

Bupa Care Services NZ Limited - Rossendale Dementia Care Home & Hospital

Introduction

This report records the results of a Partial Provisional Audit; Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

Legal entity: Bupa Care Services NZ Limited

Premises audited: Rossendale Dementia Care Home & Hospital

Services audited: Hospital services - Psychogeriatric services; Dementia care

Dates of audit: Start date: 12 May 2022 End date: 13 May 2022

Proposed changes to current services (if any): A partial provisional audit was included to determine the suitability of converting 22 beds, previously located in two psychogeriatric wings, to dual-purpose (rest home/hospital) beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 46



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

General overview of the audit

Bupa Rossendale is certified to provide psychogeriatric, hospital (geriatric and medical), and rest home levels of care for up to 65 residents. There were 46 residents on the days of audit.

This unannounced surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standards 2021 and 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.

This surveillance audit included an additional partial provisional audit. The facility is undergoing a staged transition to reduce the number of beds dedicated for psychogeriatric care and increase the number of dual purpose (rest home/hospital) beds. Two (previous) psychogeriatric wings (22 beds in total) were assessed as suitable for rest home/hospital level of care following completion of the following: hiring additional RN and caregiver staff, conducting a fire drill, removing environmental restraint by deactivating the key pad security locks at the entrance to the two (previous PG) wings, complete signage (internal and external), purchase additional care equipment and furniture, complete landscaping, ensure sinks are accessible for handwashing, complete the construction of a kitchenette in one of the two wings, activate the call bell system, and install privacy signage in toilets and showers.

The care home manager 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.

One shortfall from the previous (partial provisional) audit in relation to widening the width of a shower door has been met by the facility.

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.
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Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Māori Health Plan is in place for the organisation. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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

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

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.		Subsections applicable to this service fully attained.
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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 and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner, nurse 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

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

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 PPE supplies. There has been one outbreak (Covid-19) 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.

Subsections applicable to this service fully attained.

The restraint coordinator is the clinical manager. Nine residents were listed as using a restraint on an 'as needed' basis for hand holding and one lap belt. 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 only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	3	0	0	0
Criteria	0	96	0	4	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>	Not Applicable	There were approximately 11 staff identifying as Māori at the time of the audit. The head of household interviewed stated that there have been as many as 30 Māori staff in the past but stated that numbers have dwindled over the past two years as a result of the Covid pandemic. Plans are underway by the Bupa organisation to formalise processes to actively promote a Māori workforce.
<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</p>	Not Applicable	Work is underway by the Bupa organisation to partner with a Pasifika organisation (or leader who identifies as Pasifika) to provide guidance and consultation as the Bupa Pacific Health Plan is developed and implemented. At the time of the audit, there were seven staff who identified as Pasifika at Bupa Rossendale.

<p>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>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>Not Applicable</p>	<p>Plans are underway to ensure that the organisation can demonstrate that it recognises Māori mana motuhake. Presently, Māori tikanga principles are documented in flip charts, and are placed throughout the facility including at reception, at the nursing stations and in the staffroom. Caregivers receive Māori mana motuhake training during their orientation to the service, in accordance with achieving a level two New Zealand Qualification Authority (NZQA) Careerforce qualification and must complete a competency questionnaire to reflect their learnings. Further work is required by the Bupa organisation to ensure this training and competency is extended to all staff.</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>Not Applicable</p>	<p>Signage in te reo Māori is in place in various locations throughout the facility with plans to expand the number of te reo Māori signs. New words in te reo Māori are taught to the residents each month by the activities staff. Te reo Māori is reinforced by those staff who are able to speak/understand this language.</p> <p>The staffrooms contain flip charts on Māori tikanga practice. Interviews with three caregiver staff (two psychogeriatric, one rest home/hospital) confirmed their understanding of Tikanga best practice with examples provided. This training is also included in the caregiver orientation programme and is supported by a competency questionnaire.</p> <p>Work is underway to ensure all staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori and to ensure that staff participate in te ao Māori, a Māori world view.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of</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>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>Work is underway to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents. At the time of the audit, there were three residents who identified as Māori. A Māori health care plan has been developed for each Māori resident.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent and the service follows the appropriate best practice tikanga guidelines in relation to consent.</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</p>	FA	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register that is held 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 have been no complaints lodged since the previous (partial provisional) audit that took place on 10 December 2021. One previous complaint lodged with HDC has been signed off by HDC (31</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>May 2021). Corrective actions as a result of this complaint were reviewed with evidence documented to indicate that the corrective actions are embedded in practice. The previous surveillance identified a shortfall in 8134: 2008 criterion 1.1.13.1. Documentation reviewed identified an acknowledgement letter to the complainant. This previous shortfall has been addressed.</p> <p>Discussions with two hospital level residents and three relatives (one hospital, two psychogeriatric) confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, chaired by the care home manager.</p> <p>Interviews with the care home manager confirmed her understanding of the complaints process. Thirteen staff interviewed (three caregivers, three registered nurses (RNs), one unit coordinator/RN, one household supervisor, one kitchen manager, one cook, three activities coordinators) confirmed that they receive training on the complaints process, relative to their job role and responsibilities and in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. This training begins during their orientation to the service.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and</p>	<p>FA</p>	<p>Bupa Rossendale Dementia Care Home & Hospital is part of the Bupa group of aged care facilities. The facility is certified to provide psychogeriatric (PG) and rest home/hospital levels of care for up to 65 residents.</p> <p>There were 46 residents at the time of audit. Thirty-seven residents were under the aged residential hospital specialised services agreement (ARHSS) for psychogeriatric (PG) level of care. One resident (dementia) was under the long-term support – chronic health conditions (LTS-CHC) contract. The remaining eight residents were under the age-related residential care agreement (ARRC). Note: the one dementia level resident has been unable to transfer to a dementia</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>level facility in the past due to the Covid pandemic.</p> <p>The New Zealand division is overseen by a managing director who identifies as part Māori and has recently returned from Bupa Australia to lead the New Zealand business. He has worked for the Bupa organisation for 15 years. Clinical governance is directed by the national clinical services team who meet three-weekly and report to the Bupa clinical director. The service management team are supported by the Bupa operations manager who teleconferences at least weekly and visits often, the Bupa national quality support person for the Midlands region, a Bupa people partner for the region (human resources), and a Bupa dementia care advisor who was available to be interviewed during this surveillance and partial provisional audit.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting.</p> <p>The (non-clinical) manager has been in the role since June 2021 and is an experienced Bupa manager. She has worked in the aged care environment for the past 14 years with 12 years of management experience. She holds a degree in counselling/psychology. The manager is supported in her role by a clinical manager who previously was the senior nurse/unit coordinator for eight years at this facility. The clinical manager was on leave during this surveillance/partial provisional audit. The clinical manager is supported by a unit coordinator/RN who covers in her absence.</p> <p>The care home manager and clinical nurse manager have maintained at least eight hours annually of professional development activities related to managing an aged care service.</p> <p>Work is underway to collaborate with mana whenua at a board level in business planning and service development that will improve outcomes and achieve equity for Māori. A recent organisational appointment is a new Bupa managing director who identifies as part</p>
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		<p>Māori.</p> <p>Work is underway to ensure tāngata whaikaha have meaningful representation in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. This will include identifying and addressing barriers for Māori for equitable service delivery. Plans are in place for board and senior managers attend cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>Partial provisional</p> <p>The service has been implementing a staged plan to gradually reduce the number of PG residents and increase the number of dual/purpose (rest home/hospital) beds. This audit verified the suitability of two wings for rest home/hospital level of care (10 and 12 beds respectively) that were previously used for PG level of care. There is a documented transition plan that covers risk management.</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 Rossendale 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 implemented to address service improvements. Evidence of progress and sign off when achieved was sighted. Quality data and trends in data are posted on a quality noticeboard, located adjacent to the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The previous surveillance audit (NZ 8134: 2008) had a shortfall in criterion 1.2.3.5 around audits not being completed as per schedule</p>

	<p>including mattress checks required by the DHB and meetings not occurring as per the meeting schedule. These shortfalls have all been addressed.</p> <p>Work is underway to assess competency to ensure a high-quality service is provided for Māori.</p> <p>The 2021 family satisfaction surveys indicate satisfaction with the services provided by Bupa Rossendale. Results have been communicated to residents in resident meetings (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>Individual fall prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available on Mondays (0900 – 1200). 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. Outcomes data reflect a gradual reduction in the frequency of falls with a 2022 goal set at reducing falls by 10%.</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, skin tears/abrasions). 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 are consistently recorded. All falls with a suspected injury are reviewed by the GP (or nurse practitioner). Relatives are</p>
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		<p>notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. Health and safety training begins during the new employee's induction to the service. Contractors are also orientated to health and safety, including awareness of hazards. The health and safety team meet 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. A noticeboard 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>Discussions with the care home manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications required since the previous audit. The DHB and public health authorities were informed regarding a recent Covid outbreak at the facility (February – March 2022).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</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>A selection of registered nurses and 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 on nights. An RN night position has recently been filled and will begin employment on 19 May 2022. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents are kept informed via the monthly resident meetings with</p>

		<p>the care home manager.</p> <p>The care home manager, clinical manager and unit coordinator are on site Monday to Friday. On call cover is shared between the Bupa facility managers and clinical managers in the Midlands region.</p> <p>Rimu wing (13 PG residents): An RN is staffed on the AM, PM and night shifts. Two long shift (eight hour) caregivers cover the AM and PM shifts and one long shift caregiver covers the night shift.</p> <p>Pohutakawa wing (24 PG and one dementia level resident): An RN is staffed on the AM, PM and night shifts. Two long shift (eight hour) caregivers cover the AM and PM shifts and one long shift caregiver covers the night shift.</p> <p>Totara wing (eight hospital level residents): RN cover Monday - Friday is provided by the unit coordinator and clinical manager. The RNs from the PG wings on weekends, evenings and nights provide clinical input when the clinical manager and/or unit coordinator are unavailable. Two long shift (eight hour) caregivers cover the AM and PM shifts and one long shift caregiver covers the night shift.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists all 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 includes speakers from the DHB, and hospice. Staff are rostered to attend a minimum of one full day of education and training per year.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-six caregivers are employed. The Bupa orientation programme qualifies new caregivers at a New Zealand Qualification Authority (NZQA) level two. Eighteen caregivers have achieved a level four NZQA qualification (or higher) and ten caregivers hold a level three</p>
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		<p>qualification.</p> <p>All 36 caregivers are employed to work in the two PG units. Twenty-nine have completed their qualification to work in a PG unit and the remaining seven are enrolled. One staff who has been employed for more than 18 months has not completed this requirement due to being on extended leave. She will finish the qualification on her return. The remaining six caregivers have been employed for less than 18 months.</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 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. Eight RNs and one EN are employed. Six RNs are interRAI trained. 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.</p>
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		<p>staff meetings, quality meetings). Resident/family meetings are scheduled monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented.</p> <p>Staff wellness is encouraged. Staff have access to the employee assistance programme (EAP). An employee of the month is celebrated. They are provided with healthy food and fruit snacks each day and were given packages of care supplies during the Covid outbreak. Interviews with staff confirmed that they feel supported by the managers and are comfortable raising concerns or issues. Staff reported that although there are days that are very challenging given the nature of a PG hospital, they enjoy their work with the residents.</p> <p>Partial provisional: staffing roster</p> <p>A staffing plan has been developed for the two new dual-purpose wings (Manaakitanga (10 beds) and Kowhai (12 beds). These two wings are adjacent to each other and also connect to the recently opened dual purpose wing (Totara). It is the care home managers intent to fill the Totara wing (11 beds) before filling beds in the two new wings. Staffing ratios of one caregiver to five or six residents will be implemented and will be based on resident acuity. Two caregivers will be rostered for a long shift when there are more than five residents. One RN will be rostered on the AM, PM and night shifts. An RN has recently been employed and begins their orientation in one week and a second RN will arrive from the UK in July 2022.</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</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review (three caregivers, one kitchen assistant, one housekeeper). Staff files are held in an electronic format with hard copy orientation programmes retained in the care home manager's office, in a locked filing cabinet. A recruitment process is being implemented which includes interviews, reference checking, signed employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that</p>

<p>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>includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</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 with a more experienced staff 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. Caregivers are awarded a level two NZQA qualification after they have completed their orientation.</p> <p>A register of practising certificates is maintained for all health professionals (eg, 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>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 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>Partial provisional</p> <p>The service has a robust plan in place to ensure all staff are fully prepared to provide safe care and support to rest home and hospital level residents. Newly employed care staff are orientated for at least three days, depending on individual staff needs.</p>
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<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>Not Applicable</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>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were two residents and a number of staff members identifying as Māori. The service has a cultural committee and currently engages with a local kaumātua in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed: one hospital, three psychogeriatric and one dementia level care funded on a long-term chronic health contract. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</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.</p> <p>Long-term care plans had been completed within 21 days for long-</p>

		<p>term residents and first interRAI assessments had been completed within the required timescales for all residents. Evaluations were completed six monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly.</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 twice weekly. The GP service also provides out of hours cover. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist one day per week and a podiatrist visits regularly. Mental health team support is well documented 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 on every shift 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>Family members interviewed reported the needs and expectations regarding their whānau were being met. When a resident's condition alters, the clinical manager, unit coordinator or an RN initiates a review with a GP/NP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. A family/whānau contact sheet records family notifications and discussions. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for six residents with wounds (skin tears, skin conditions, and post-surgical wounds). Wound dressings were being changed appropriately and a wound register is maintained. There was one resident with a pressure injury on the day</p>
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		<p>of audit (stage two).</p> <p>There is access to the wound nurse specialist via the DHB. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. The service extends this monitoring period as required in order to get an accurate picture of resident need. Care plans reflect the 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. The GP/NP also reviews all neurological observations as a matter of routine during twice weekly clinics.</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 GP/NP 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</p>	<p>FA</p>	<p>The service employs three full-time activities assistants (qualified diversional therapists) who lead and facilitate the activity programme seven days per week (each working weekends on a three-week roster). Out of hours, a caregiver rostered to supervise the lounge will facilitate activities using a stock of activity resources kept in each wing. There are set Bupa activities including themes and events. A weekly activities calendar is posted on noticeboards. Families can also choose to access activity details and photographs via a secure app-based programme. There are set Bupa activities including themes and events. The service facilitates opportunities for Māori to</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>participate in te ao Māori through the use of Māori language on planners, in activities, signage and culturally focused food related activities.</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 programme is 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, and pampering sessions. Community visitors include entertainers, church services and pet therapy visits. The service also has monthly music therapy, farmyard animal visits in the gardens and a monthly happy hour. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. Weather permitting, the residents enjoy BBQ days and also visit the local swimming centre.</p> <p>Residents in the secure unit have 24-hour activity plans which include strategies for distraction and de-escalation.</p> <p>Residents and families interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>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 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/NP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP/NP had reviewed all resident medication charts three monthly and each drug chart has a photo identification and allergy status identified. There were no self-medicating residents, 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 Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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		<p>Partial provisional</p> <p>The newly refurbished wings will share an existing medication room which has a medication fridge and lockable medication cupboards. Current processes around medication management, fridge and room temperature will recommence for the new wings once opened.</p> <p>There are policies, and procedures in place should residents wish to self-administer medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen manager oversees the onsite kitchen and all cooking is undertaken on site. There is a seasonal four-week rotating menu, 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 kitchen manager (interviewed) and team work 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 all 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/family meetings, surveys and one to one interaction with care staff in the Pohutukawa, Rimu and Totoro dining rooms allow the opportunity for resident feedback</p>

		<p>on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks and finger foods are available for the residents at any time of the day or night.</p> <p>Residents and family members interviewed indicated satisfaction with the food.</p> <p>Partial provisional</p> <p>The existing facility kitchen is fully equipped and provides a variety of meals for high needs residents.</p> <p>Meals will be supplied to the new wings in hot boxes; there is a spacious dining room between the Manaakitanga and Kowhai wings that will be utilised by residents.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p>	PA Low	<p>The building holds a current building systems status report which expires 1 December 2022 issued in lieu of a building warrant of fitness as access to check systems was limited due to Covid-19. There are two maintenance persons covering 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</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>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 October 2022.</p> <p>The maintenance team 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. The outdoor areas that were identified as unsafe and were secured and closed off at the previous audit are due to be landscaped prior to occupancy of the repurposed wings. There is safe access to all communal areas currently in use. Caregivers interviewed stated they have adequate equipment to safely deliver care for their current residents and the service plans to purchase additional care equipment prior to welcoming residents into the new areas.</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 clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. One shower room door identified as being too narrow to accommodate a shower bed has been widened sufficiently to allow access. This previously identified shortfall in previous partial provisional audit (NZS 8134:2008 criteria 1.4.3.1) is now fully attained.</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. Care staff 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</p>
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		<p>audit.</p> <p>All wings have dining areas, and each has a quiet/whānau room. Smaller lounges are available for small group or individual activities or for visitors. All bedrooms and communal areas have ample natural light and ventilation with thermostatically adjustable heating.</p> <p>Partial provisional</p> <p>This relates to stages two and three of a six-stage plan to refurbish and rebuild the facility. This audit verified stages two and three as being suitable for rest home and hospital level care subject. Refurbishment is still in process and therefore a code of compliance is not yet been obtained. internal and external signage including privacy signage is yet to be installed. Landscaping continues around the facility. The service has an equipment list that is part of refurbishment and these have been purchased.</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>PA Low</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. No changes to the plan are required as wings are converted from PG to rest home/hospital. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness.</p> <p>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 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</p>

		<p>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 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 security cameras installed, both indoors and outside. Currently, under Covid restrictions visiting is restricted. All visitors must complete a rapid antigen test before leaving reception.</p> <p>Partial provisional audit</p> <p>Plans are in place to conduct a fire drill in the new dual-purpose wings prior to occupancy. The call bell system in the new wings requires activation.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>A registered nurse 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 office.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues</p>

		<p>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 tests (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 who has been in the role for six months is supported by organisation's infection control specialist. During the Covid-19 outbreak in February of this year, 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 reoccur.</p> <p>The infection control officer has completed online control training for this 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 incorporating te reo information around infection control for Māori residents and infection committee members who identify as Māori advise around culturally safe practices acknowledging the spirit of Te</p>

		<p>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>Partial provisional</p> <p>The service has an effective infection prevention programme, including policies and procedures which will continue to be implemented in the proposed new areas.</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>	<p>FA</p>	<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>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic 'RiskMan' register on the electronic data base and surveillance of all infections (including organisms) is collated onto a</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>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. 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 has been one outbreak (Covid-19) since the previous audit which was appropriately managed with the DHB and Public Health unit appropriately notified.</p> <p>Partial provisional</p> <p>The service has effective policies and procedures for surveillance of healthcare associated infections. These will continue to be utilised in the proposed new areas.</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. 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. 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. There are four sluice rooms for the disposal of soiled water or waste and the sluicing of soiled linen if required. The sluice rooms and the laundry are locked</p>

		<p>with a keypad when not in use. 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 regularly. Laundry staff have also completed chemical safety training.</p> <p>Partial provisional</p> <p>The service has sufficient cleaners, chemical supplies, sluice facilities, linen and laundry capability to cater for residents in the newly refurbished wings.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>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 clinical manager/RN. The unit coordinator was interviewed in the absence of the clinical manager.</p> <p>There are nine residents listed on the restraint register as using a restraint. One resident (hospital) has used a (prn) lap belt in the past. At the time of the audit, this resident was undergoing a trial of no lap belt which has been successful (to date). All nine residents had prn (as required) hand-holding listed as a restraint.</p> <p>The use of restraint is regularly reported in the monthly facility quality meetings and to head office. The unit coordinator interviewed described the focus on maintaining a restraint-free environment.</p> <p>Working towards a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p>

		<p>Partial provisional audit</p> <p>The dual-purpose wings are required to have the electronic keypad safety locks (environmental restraint) removed prior to opening (link 4.1.2).</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The previous surveillance audit (NZ 8134: 2008) had a shortfall in criterion 2.2.2.1 around environmental restraint practice. There were no signs of environmental restraint being used and further training was provided to staff. The shortfall has been addressed (link 4.2.1 in relation to the partial provisional).</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Partial provisional audit:</p> <p>A staffing roster is developed to staff the two new dual-purpose wings. An RN will be employed to cover 24/7. Caregiver staffing ratios will be one resident: five caregivers.</p>	<p>Partial Provisional: The RN is not yet employed that is planned to cover the proposed two dual purpose wings.</p>	<p>Ensure staffing requirements are met prior to opening the two new dual-purpose wings</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>Twenty-two resident rooms have been refurbished to a high standard, including access to appropriate communal and dining areas; however not all aspects of the planned refurbishments have been fully completed. The service has an equipment list of equipment required.</p>	<p>(i)-(iv). The refurbishment is still in the process of being completed. Therefore a code of compliance is yet to be obtained. (v). Landscaping is underway.</p>	<p>(I) Ensure refurbishment is completed including obtaining a code of compliance. (ii). Complete kitchenette construction; (iii) Ensure accessible sinks for handwashing in Manaakitanga wing rooms, (iv), Complete internal and external signage including privacy signage. (v) Ensure external landscaping is completing</p>

				Prior to occupancy days
<p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>	PA Low	The two wings that are under renovations for dual purpose use have been decommissioned. Fire drills will need to be conducted prior to occupancy.	A fire drill is required prior to occupancy in the two refurbished dual-purpose wings.	<p>Ensure a fire drill is completed in the two new dual-purpose wings prior to opening.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	The call bell system in the communal areas, bedrooms, toilets, and showers of the two wings undergoing renovations is decommissioned and requires activation prior to occupancy.	The call bell system in the two new dual-purpose wings is currently not fully operational.	<p>Ensure the call bell system in the two new dual-purpose wings are activated prior to occupancy.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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

End of the report.