

Bupa Care Services NZ Limited - Riverstone Care Home

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:	Riverstone Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 20 June 2022 End date: 21 June 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	54

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 Riverstone is a new purpose-built facility that opened in July 2021 and provides dementia, hospital (geriatric and medical), and rest home levels of care for up to 56 residents. There were 54 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Standards 2021 and the contracts with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The general 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 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 that improvements are required related to residents and relative meetings and the implementation of corrective actions.

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.		Some subsections applicable to this service partially attained and of low risk
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Bupa Riverstone provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works to provide high quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Bupa Riverstone 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. 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.		Some subsections applicable to this service partially attained and of low risk
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Services are planned, coordinated, and are appropriate to the needs of the residents. The clinical manager oversees the clinical operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Bupa Riverstone has a quality and risk management system. Quality and risk performance is reported across various facility meetings and to the organisation's management team. Bupa Riverstone provides clinical indicator data for the three services being provided (hospital, rest home and dementia care). There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te 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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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. 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.

There is an activities calendar for each unit. The programme includes community visitors and outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities 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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Bupa Riverstone holds a current building code of compliance certificate. Electrical equipment has been tested and tagged. 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. The dementia unit households are secure with an enclosed secure garden.

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 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 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/RN. No residents were listed as using 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	25	0	2	0	0	0
Criteria	0	142	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 Te Tiriti O Waitangi as a founding document for New Zealand. The service currently have residents who identify as Māori. A resident and whānau member who identifies as Māori were interviewed. The resident’s whanau stated staff respected their heritage (Ngati Porau Iwi) Māori culture, language, and identity. They are invited to participate in the six-monthly care review meetings.</p> <p>The organisation is currently developing a Bupa NZ Māori strategy that aligns with NZS 8134:2021 Ngā Paerewa service standard. The strategy will describe kaitohutohu (advisory), haututanga (leadership), taitari kaute (audit), tikanga (practices, te reo (language), whakatairanga (materials and marketing), and Pai (internship). This will include a phased introduction and embracing of authentic and appropriate te ao Māori which will include tikanga – cultural practices, te reo and cultural protocols.</p> <p>The general manager stated via zoom that she supports increasing</p>

		<p>Māori capacity by employing more Māori staff members when they do apply for employment opportunities at Bupa Riverstone. At the time of the audit, there were staff members who identified as Māori, and were included in the staff interviews.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Plans are underway by the Bupa organisation to promote a Māori workforce actively and formally. The service is working on establishing relationships with Māori providers to achieve better service integration, planning, and support for Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>On admission, all residents state their ethnicity. The resident/whānau were encouraged to be present during the admission process including the completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan. No resident was identified as Pasifika on the day of the audit.</p> <p>The Bupa organisation is working towards the development of a comprehensive Pasifika health plan. The existing plan does not adequately address the Ngā Paerewa Health and Disability Standards 2021. Bupa plans to partner with a Pasifika organisation and/or individual to provide guidance.</p> <p>The service is actively recruiting new staff. The general manager described how they encourage and support any staff that identified as Pasifika through the employment process. There are staff that identify as Pasifika.</p> <p>Interviews with sixteen staff (nine caregivers, one activity coordinator, two activity assistants, one registered nurse, one unit coordinator, one maintenance coordinator, one kitchen manager, one laundry assistant and one cleaner) and four managers (one clinical manager, one general manager, and one regional quality partner), four residents (rest home) and four relatives (one hospital level and three from dementia level of care) and documentation reviewed identified that the service puts people using the services, and family/whānau at the</p>

		heart of their services.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The general manager, clinical manager, or the registered nurse discuss 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>Residents and relatives interviewed reported that the service is upholding the residents' rights. 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/whānau.</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>Plans are underway to ensure that the service recognises Māori mana Motuhake.</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</p>	FA	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do and are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents interviewed stated they are supported to make choices (where appropriate) around all aspect of daily life.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was</p>

<p>experiences.</p>		<p>observed that residents are treated with dignity and respect. A resident/family satisfaction survey was carried out in 2022, and the initial results confirmed that residents and families are treated with respect. The final report will be available by the end of June 2022. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There are four married couples in the facility on the day of the audit. Interviews with one couple confirmed both of them are treated with dignity and respect. The care plans had documented interventions for staff to follow to support to bring the couple together for mealtimes and respect their time together.</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>Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, and spiritual support is available. A spirituality policy is in place.</p> <p>Staff interviewed confirmed that there will be a Matariki celebration to be held on the premise.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. A tikanga Māori flip chart is available for staff to use as a resource. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori and uphold their rights and interests under Te Tiriti o Waitangi.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being reviewed. Bupa Riverstone 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</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>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 family interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. 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>Work is underway to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for their Māori residents.</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>PA Low</p>	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The care staff interviewed understood about open disclosure and providing appropriate information when required. The relatives interviewed stated they were welcomed on entry by their family member and were given time and explanation about the services and procedures.</p> <p>Residents' meetings are identified as an opportunity for residents/family to provide feedback to improve services, however there had been no residents/family meeting since the service opened.</p> <p>Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Ten incidents/accidents forms selected for</p>

		<p>review indicated that family were informed. Families interviewed confirmed they are notified of any changes in their family member's health status and/or if an adverse event had occurred.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and DHB specialist services (e.g. occupational therapist, social worker, speech language therapist, mental health for older persons nurse specialist, wound care and continence specialist nurse and hospice support). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to the various 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.</p> <p>Interpreter services are available if needed. Staff and family are utilised in the first instance.</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>	<p>FA</p>	<p>There are policies around informed consent. Eight resident files reviewed included signed general consent forms. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>There is resuscitation order policy and procedure guidelines. 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 family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>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. Residents in the dementia unit all have evidence of an EPOA activation letter on file.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints policy describes the management of the complaints process. Information about the complaints policy and procedure is provided on admission. Residents and relatives confirmed they are aware of the complaints process. Caregivers interviewed were able to describe the process of reporting complaints.</p> <p>There is a complaint register held electronically on Riskman. To date, eight complaints were lodged since the opening in 2021. There was documented evidence of each complaint being acknowledged, investigated, and resolved in a timely manner. Sighted monthly staff meeting minutes confirmed complaints were discussed at the meetings.</p> <p>There have been no external complaints received to date.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa Riverstone is situated northeast of Palmerston North with lovely rural views and was a purposed-built facility with single level in 2021. The service provides care for up to 56 residents with rest home, hospital, and dementia level care. There are 36 dual-purpose rest home/hospital beds across three households (12 beds/household) and 20 dementia beds across two households (10 beds/household).</p> <p>On day one of the audit, there were total of 54 residents. There were 23 residents at rest home level care; 12 residents at hospital level care and 19 residents were at dementia level care. One hospital level of resident was under ACC contract, another hospital level of resident was under the Manawhaihaka younger person disabled (YPD) contract. All other residents were under the age-related residential care agreement (ARRC).</p> <p>The governing body of Bupa consists of directors or heads of clinical, operations, finance, legal, property, customer transformation, people, risk, corporate affairs, and technology. This team are governed by Bupa strategy, purpose, and values. Each director of head has an orientation to their specific role and to the senior leadership team.</p> <p>Bupa is developing a Te Ao Māori strategy to introduce and implement the Te Ao Māori related standards with a Māori Health</p>

		<p>consultant. The goals will be embedded in the plan and outcomes from the plan will be managed.</p> <p>Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings that includes review of quality and risk management systems. There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. External benchmarking of incident data with other New Zealand aged care providers is included.</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. The general manager provides a regular report to the operations manager and there are monthly teleconferences to monitor progress of quality goals and to discuss issues.</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their philosophy of 'Helping people live longer, healthier, happier lives and making a better world'.</p> <p>The general manager (non-clinical) states there are plans 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 (including site specific business goals) that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The general manager commenced employment at Riverstone since the opening in July 2021 and has worked in age care for the last 10 years. The general manager is supported by a unit coordinator, clinical manager, regional operations manager, and regional quality partner (RN).</p> <p>The general manager has completed more than eight hours of training</p>
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		<p>related to managing an aged care facility and include Bupa regional forums, Residential Aged Care Integration Programme, Infection Control Teleconferences and HDC learnings.</p> <p>Further work is required for the Bupa organisation to address delivering services that improve outcomes and achieve equity for Māori, ensuring tāngata whaikaha have meaningful representation in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. Identify and address barriers for Māori for equitable service delivery, and for the board and senior managers to attend cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</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>PA Low</p>	<p>Bupa Riverstone has an established quality and risk management programme. The quality and risk management systems encompass performance monitoring through internal audits and the collection of clinical indicator data. Data is reported to the Bupa head office for dissemination.</p> <p>The collation and analysis of quality indicator data is documented with corrective actions documented (where indicated) to address service improvements. Quality meetings and staff meetings provide an avenue for discussions in relation to (but not limited to): health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. It was evident that the corrective action plans from staff meeting minutes was not closed off. Due to Covid lockdown in 2022, the Feb staff meeting did not proceed. An internal audit programme is being implemented that is taking place as per the audit schedule. Audit results and corrective actions identified (if any) are shared with staff in meetings, however, corrective action plans from staff meeting minutes were not evidenced as closed off</p> <p>The first 'People (staff) Pulse' survey was completed in Nov 2021 with a response rate of 66%, and the survey result was sighted. The resident/family survey is being conducted; the full report is aimed to be completed by the end of June 2022.</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. The maintenance officer, a member of the health and safety team was interviewed. Staff training begins during their orientation and continues via in-service training. The health and safety committee (10 staff members) are scheduled to 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, located in 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>Electronic reports using Riskman are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. To date there was a total of 33 incidents recorded. Ten accident/incident forms were reviewed (one witnessed and five unwitnessed falls, one staff fluid exposure, one skin tears, one chest infection and one unresponsive with Covid). Incident and accident data is collated monthly and analysed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations for unwitnessed falls and/or suspected injury to the head were recorded. Relatives are notified following incidents.</p> <p>There have been three section 31 notifications completed to notify HealthCERT for grade III (or higher) pressure injuries. There have been five Covid outbreaks in 2022. Public health and the DHB have</p>
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		<p>been notified.</p> <p>Work is underway to assess competency to ensure a high-quality service is provided for Māori. This includes developing plans to ensure external and internal risks and opportunities are identified that include potential inequities and include a response plan; assessing staff cultural competencies to ensure the service can deliver high quality care for Māori; and to ensure that a critical analysis of practice is undertaken to improve health equity.</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 requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. At the time of the audit there were two RN and two caregiver vacancies. Contractual staffing requirements are being met.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents when all staff can work as per the roster. Challenges arise when staff call in as unavailable. Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews.</p> <p>The general manager and clinical manager are available Monday to Friday. There is a shared on-call roster (between 4:30pm and 8:00am for weekdays and 24/7 for weekend) among Bupa facility managers and clinical managers. These four facilities are Te Whanau, Waireka, Rahiri and Riverstone within the Palmerston North region.</p> <p>The roster hours for RN and caregivers are: AM shift: 7am-3pm; PM shift: 3pm-11pm; Night shift: 11pm-7am.</p> <p>Nineteen staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Dementia Households (19 residents): A unit coordinator/RN and two caregivers are rostered to cover the AM and PM shifts, and two caregivers cover the night shift.</p>

		<p>Rest home/Hospital swing bed Households (23 rest home residents and 12 hospital residents): One RN and three caregivers are rostered to cover the AM shift. RN and three caregivers are rostered to cover the PM shift. One RN and two caregivers are rostered on the night shift. The RN provides oversight across all the services at night.</p> <p>Activity assistants are helping out to serve meals during the busy time.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists all (22) compulsory trainings, which includes cultural awareness training. Staff last attended cultural awareness training in January 2022. 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.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Nineteen staff are enrolled in various Careerforce qualifications. Three caregivers achieved level four qualifications, three caregivers achieved level three qualification and three caregivers achieved level two qualifications. There are nine caregivers working in the dementia unit, five of them completed the training, and four are in training currently.</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.</p> <p>Nine of eleven RNs are interRAI trained or completing interRAI training. All RNs are encouraged to attend the Bupa qualified staff forum each year. All RNs attend relevant quality, staff, RN, restraint,</p>
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		<p>health and safety, and 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, which was sighted.</p> <p>The service encourages all their staff to attend meetings (e.g. staff meetings, quality meetings). Due to the facility experiencing three Covid lockdowns in 2022, the frequency of meetings has had to be reduced.</p> <p>A health and safety committee with 10 staff members 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, and monitoring staff competence ensure 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.</p> <p>Staff wellness is encouraged. Wellness signage shows support for the Employee Assistance Programme (EAP). Bupa Riverstone also supports the Bupa Take 5 staff wellness programme. Take 5 champions encourage staff to pause and consider their own wellbeing, by providing suitable tools and resources. They encourage staff to take five minutes or more, to consider how they're feeling and then move forward.</p> <p>Work is underway to ensure that staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity and to ensure that the service invests in the development of organisational and staff health equity expertise.</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</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 office in a locked filing cabinet. Eight staff files reviewed (three caregivers, one kitchen assistant, one unit coordinator</p>

<p>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>(RN), one activities coordinator, one laundry worker and one clinical manager) evidenced implementation of the recruitment process, employment contracts, and police checking.</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. The service is in the process of completing annual appraisals which are due July 2022.</p> <p>The service has a general and 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. External contractors also complete a health and safety orientation, including hospitality (agency) workers.</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>FA</p>	<p>Resident files and the information associated with residents are retained in both electronic and hard copies. Electronic information on V-care is regularly backed-up using cloud-based technology and password protected.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely, however, signatures that are documented include</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>		<p>the signature but were missing the 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> <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>FA</p>	<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 clinical manager, general manager and Bupa community liaison person completes a pre-admission screening process for prospective residents following the Bupa Need and Enquiry Policy.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains 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 potential resident required, after considering staffing, equipment requirements, and the needs of the potential 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 general 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 community liaison person, however, these records do not currently capture ethnicity.</p> <p>The service receives referrals from the NASC service, the DHB and directly from prospective residents or whānau.</p> <p>The service has an information pack relating to the services provided at Bupa Riverstone (including dementia specific information) which is available for families/whānau and residents prior to admission or on</p>

		<p>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 Riverstone 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 implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in Te Reo Māori. There were residents identifying as Māori residing at the facility on the days of the audit. The service is working on establishing relationships with local Māori providers and organisations.</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>Eight resident files were reviewed (two at hospital level including one younger person with disabilities (YPD- was under the Manawhaihaka and one under Accident and Compensation Corporation contract (ACC)), two at rest home level of care and four at dementia level of care). The registered nurses are responsible for conducting all assessments and for the development of care plans. Whānau are invited to attend a three-week review meeting after admission and six-monthly reviews. There is documented evidence of resident and whānau involvement in the interRAI assessments and long-term care plans and include their own goal setting. On interview whānau members confirmed they were kept informed of matters relating to changes in health including the recent Covid outbreaks, however, they would like more information related to the day-to-day happenings within the facility (link 1.6.3).</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</p>

	<p>risk assessments are reflected in the care plan. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan, this was evidenced through interview with the Māori resident and their whānau. The service has policies and procedures in place to support Māori access and choice and is working towards delivering these services. The service supports and advocates for residents with disabilities to access relevant disability services.</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 for all residents that required one (including YPD) within the required timeframes for residents. InterRAI assessments sampled had been reviewed six-monthly. Evaluations are scheduled to be completed six-monthly; and all residents care plans had been evaluated within the required six-month timeframe. The resident funded by ACC had an individualised initial care plan and long-term care plan completed within expected timeframes documented on file.</p> <p>Residents in the dementia unit with behaviours that challenge all had behaviour plans with triggers, strategies to de-escalate and a 24-hour support plan that documents their routine and habits to assist caregivers in their care. Behaviour monitoring documents are well utilised.</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 visit twice weekly, or more if required. The GP service also provides out of hours cover. The GP (interviewed) commented positively on the care, communication, and the timeliness of raising issues of concern. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for three hours a week. There are regular podiatrist visits and a dietitian available. There is input from older adult mental health (OAMH) and a psychogeriatrician into the care of residents in the dementia unit. An occupational therapist, social worker, speech language therapist, wound care and continence specialist nurse and hospice support are</p>
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		<p>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. The RN further adds to the progress notes if there are any incidents or changes in health status; progress notes give an accurate picture of the resident care journey.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or an RN initiates a review with a GP. The RNs utilise and complete a comprehensive Introduction, Situation, Background, Assessment and Recommendation tool (ISBAR) when communicating with clinicians regarding deteriorating residents. There is evidence that residents that deteriorate in health are rapidly assessed and reviewed in a timely manner by the GP. Family were 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.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for 12 residents with wounds (skin tears, skin conditions, chronic ulcers). There were no pressure injuries treated at the time of the audit. Wound dressings were being changed appropriately, within the required frequency. A wound register is maintained. 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.</p> <p>The service extends this monitoring period as required in order to get an accurate picture of a resident need and this was in evidence for a recent admission to the dementia unit with changes in continence needs. Care plans reflect the required health monitoring interventions</p>
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		<p>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; all completed according to the timeframes detailed in policy. Neurological observations are uploaded to the electronic incident and accident system (Riskman).</p> <p>Written evaluations reviewed, identify if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds and signed off as resolved. The GP visits and their medical notes are integrated into the 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 three activities assistants and one activities coordinator (a qualified diversional therapist) who lead and facilitate the activity programme Monday to Sunday 9.30am to 5.30pm across the rest home, hospital, and dementia unit. 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. The young person with disability is supported to maintain own routine, habits, and links with the community.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. 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. Interactions observed on the day of the audit evidenced engagement between residents and the activities team members. The activities assistants</p>

		<p>seek verbal feedback on activities from residents and families to evaluate the effectiveness of the activity programme, enabling further adaptation if required. Residents interviewed were positive about the activity programme. Some activities are set; however, the programme allows for flexibility and resident choice of activity.</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 monthly church services (Anglican, Presbyterian and Methodist) and 'canine friends' therapy visits. Themed days such as Matariki, Waitangi, Easter, Diwali, Melbourne Cup and Anzac Day are celebrated with appropriate resources available. The facility has its own wheelchair accessible van and van outings occur weekly.</p> <p>The residents in the dementia wing have a 24-hour diversional plan to assist the caregivers in the individual's daily routine, specific behaviours, triggers, and de-escalating activities. Activities for residents with dementia allow them the freedom and confidence to use their abilities to the fullest extent and reinforcing their personal identity. Interviews and observation confirmed activities are meaningful and appropriate for the cohort of residents.</p> <p>Residents and family interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys (link 2.2.4).</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>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</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>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 two 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, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP. Two residents were partially 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>Sixteen 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 unit manager described working in partnership with current Māori resident’s whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Supplements and over the counter medication is recorded on the electronic chart.</p>
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<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 (employed since May 2021) oversees the on-site kitchen, and all cooking is undertaken on-site. The kitchen manager is supported by a part-time cook and kitchen assistants. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. The service is working towards how they can incorporate Māori residents’ cultural values and beliefs into menu development and food service provision. 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) 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 in the service area.</p> <p>Meals are transported in thermoboxes to bain-maries and plated and served directly to residents. Lunch meals are plated and served by kitchen staff and dinner meals are plated and served by care staff. Residents that do not require supervision with their meals may also choose to have meals in their rooms. There are special utensils and lipped plates available when required. There are snacks available 24/7 and include sandwiches and fruit platters.</p> <p>There is a current food control plan that expires 22 September 2022. Kitchen staff are trained in safe food handling and memorable dining experience. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal and documented. 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. Surveys and one to one interaction with kitchen staff allow the opportunity for resident feedback on the meals and food services. The kitchen manager and care staff interviewed</p>
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		understood basic Māori practices in line with tapu and noa. Residents and family members interviewed indicated satisfaction with the food.
<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 is a documented Bupa resident transfer, return and discharge policy. 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 reported the service facilitates, encourages, and supports all residents to access other health and disability services, social supports or kaupapa Māori agencies where appropriate. Two residents' files (that were recently discharged from hospital), evidenced discharge notes are kept on file.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current code of compliance certificate which expires 24 June 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. Equipment failure or issues are also recorded in the handover book. 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, ceiling hoists, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Equipment is new and still under warranty. Testing and tagging of electrical equipment have been completed by an external contractor in January 2022 and medical equipment, hoists and scales are next due for checking and calibration in May 2023.</p> <p>The facility is a new purpose-built care facility and opened in July 2021. The building is single level. The building is designed around two internal courtyards. The dual-purpose wings are designed into 3x 12-</p>

		<p>bedroom households.</p> <p>There is a spacious kitchenette within the open dining/lounge area in each wing.</p> <p>Dementia unit (2x 10-bed households)</p> <p>The dementia unit includes 2x 10 bed households. While the unit is designed into two households it will still open as one 20-bed unit. The dementia units are circular with flow for wanderers. The two households are designed as smaller homes with their own communal open-plan dining/lounge and kitchen. There is a centrally located nurses' desk with locked cupboards within the communal area of each household. The centrally located nurses' desk ensures that staff are in close contact with residents even when attending to paperwork. The household is circular around an internal courtyard. There are decals to distract residents from exit doors and signs to alert residents of key rooms such as toilets. There is a quiet lounge available. The courtyard can be accessed from the communal area and the hallway on the other side of the unit. The doors to the courtyard are lockable. The courtyard includes paths, seating, shade raised gardens and a water feature. There is an additional external garden area and walkway that is accessible from the two lounges that walks around the side of the building. This garden and pathed area is secure.</p> <p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a disability-friendly shower, toilet, and hand basin/paper-towels. All communal toilets/bathrooms near lounges have locks and engaged signs.</p> <p>Dual purpose units (3x 12-bed households)</p> <p>The rest home/hospital households are designed as smaller homes with their own communal open-plan dining/lounge and kitchen. There is a whānau lounge with kitchenette available. There is a centrally located nurses' desk with locked cupboards within the communal area</p>
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		<p>of each household. The centrally located nurses' desk ensures that staff are in close contact with residents even when attending to paperwork. There are handrails in ensuites and in hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space in the new dual-purpose households for storage of mobility equipment. Hilo and electric beds are in place and all rooms have a ceiling hoist. The resident rooms have large windows and sliding doors that either open to a small deck around the outside of the building or internally to the courtyard. There is a large, covered balcony off the lounge that includes tables and chairs. Another covered deck is also off the second lounge. Landscaping outside the dual-purpose households and the internal courtyard have been completed and include garden areas, safe paths, shade and seating and water features. Doors from the hallway and communal areas that open to the internal courtyard is lockable. 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.</p> <p>Every resident's room has an ensuite with a disability friendly shower, toilet, hand basin and paper towels. There is one large communal toilet/shower with a shower bed and bariatric shower chair and two further toilets near each communal lounge.</p> <p>Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>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 alternative small lounge areas with library and activity</p>
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		<p>resources throughout the facility. All bedrooms and communal areas have ample natural light and ventilation. There is central heating and heat pumps in the rooms can be manually adjusted.</p> <p>The clinical manager confirmed the building had a traditional Māori blessing prior to opening.</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 on 14 June 2021. 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 locked room. 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 (3000 litres in circulating tanks) to provide residents and staff with three litres per day for a minimum of three days. There are emergency food supplies for at least one week.</p> <p>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. A contracted security company provides security checks twice at night. There are security cameras installed in reception area and</p>

		outside.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The clinical manager undertakes the role of infection control officer 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 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.</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</p>	FA	<p>The designated infection control (IC) coordinator has only been in the role since July 2021 and is supported by Bupa IC lead. During Covid-19 lockdown there were regular zoom meetings with the DHB which provided a forum for discussion and support related to the Covid response framework for aged residential care services. 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.</p>

<p>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>The infection control coordinator has completed an online MOH infection and Bug control training. There is good external support from the GP, laboratory, and the Bupa IPC lead. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra PPE equipment as required. The Bupa IC lead and the IC has input into the procurement of good quality PPE, medical and wound care products.</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 quarterly by Bupa in consultation with infection control coordinators. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens.</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 IC policies acknowledge importance of te reo information around infection control for Māori residents and acknowledge safe practices acknowledging the spirit of Te Tiriti. Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out.</p> <p>The clinical manager confirmed that there were IC input from the Bupa IC lead when the facility was developed.</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 and staff were informed of any changes by noticeboards,</p>
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		handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through newsletters and emails.
<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 an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follows the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the bi-monthly quality and monthly staff meetings. The clinical manager can generate an antibiotic use report monthly from the electronic management system as part of the monthly infection control summary report. 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 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>	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 database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control and quality/staff meetings. Benchmarking occurs with other Bupa facilities. 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 identified for areas of improvement. The service receives regular notifications and alerts from the DHB for any community concerns.</p> <p>There have been five Covid outbreaks since the previous audit. The management of the Covid outbreak in March 2022 and in May 2022</p>

		<p>were reviewed. Both were appropriately managed with the DHB and public appropriately notified. The service also instigated a seven-day precautionary lockdown for all Covid-19 outbreaks.</p> <p>The service completed a 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks. The infection control coordinator confirmed that the screening process, cohorting of residents and care delivery within a constraint workforce prove to be challenging but successful. Staff confirmed that during the Covid exposure period resources including PPE were adequate.</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 antimicrobialresistant 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>There is a laundry in the service area of the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. There are three commercial washing machines and two dryers. Material safety datasheets are available, and all chemicals are within closed systems. All laundry is processed on-site by dedicated laundry assistants seven days per week.</p> <p>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</p>

		<p>serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The laundry assistant and cleaner interviewed had good knowledge about cleaning processes and requirements under Covid-19.</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. The 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. At the time of the audit, the facility was restraint free. 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. 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 subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.6.3 My service provider shall practise open communication with me.	PA Low	Residents and families interviewed stated they feel informed about their own health or the health of their relatives. Residents and families interviewed stated a lack of communication about the day-to-day happenings within the service.	There were no residents' meetings held since opening of the facility.	Ensure the residents have the opportunities to engage with the services provided to them. 90 days
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Low	An internal audit programme is being implemented that is taking place as per the audit schedule. Audit results and corrective actions identified (if any) are shared with staff in meetings. A corrective action plan from staff meeting minutes were not closed off.	The lack of documented evidence indicates the corrective actions from staff meetings were not closed off.	Implement a process to ensure timely close off of all corrective actions. 90 days

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.