requirements that are required to be met by the bureau agency in regard to meeting specific competencies.</p> <p>The service encourages all their staff to attend monthly meetings (e.g. staff meetings, quality meetings). Resident/family meetings are held two-monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). Clinical review meetings provide site specific clinical governance and are held two-weekly. Attendance includes the care home manager, clinical manager, unit coordinator and two RNs. Two (level four) caregivers also attend when staffing permits.</p> <p>A health and safety team is in place with health and safety meetings taking place monthly. Health and safety is a regular agenda item in staff and quality meetings. Training, support, performance, and competence are provided to staff to ensure</p>
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		<p>health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. Environmental internal audits are completed. Staff wellness is encouraged with evidence of six-monthly workshops on staff well-being, provided by a Christchurch presenter. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the care home manager's office in a locked filing cabinet. Eight staff files reviewed (five caregivers, one activities coordinator, two housekeepers) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, physiotherapy, podiatry). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check, Volunteers have not been utilised over the past two years due to Covid. An orientation</p>

		<p>programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. Plans are in place to implement the V-care electronic resident management system later in the year.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p>	FA	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The Prospective residents are screened by the care home manager and clinical manager (both registered nurses).</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the resident back to the referrer and maintain data around the reason for declining. The manager described reasons for declining entry would only occur if the service could not provide the required service the</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>resident required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/ decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The care home manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the regional operations manager and head office, however, these records do not currently capture ethnicity.</p> <p>At the time of audit, the service had twelve vacancies. The service receives referrals from the NASC service, the DHB, and directly from residents or whānau.</p> <p>The service has an information pack relating to the services provided at St Kilda (including dementia specific information) which is available for families/whānau and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Bupa St Kilda has a person and whānau-centred approach to services provided. Interviews with residents and relatives all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were two residents and no staff members identifying as Māori. The service currently engages with a local Kaumatua in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	<p>PA Low</p>	<p>Nine resident files were reviewed: four rest home, three hospital and two dementia level care. The registered nurses are responsible for conducting all assessments and for the</p>



<p>know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whanau contact forms.</p> <p>The service uses the Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. This and an initial support plan completed are within 24 hours of admission. The assessment booklet includes falls, Braden pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whanau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan</p> <p>Long-term care plans (including the activities care plan) had been completed within 21 days for long-term residents and initial interRAI assessments had been completed within the required timescales for residents. InterRAI assessments sampled had been reviewed six-monthly. Evaluations are scheduled to be completed six-monthly; however, care plans reviewed for one hospital and one dementia level resident had not been evaluated within the required six-month timeframe.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a medical provider who specialises in care of the elderly and has a GP and/or NP visit four times weekly. The GP service also provides out of hours cover. The GP (interviewed) commented positively on the improved care, communication, and the quality of the care staff over the past four months he had been involved with the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for eight hours</p>
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		<p>a week and has a physio assistant five days per week. A podiatrist visits regularly and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local DHB.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager, unit coordinator or an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. A family/whanau contact sheet records family notifications and discussions. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for 16 residents with wounds (skin tears, skin conditions, chronic ulcers, and post-surgical wounds). Wound dressings were being changed appropriately; however, four wound care plans did not detail the required frequency of dressing change. There were two residents with pressure injuries on the day of audit (one stage one and one stage two). A wound register is maintained.</p> <p>There is access to the wound nurse specialist via the DHB. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. The service extends this monitoring period as required in order to get an accurate picture of resident need and this was in evidence for a recent admission to the dementia unit. Care plans reflect the</p>
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		<p>required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury; however, these were not all completed according to the timeframes detailed in policy.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short term care plans were well utilised for issues such as infections, weight loss, and wounds. The GPs record their medical notes in the integrated resident file.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs one full-time activities coordinator and one full-time activities assistant (qualified diversional therapist) who lead and facilitate the activity program Monday to Friday. The service is currently seeking to recruit additional activities staff to manage weekends and also between 4-8pm in the dementia unit. Currently Saturdays and Sundays have caregivers facilitating activities that have been pre-prepared by the activity coordinator until the weekend activity team member is recruited. There are set Bupa activities including themes and events. A weekly activities calendar is distributed to residents and is posted on noticeboards. Families can also choose to have the activity calendar emailed to keep them informed and allow family attendance at special events and celebrations (subject to Covid traffic light settings). The service is working towards ensuring that their staff support Māori residents in meeting their health needs and aspirations in the community.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. There are four levels of activity to guide staff as to which is most appropriate for a particular resident: active able, less active able, less active less able, and limited activity limited ability. The activity program is</p>

		<p>further broken down into physical, cognitive, creative, and social activities. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>Each resident has a Map of Life developed on admission. The Map of Life includes previous careers, hobbies, life accomplishments and interests which forms the basis of the activities plan. The resident files reviewed included a section of the long-term care plan for activities, which has been reviewed six-monthly.</p> <p>The service provides a range of activities such as crafts, exercises, bingo, cooking, quizzes, van trips, sing-alongs, movies, guided meditation, and pampering sessions. Community visitors include entertainers, church services and 'canine friends' therapy visits. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. Weather permitting, the residents enjoy a BBQ day on Fridays and have a daily happy hour with cheeses, nibbles, and drinks available. The facility has its own wheelchair accessible van and will resume outings following a reduction in the Covid traffic light level settings in the near future.</p> <p>Residents in the secure dementia unit had 24-hour activity plans which included strategies for distraction and de-escalation.</p> <p>Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver</p>

<p>to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the two facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. Three residents were self-medicating on the day of audit and had self-medication assessments in place authorised by the GP as well as safe and secure storage in their room.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly and each drug chart has a photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with the current Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p>	<p>FA</p>	<p>The chef manager oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu,</p>

<p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>which is reviewed by a dietitian at organisational level. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special diets, and the chef (interviewed) works closely with the registered nurses on duty. The service provides pre moulded pureed foods to those residents requiring this modification. Staff feedback indicated the close resemblance to the original dish (pureed carrots look like carrots etc.) has a beneficial effect for the resident in terms of inclusion in the dining room and dietary intake. Lip plates are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen is situated centrally, with hospital, rest home and dementia unit meals being individually trayed and delivered via temperature-controlled scan boxes to maintain delivery temperature. Residents may also choose to have meals in their rooms.</p> <p>There is a food control plan expiring 22 September 2022. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Resident meetings, surveys and one to one interaction with kitchen staff in the three dining rooms allow the opportunity for resident feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Residents and family members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. The management team</p>

<p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>report the service facilitates, encourages, and supports all residents to access other health and disability services, social supports or Kaupapa Māori agencies where appropriate.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 17 December 2022. The maintenance person works 40 hours a week (Monday to Friday) plus on-call after hours. There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is a 52-week annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment have been completed and medical equipment, hoists and scales are next due for checking and calibration in June 2023.</p> <p>The maintenance person also looks after the gardens and grounds. Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>Some resident rooms have full ensuites and other rooms have shared ensuites. There are communal bathrooms/showers within the facility with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to</p>

		<p>clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>There are three dining areas, all with small satellite kitchens/serveries. All are open plan lounge/diners with doors that open out to courtyard gardens with outdoor seating and shade. This includes the secure dementia unit which opens out to a securely fenced courtyard with raised beds and walking pathways. There are alternative small lounge areas with library and activity resources throughout the facility. There is safe access to the three courtyards and gardens. All communal areas are easily accessible for residents with mobility aids with ramp access. All bedrooms and communal areas have ample natural light and ventilation. There is wall mounted heating and ceiling panels which are thermostatically adjusted. Many rooms have opening doors out onto the courtyards.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. The fire alarm system has been upgraded to reduce confusion when smoke is detected instead of stating to evacuate in the first instance. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified</p>



		<p>cupboard. In the event of a power outage there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency including ample water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. There are six security cameras installed, both indoors and outside. Currently, under Covid restrictions visiting is restricted. Visitors are instructed to press the doorbell for assistance.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical manager undertakes the role of infection control officer (ICO) to oversee infection control and prevention across the service. The job description outlines the responsibility of the role. 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 quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention specialist at Bupa head office who reports to and can escalate any significant issues to Board level. Bupa has monthly infection control teleconferences for information, education, and discussion and COVID updates should matters arise in between scheduled meeting times. Infection rates are presented and discussed at quality/staff meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local DHB in addition to expertise at Bupa head</p>

		<p>office.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid vaccinations, with all staff and the majority of residents being fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform rapid antigen test (RAT) daily. There were no residents with Covid-19 infections on the days of audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control officer has been in the role for two months is supported by organisation's infection control specialist. During the Covid-19 exposure event lockdown there were daily management meetings and weekly zoom meetings with the Bupa infection control specialist which provided a forum for discussion and support for the facility. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur.</p> <p>The infection control officer has completed extensive DHB infection control training in their prior role and there is good external support from the GP/NP, laboratory, the infection control nurse specialist at the DHB and from Bupa head office. There are outbreak kits readily available and a personal protective equipment cupboard.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed at support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service is working towards</p>

		<p>incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Ti Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff complete infection control in orientation and annually as part of the in-service training schedule. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents were kept informed and updated on Covid-19 policies and procedures through resident meetings and newsletters.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality/staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic 'Riskman' register on the electronic data base and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at infection control and quality/staff meetings. Meeting minutes and graphs are displayed for staff.</p>

<p>multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from the DHB for any community concerns. There have been three outbreaks since the previous audit including one respiratory, and one influenza outbreak in 2020 and one respiratory in 2021. All were appropriately managed with the DHB and public appropriately notified. The service also instigated a seven-day precautionary lockdown for a Covid-19 exposure event with all close contact staff isolating at home. Daily rapid antigen tests were carried out for the remaining staff prior to commencing work and all residents and staff on site tested negative for Covid-19.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluices in each wing with personal protective equipment available including face visors available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site by a dedicated laundry person seven days per week. The laundry has a defined clean/dirty area with two door entry/exit and large folding area. There are three cleaning staff on each day and the cleaners' trolleys were 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. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced</p>

		regularly. Laundry staff have also completed chemical safety training.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	PA Low	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the unit coordinator/RN. At the time of the audit, the facility was restraint-free. There were three residents using bedrails as 'clinical intervention for safety'. Because these three residents are unable to get out of bed but are at risk of rolling out of bed, they are no longer considered being restrained. This is a recent update to Bupa policy and therefore these three residents were taken off the restraint register. Their care plans indicate that bedrails are required, and lists risks associated with bedrails.</p> <p>The use of restraint (if any) would be reported in the quality meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment.</p> <p>Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed</p>	PA Low	The service has a detailed and comprehensive policy related to care planning and reviews; however, not all long-term care plans (which include the activities care plan) had been reviewed six-monthly. The evaluations which had been completed evidenced the resident’s progression towards meeting goals.	One hospital resident’s long term care plan had not been reviewed for eight’s months and one resident in the dementia unit did not have their care plan reviewed for seven months.	<p>Ensure care plan reviews are completed at least 6-monthly as per the ARCC contract and policy.</p> <p>90 days</p>

<p>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.</p>				
<p>Criterion 6.1.5 Service providers shall implement policies and procedures underpinned by best practice that shall include: (a) The process of holistic assessment of the person's care or support plan. The policy or procedure shall inform the delivery of services to avoid the use of restraint; (b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider; (c) Restraint elimination and use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</p>	<p>PA Low</p>	<p>There were three residents using bedrails as 'clinical intervention for safety'. As per the recent HealthCERT bulletin and Ngā Paerewa standard, if a person is unable to free themselves it would still be considered a restraint. Due to the service determining they were restraint-free standards 6.2 and 6.3 have not been completed.</p>	<p>There were three residents using bedrails as 'clinical intervention for safety'. Because these three residents are unable to get out of bed but are at risk of rolling out of bed, they are no longer considered being restrained. This is a recent update to Bupa policy and therefore these three residents were taken off the restraint register.</p>	<p>Ensure the restraint policy is updated to reflect Ngā Paerewa standard.  90 days</p>

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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.