

# Bupa Care Services NZ Limited - NorthHaven Hospital

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## Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	NorthHaven Hospital
<b>Services audited:</b>	Residential disability services - Intellectual; Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 22 June 2022    End date: 23 June 2022
<b>Proposed changes to current services (if any):</b>	There has been a change in bed numbers since the previous audit from 106 to 102 as previous double rooms are now single.
The manager confirmed they would like residential disability services- physical removed from the certificate.	

**Total beds occupied across all premises included in the audit on the first day of the audit: 84**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Bupa NorthHaven is certified to provide rest home, hospital (geriatric and medical), psychogeriatric and residential disability (intellectual and physical) levels of care for up to 102 residents. There were 84 residents on the days of audit.

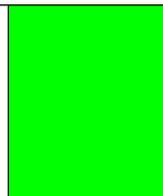
This certification audit was conducted against the Ngā Paerewa Health and Disability Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family,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

The general manager and clinical manager are appropriately qualified and experienced. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has met the intent of the standards.

## Ō tatou motika | Our rights

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



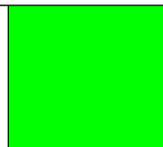
Subsections applicable to this service fully attained.

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

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

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

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

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

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		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 three contracted general practitioners as well as visiting allied health professionals.

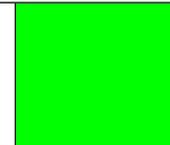
All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

There are separate activities calendars for the rest home, hospital residents, and psychogeriatric care units. 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. All resident transfers and referrals are seamless, and relatives are kept informed.

## 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.

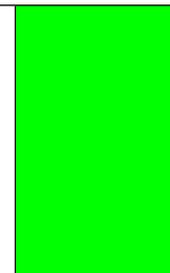


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. The two psychogeriatric wings are secure with enclosed spaces for residents to wander freely. Appropriate equipment for responding to emergencies is provided. There is an emergency management plan in place, and an approved evacuation scheme.

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

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



Subsections applicable to this service fully attained.

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

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been six outbreaks (which includes two of Covid-19) since the previous audit in 2018.

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.
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The restraint coordinator is a unit coordinator/RN. Thirty-five 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 only uses an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	28	0	0	0	0	0
Criteria	0	151	0	0	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

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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. The Māori health plan is guided by the requirements of Ngā Paerewa Health and disability services standard NZS 8134:2021. The policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their whānau with overall improved health and well-being. Areas of focus have been identified in the Māori health plan as key indicators towards meeting the requirements of the Standard. A kaumātua from the local community visits the facility. The service currently has residents who identify as Māori residing at the facility. Neither resident was able to be interviewed and whānau were unavailable.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were no Māori staff members. All staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident’s care plan, their activities, and their dietary needs. Fourteen</p>

		care staff interviewed (six caregivers: three on the AM shift (rest home/hospital) and three on the PM shift (two psychogeriatric (PG), one rest home/hospital); three-unit coordinators/RNs (one PG, two rest home/hospital); three staff RNs; one activities coordinator; one activities assistant) described how care is based on each resident's individual and cultural values and beliefs.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	Not Applicable	<p>On admission all residents state their ethnicity. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. There was one resident that identified as Pasifika. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The Bupa organisation is working towards the development of a comprehensive Pacific health plan. The existing plan does not adequately address the Ngā Paerewa Health and Disability Standards 2021 and instead is a policy for the mental health units managed by Bupa. Bupa plans to partner with a Pasifika organisation and/or individual to provide guidance and to ensure the development of a Pacific health plan focuses on achieving equity and efficient provision of care for Pasifika.</p> <p>The service is actively recruiting new staff. The general manager described how they would encourage and support any staff that identified as Pasifika through the employment process. There are currently staff that identify as Pasifika employed in the facility.</p> <p>Interviews with twenty-four staff (fourteen care staff, one maintenance officer, one chef, one cook, one housekeeper, two laundry staff, one activities coordinator, one activities assistant, one administration support staff, one Bupa return to work specialist); seven residents (three rest home, four hospital), six relatives (one rest home, two hospital, three PG); and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
Subsection 1.3: My rights during service delivery	FA	Details relating to the Code are included in the information that is provided to new residents and their relatives. The general manager,

<p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>clinical manager, unit coordinator or registered nurse discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident/family meetings. Residents and relatives interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Church services are held two-weekly.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Efforts are underway to ensure that the Bupa organisation 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 experiences.</p>	<p>FA</p>	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do. For example, they commented that residents have control and choice over the activities they participate in. Residents interviewed confirmed they have choice.</p> <p>Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was</p>

		<p>observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place with training included in the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated during Māori language week. Signage is being rolled out in te reo Māori. A tikanga Māori flip chart is available in multiple locations for staff to use as a resource.</p> <p>Cultural awareness training is provided annually. Additional, more specific, Māori cultural training for staff has been introduced with non-clinical staff completing this training and clinical staff training scheduled. Work is underway to ensure that all staff participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Bupa NorthHaven policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are undertaken to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination,</p>

<p>abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>harassment, and bullying.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. A 'speak-up' programme is in place, which is being managed by Bupa Australia and backed up by a whistle-blower policy. There have been no reported 'speak-up' incidents since the new general manager (GM) began work (February 2022).</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Work is underway to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for 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>FA</p>	<p>Information is provided to residents/relatives on admission. Monthly resident meetings identify feedback from residents and consequent follow-up by the service. Meeting minutes indicate that the results of resident satisfaction surveys are shared with staff.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. Twenty accident/incident forms reviewed identified relatives are kept informed. Relatives interviewed stated that</p>

		<p>they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were residents who did not speak English. Family and staff were used for translation purposes with signage to support staff.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and DHB specialist services (e.g. geriatric nurse specialist, mental health, wound nurse specialist). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<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</p>	<p>FA</p>	<p>There are policies around informed consent and advance directives. Eleven resident files reviewed; seven at hospital level, two at rest home level and two at psychogeriatric level of care included signed general consent forms. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed (where appropriate) could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and</p>

to exercise independence, choice, and control.		sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where available. The two psychogeriatric level files had activated EPOAs.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically on RiskMan. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There were nine complaints logged in the complaint register in 2021 and six in 2022 (year-to-date). No external complaints have been lodged.</p> <p>All complaints logged include an investigation, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, chaired by the general manager. Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p> <p>Three complaints logged in 2022 and reviewed indicated that the complaints process is being followed, meeting requirements set forth by HDC. The complaints process is linked to the quality and risk management programmes.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	FA	Bupa NorthHaven is located in Auckland. The service is certified to provide rest home, hospital (geriatric and medical), psychogeriatric (PG) and residential disability (intellectual and physical) care for up to

<p>knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>102 residents. There are five dedicated rest home beds, 56 dual purpose, and 41 PG beds. Previous double rooms have been decommissioned and are now single.</p> <p>On day one of the audit, there were 84 residents (five rest home level, 45 hospital level and 34 PG level). Three residents were on respite (one hospital level and two on an interim care short stay scheme (hospital level) and one resident (hospital) was on a primary options acute care (POAC) contract. The PG residents were on the aged residential hospital specialised services (ARHSS contract). All remaining residents were on the age-related residential care agreement (ARRC).</p> <p>The governing body of Bupa consists of directors 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 has an orientation to their specific role and to the senior leadership team. Plans are in place 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. Work is underway to collaborate with mana whenua in business planning and service development to ensure equity for Māori and tāngata whaikaha.</p> <p>Bupa is developing a Te Ao Māori strategy to introduce and implement the te ao Māori related standards alongside a Māori health consultant. The goals will be embedded in the plan and outcomes from the plan will be managed. Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori. Barriers to health equity will also be addressed.</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</p>
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		<p>of incident data with other NZ 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. Goals are regularly reviewed in each monthly meeting.</p> <p>The general manager commenced employment February 2022 and has worked in managerial roles for Bupa for 18 months. The general manager holds a diploma in business and health and safety. Prior to working at Bupa, they have held roles in aged care (eight years) and with the DHB (quality advisor). The general manager is supported by an operations manager who was present during the audit; and a clinical manager/RN who has been in the role since March 2022, is a NZ registered RN, and has worked for Bupa for ten years which has included working as a relieving clinical manager. The clinical manager is supported by three unit-coordinators (one PG, two rest home/hospital) and a team of RNs, caregivers, activities, and non-clinical staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Bupa NorthHaven is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data and resident/family feedback.</p> <p>Monthly staff/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located adjacent to the staffroom. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Work is underway assess staff competency to ensure a high-quality</p>

		<p>service is provided for Māori.</p> <p>The 2022 resident and family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the service provided. Results have been communicated to residents in resident meetings (meeting minutes sighted).</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated with further updates required in order to meet the 2021 standards. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. A health and safety team meets monthly. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboard adjacent to the staffroom keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available eight hours per week (Tuesdays/Thursdays) and is assisted by a physiotherapy assistant (fifteen hours per week). Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance. Transfer plans are assessed and evaluated by the physiotherapist and placed in the resident's room.</p> <p>Electronic reports using RiskMan are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twenty accident/incident forms</p>
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		<p>reviewed (witnessed and unwitnessed falls, challenging behaviours). Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are completed as per policy for unwitnessed falls and/or suspected injury to the head. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT in regard to the new GM and new clinical manager (2022). Public health authorities and the DHB have been notified regarding two Covid outbreaks in 2022 (February, March); one respiratory outbreak in 2021 and one gastro outbreak, one respiratory outbreak and one flu outbreak in 2020.</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>	FA	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The operations manager reported that there were seventeen 'speak-up' reported incidents at Bupa NorthHaven in 2021 relating to unsafe rosters. An investigation was conducted by the operations manager and the facility was closed to new admissions for nine months to ensure that staffing levels were adequate to provide safe care.</p> <p>The registered nurses and a selection of other staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7 including when taking residents on outings.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Challenges arise when staff call in as unavailable. RNs and caregivers commented on the good teamwork at the facility. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p>

	<p>The general manager, clinical manager and unit coordinators are available Monday to Friday. On call cover is shared between eight Bupa facility managers and eight Bupa clinical managers so that cover is only needed once every eight weeks. The regional operations manager stated this was implemented to promote manager wellness.</p> <p>Psychogeriatric wings (two) are adjacent to each other, separated by a secure door with 21 beds in one wing (Arkles) and 20 beds in the other (Shakespeare). A unit coordinator/RN is responsible for the PG residents and works Monday – Friday. The unit coordinator is supported by an RN on each PG wing on the AM shift, and one RN for both wings on the PM and night shifts.</p> <p>Caregiver staffing for PG is as follows:</p> <p>Arkles wing (18 PG residents): Three long shift (eight hour) caregivers cover the AM and PM shifts, and one caregiver covers the night shift.</p> <p>Shakespeare wing (16 PG residents): Three long shift (eight hour) caregivers cover the AM and PM shifts, and one caregiver covers the night shift.</p> <p>The rest home/hospital beds are located on two floors (Weiti wing and Hibiscus wing) with a unit coordinator/RN assigned to each floor. They are supported by one RN on each wing on the AM and PM shifts and an RN that is shared between the two floors on the night shift. There are five dual purpose beds.</p> <p>Caregiver staffing for rest home/hospital is as follows:</p> <p>Weiti wing (22 hospital and 2 rest home): Four long shift caregivers cover the AM shift, two long and one short shift (1500 – 2000) cover the PM shift and one caregiver covers the night shift.</p> <p>Hibiscus wing (23 hospital and 3 rest home): Five long shift caregivers cover the AM shift, three long and one short shift (1500 – 2000) cover the PM shift and two caregivers cover the night shift.</p>
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		<p>Staff, residents, and family all reported that staffing levels are adequate.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory trainings, which includes cultural awareness training. Cultural training that is more specific to Māori and the Treaty of Waitangi was initiated in 2022 and includes a competency questionnaire. Teachings include information on Māori health outcomes and disparities, and health equity. Non-clinical staff have completed this training and clinical staff are scheduled. External training opportunities for care staff include training through the DHB, and hospice. Training is offered via six-hour (non-clinical staff) and eight-hour (clinical staff) training days.</p> <p>One hundred and six caregivers are employed. Thirteen caregivers (seven hospital, six PG) are overseas trained RNs. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Eight caregivers have achieved a level four NZQA qualification or higher, seven have achieved a level three qualification and eight have achieved a level two qualification.</p> <p>Twenty-six caregivers are employed to work in the PG units. Six have completed their required PG qualification and the remaining staff are enrolled and have been employed for less than 18 months.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Level four caregivers complete many of the same competencies as the RN staff (e.g. restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, wound management, nebuliser). Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Twelve of seventeen RNs are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year.</p>
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		<p>All caregivers are required to complete annual competencies for restraint, Māori culture/Treaty of Waitangi and moving and handling. A record of completion is maintained on an electronic register.</p> <p>The service encourages all their staff to attend the monthly staff/quality meetings. Resident/family meetings are held monthly, led by the GM, and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). Clinical review meetings provide site-specific clinical governance and are held two-weekly. Attendance includes the general manager, clinical manager, unit coordinator and RNs.</p> <p>A health and safety team is in place with health and safety meetings taking place monthly. Health and safety is a regular agenda item in staff/quality meetings. Training, support, performance, and competence are provided to staff to 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 promoted through an active 'Take-Five' programme with two on-site take-five champions. The Bupa national return to work specialist, and the administrative support staff who is in charge of staff wellness were interviewed. A number of events have been implemented to support staff. Each month a theme is celebrated (e.g. building resilience, mental health, and wellness). Staff are invited to attend social events (e.g. mid-winter Christmas party, celebrating Nurses Day, Wednesday fruit day, raffles). Staff are encouraged and supported to return to work following a workplace accident.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p>	<p>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 general manager's office in a locked filing cabinet. Eleven staff files reviewed (five caregivers, one administration support, one maintenance officer, one chef, one unit coordinator/RN, one staff RN, and one housekeeper) evidenced implementation of the</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>recruitment process, employment contracts, police checking and completed orientation programmes.</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. Staff sign their job description on commencement of duties.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, physiotherapy, podiatry). There is an appraisal policy. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. Volunteers have been restricted due to Covid. A Bupa orientation programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified and collected with plans in place to collate this information in 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>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. Plans are in place to implement the VCare electronic resident management</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>system later in the year.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <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 screens the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the resident back to the referrer and maintains data around the reason for declining. The clinical manager described reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The 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, however, these records do not currently capture ethnicity.</p> <p>The service receives referrals from the NASC service, the DHB, and directly from residents or whānau.</p>

		<p>The service has a general information pack relating to the services provided at Bupa NorthHaven and a separate pack containing detailed dementia-specific information which is available for families/whānau and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Bupa NorthHaven has a person and whānau-centred approach to services provided. Interviews with residents and relatives all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents identifying as Māori. The service is working towards developing meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eleven resident files were reviewed: two rest home, seven hospital (including one respite and one on a DHB funded interim care scheme) and two psychogeriatric (PG) level care. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses the Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. This and an initial support plan completed are within 24 hours of admission. The respite and interim care resident had these completed and on file in order to guide staff in their care and support. 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</p>

		<p>applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all resident files reviewed. Evaluations were completed six monthly or sooner for a change in health condition. InterRAI assessments sampled had been reviewed six monthly and care plans reviewed had been evaluated within the required six-month timeframe with written progress towards goals.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. The service contracts with three GPs who each visit once weekly (Monday Wednesday and Friday). The GP service also provides out of hours cover. The primary GP (interviewed) was very complimentary regarding the standard of care, and the improvement in leadership and organisation at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>The service has contracted a physiotherapist to attend routinely one day per week and has an employed physio assistant on staff who works fifteen hours per week. A podiatrist visits regularly and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local DHB.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs, with designations documented. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Hospital and rest home residents, and family members of PG</p>
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	<p>residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager, unit coordinator or an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visits, 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 eighteen residents with wounds (skin tears, skin conditions, and post-surgical wounds). Wound dressings were being changed appropriately in line with the documented management plan. There were eight residents with pressure injuries on the day of audit (nine stage 2, one stage 1 and one unstageable). A wound register is maintained. There is access to the wound nurse specialist (WNS) via the DHB and regular communication between the facility and WNS was evidenced in the clinical records. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Incident reports and section 31 notifications were sighted for the pressure injuries.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. The service extends this monitoring period as required in order to get an accurate picture of resident need as required. Care plans reflected the required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury according to the timeframes detailed in policy.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or</p>
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		<p>earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short term care plans were well utilised for issues such as infections, weight loss, and wounds. The GPs record their medical notes in the integrated resident file.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs one full-time activities coordinator and three full-time activities assistants who lead and facilitate the activity programme seven days per week in the psychogeriatric, hospital, and rest home areas. The activities coordinator is a qualified diversional therapist. There are set Bupa activities including themes and events. A weekly activities calendar is distributed to residents and is posted on noticeboards. Families are also sent a regular newsletter to keep them informed and allow family attendance at special events and celebrations (subject to Covid traffic light settings).</p> <p>All areas have separate calendars; however, some activities (special celebrations/entertainers) are combined should residents from other areas wish to join in a particular session. This includes residents from the PG unit who can attend entertainment in other areas with staff support. Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. There are four levels of activity to guide staff as to which is most appropriate for a particular resident: active able, less active able, less active less able, and limited activity limited ability. The activity programme is further broken down into physical, cognitive, creative, and social activities. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions.</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, housie, cooking, quizzes, sing-alongs, movies, guided and pampering sessions. Community visitors include entertainers, church services</p>

		<p>(two-weekly) and 'canine friends' therapy visits. Volunteers also provide spinning sessions and one-to-one Harp therapy sessions.</p> <p>Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. The residents are able to enjoy the knitting club, gardening club and resident shopping trips. The service is working towards ensuring that their staff support Māori residents in meeting their health needs and aspirations in the community. The facility has its own minibus which it utilises for outings to local areas of interest once weekly for all areas. The activity coordinator also liaises with family members so that they can meet up with their loved one at the prearranged outing destination.</p> <p>Residents in the secure PG areas had 24-hour activity plans which included strategies for distraction and de-escalation. The PG activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>Residents and families interviewed spoke positively of the activity programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p>

		<p>Medications were appropriately stored in the three facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. One (respite) resident was self-medicating on the day of audit and had a self-medication assessment in place authorised by the GP as well as safe and secure storage in their room.</p> <p>Twenty-two electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly and each drug chart has a photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with the current Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<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 (qualified chef) oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. The organisation 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-prepared moulded pureed foods to those residents requiring this modification.</p>

		<p>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. The chef had developed a vegetarian four-week rotating menu which had been sent to the organisation's dietitian for sign off. Once this has been obtained, the organisation plans to roll it out to all Bupa facilities. Lip plates and other specialised utensils are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen is situated centrally, with meals being served directly over the servery counter into Hibiscus, and other unit meals being individually trayed and delivered via temperature-controlled scan boxes to maintain delivery temperature.</p> <p>There is a food control plan expiring 18 September 2022. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Resident surveys and one to one interaction with kitchen and care staff in the three dining rooms allows the opportunity for resident feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and the service is working towards how they can incorporate Māori residents' cultural values and beliefs into menu development and food service provision. Residents and family members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies were indicated or requested.</p>

<p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 22 February 2023. The maintenance person works 40 hours a week (Monday to Friday) plus on-call after hours. There are maintenance request books for repair and maintenance requests located at reception and each nursing station. These are checked daily and signed off when repairs have been completed. There is a 52-week annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment has been completed and medical equipment, hoists and scales are next due for checking and calibration in April 2023.</p> <p>The service utilises external contractors to look after the gardens and grounds. Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Caregivers interviewed stated they have adequate equipment to safely deliver care for the residents in their care.</p> <p>In the Arkles and Shakespeare (PG) communities there are communal toilets and showers near resident rooms. Both wings are secure, and each has an open plan lounge/diner. Arkles has a separate lounge which opens on to two secure decked areas. Shakespeare has a securely fenced courtyard and deck with raised beds, artificial grass, and walking pathways. There are alternative small lounge areas with library and activity resources throughout the facility.</p> <p>The Hibiscus and Weiti (hospital/rest home) communities have a</p>

		<p>mixture of rooms with either full ensembles, part ensembles (toilet only) or no ensuite facilities. Communal toilet and shower facilities are situated nearby for those rooms with no ensuite facilities. All communal toilets and bathrooms are well signed and have privacy locks. All communal bathrooms allow for mobility equipment. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets all contain flowing soap and paper towels.</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. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>The main open plan lounge/dining is centrally located in the centre of the Hibiscus community and has doors that open out to landscaped areas with outdoor seating and shade. The Weiti community (first floor) has a combined lounge/diner with decorative fish tank, and outdoor decked area. There are alternative small lounge areas with library and activity resources throughout the facility which include coffee machines for resident and visitor use. There is safe access to the external courtyards and gardens. All communal areas are easily accessible for residents with mobility aids with ramp access.</p> <p>All bedrooms and communal areas have ample natural light, ventilation, and thermostatically controlled heating.</p> <p>Although there are no current plans to expand the building, the service is working towards the consideration of how designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction that may arise in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<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</p>

<p>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>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. 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 cupboard. In the event of a power outage there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency including ample water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Call bells are included in the preventative maintenance programme. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. There are six external security cameras installed.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and</p>	<p>FA</p>	<p>The unit coordinator for the Weiti community undertakes the role of infection control coordinator (ICC) 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 to 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.</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>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 most residents being fully vaccinated against Covid-19. Strict visitor controls are in place with the requirement to complete a Covid declaration and staff perform a negative rapid antigen test (RAT) daily prior to commencing their shift. There were no residents with Covid-19 infections on the days of audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control officer has been in the role for four months is supported by the organisation's infection control specialist. During the recent Covid-19 outbreaks and associated lockdowns there were daily management meetings and weekly zoom meetings with the Bupa infection control specialist which provided a forum for discussion and support for the facility. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and a personal protective equipment store. The infection control officer has input into the procurement and processes for equipment, devices, and consumables used in facility.</p> <p>The infection control officer has completed internal Bupa and online infection control training and there is good external support from the GPs, laboratory, the infection control nurse specialist at the DHB and from Bupa head office. There are outbreak kits readily available and a personal protective equipment store.</p> <p>The infection control manual outlines a comprehensive range of</p>

		<p>policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed at support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff complete infection control in orientation and annually as part of the in-service training schedule. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents were kept informed and updated on Covid-19 policies and procedures through resident meetings and newsletters. There are no current plans to build or make any significant changes to the existing facility; however, there are processes for early consultation and involvement from the infection control officer and Bupa infection control specialist should these occur.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials</p>	FA	<p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Bupa's own geriatrician monitors antibiotic use and provides feedback to GPs on trends and prescribing rates. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff, clinical and quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>is avoided where possible.</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>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's 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 incident/infection database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at clinical, quality and staff meetings and daily updates held during periods of outbreak. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from the DHB for any community concerns.</p> <p>There have been six outbreaks since the previous audit: influenza August 2020, one gastro in October 2020, two RSV in September 2020 and March 2021, and two Covid-19 outbreaks, in February and March of this year. All outbreaks (including recent Covid-19) show evidence of appropriate and timely management including liaison with the DHB and public health unit.</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>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. The sluice rooms situated in each wing have appropriate personal protective equipment available including face visors. Staff have completed chemical safety</p>

<p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site seven days per week by dedicated laundry staff. The laundry has a defined clean/dirty area with two door entry/exit. The cleaners' trolley was attended at all times and are locked away when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate protective clothing readily available. Each wing had linen cupboards which were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly.</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 works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the unit coordinator/RN. At the time of the audit, there were 35 residents using an approved restraint (22 PG, 13 hospital).</p> <p>The use of restraint is reported to the Bupa head office. It is discussed in the monthly staff/quality meetings, evidenced in the meeting minutes. The restraint coordinator interviewed described the facility's focus on only using restraint as a last resort.</p> <p>Education on restraint minimisation is included in the annual training plan and orientation programme. It is accompanied by a competency questionnaire.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust</p>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator. Thirty-five residents (22 PG and 13 hospital) were using bedrails (14 residents), lap belts (14 residents with two who were using a lap belt on an as-needed (prn) basis), very low bed (8 residents), and hand</p>

<p>that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>holding (4 residents).</p> <p>Monitoring restraint takes into account detail documented in the restraint assessment, which addresses the resident’s cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga (where applicable).</p> <p>Three resident files were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g. falls prevention strategies, managing behaviours). Cultural considerations are also assessed. Restraint is used only as a last resort. Written consent was obtained by the resident’s EPOA.</p> <p>A policy is in place for the use of emergency restraints. The restraint coordinator stated this would only be used over the weekend for safety until a restraint assessment could take place with input from the restraint coordinator. One emergency restraint (lap belt) was put into place for a short period of time (1.5 hours). This episode included a debrief session to discuss why the restraint was used, de-escalation strategies and the duration of the restraint. The care plan was updated, and the family and GP were informed. Specialling (one-on-one) was arranged by the family to minimise the resident’s need for the restraint.</p> <p>Monitoring forms are completed for each resident using restraint. As per policy, bedrails are required to be monitored two-hourly and the safety belt (t-belt) on an hourly basis. The files reviewed indicated that monitoring is accurately recorded for each resident using restraint.</p> <p>The use of the restraints, risk associated with restraint use and frequency for monitoring are stated in the resident’s care plan.</p> <p>Accidents or incidents that occurred as a result of restraint use are monitored. There were eight reported incidents in 2021 and none (year-to-date) in 2022.</p> <p>Restraints are reviewed after the first month and three monthly thereafter. Residents using restraint are discussed in the two-weekly</p>
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		clinical review meetings, handovers, and the monthly quality/staff meetings.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint programme is monitored and reviewed regularly by the Bupa organisation with the intent to eliminate the need for restraint. Restraint meetings at the regional restraint meetings take place six-monthly via teleconference with Bupa restraint coordinators. Included in this process is the evaluation of the staff restraint education programme. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried.</p>

## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.